A Comprehensive Review of Psychoanalytic Theory and the Implications among Therapists and Counsellors in Nigeria

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ABSTRACT
The desire of many in the educational system to have a work on psychoanalytic theory that is void of ambiguity is the reason behind this review. Before now, educationist makes so much effort to read materials on the subject matter and yet only little would be deduced. This paper therefore reviewed psychoanalytic theory of Sigmund Freud and its implication among therapists and counsellors in Nigeria. All aspects of the theory were covered and salient issues about the theory are succinctly presented for easy understanding. The researchers also explored and established the relevance of the theory in Nigeria setting.
Keywords: Psychoanalytic, Therapists, Counsellors, Implications

INTRODUCTION
Among all the theorists, Sigmund Freud is the most widely accepted theory (Obidigbo and Onyekuru 2011). Supporting this view, Gleitman, Fridlund and Reisberg (2004) posited that he and his theory is the ancestor of virtually all modern modes of psychotherapy. The earliest approach to formal study of personality was psychoanalysis- the creation of Sigmund Freud. Prochaska and Norcross (2007) have summarized his theory of personality and brought out six cardinal points as his main focus: (1) the *topographic*, which involves conscious versus unconscious modes of functioning; (2) the *dynamic*, which entails the interaction of psychic forces; (3) the *genetic*, which is concerned with the origin and development of psychic phenomena through the oral, anal, phallic, latency, and genital stages; (4) the *economic*, which involves the distribution, transformation and expenditure of energy; (5) the *structural*, which revolves around the persistent functional units of Id, ego, and superego; and (6) the *adaptive* view, implied by Freud and developed by Hartmann (1958), which involves the inborn preparedness of the individual to interact with an evolving series of normal and predictable environment. It is pertinent to note that Freud began his work later part of 19th century and many of his ideas remain influential into the 21st century hence every personality theorists make reference to him either for or against.
This paper examined in details every aspects of psychoanalytic theory of Sigmund Freud and presented it under the following sub-headings:
❖   Brief history of Freud.
❖   The levels of personality.
❖   The structure of personality.
❖   Anxiety: A threat to the ego.

❖   Defense mechanism against anxiety.
❖   Psychosexual stages of personality development.
❖   Techniques used in psychoanalytic theory.
❖   Criticism of the theory.
❖   Implications for the practice in Nigeria.
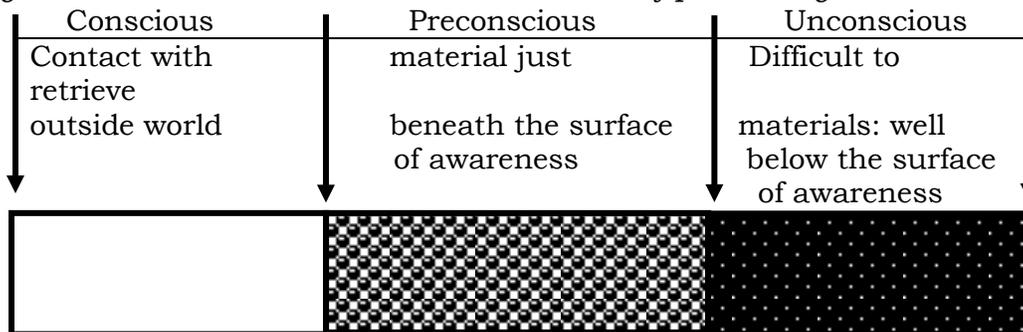
BRIEF HISTORY OF FREUD
Freud was born in May 6, 1859, in Freiberg, Moravia (now Pribor, Czech Republic). He was the first born son of eight children. His father, Jacob and a wood merchant was relatively unsuccessful in business. When the father's business failed in Moravia, the family moved to Leipzig, Germany, and later, when Freud was 4 years old, to Vienna, Austria. His father was strict and authoritarian. Her mother was slender and attractive and her behaviour towards him was protective and loving. Freud felt a passionate, sexual attachment to her, a condition that set the stage for his later concept of the Oedipus complex. The mother took pride in him, persuaded that he would become a great man. From an early age, Freud exhibited a high level of intelligence, which his parent helped to foster, for instance, his sisters were not allowed to practice the piano lest the noise disturb Freud's studies. He was also the only one allowed to use oil lamp while others use candle. He entered the University in 1873 for Medicine and received his medical degree as a PhD in 1881 with the grade excellent. He married to Martha-Berneys. The marriage was blessed with six children and the youngest is called Anna. She became so famous of psychoanalysis like her father and he supported his family greatly through his private practice. He died in 1939 at the age of 85 of probable physician-assisted suicide (Gay, 1988) in Prochaska and Norcross (2007); this was because of the ravages of bone cancer he suffered.

THE LEVELS OF PERSONALITY
Freud divided human personality into three levels-the conscious, the preconscious, and the unconscious.
➢ **The conscious**: The conscious mind focuses on the present event. According to Schultz and Ellen (2005) the conscious is a limited aspect of personality because only a small portion of our thoughts, sensations, and memories exists in conscious awareness at any time.
➢ **The preconscious:** This is an area between the conscious and the unconscious mind. It is the storehouse of memories, perceptions and thoughts of which we are not consciously aware at the moment but can be easily summoned into consciousness. Things we forget are buried here and can be recovered if given chance.
➢ **The Unconscious:** Freud's important contributions to psychology were the unconscious, his realization that events we no longer consciously remember may still influence our behaviour (Njoku, 2010). According to Freud, the unconscious is the most powerful aspect of the mind because all the repressed memories, instincts, powerful forces of personality exist in the unconscious. Its vast, dark depths are the home of the instincts, those wishes and desires that direct our behaviour. Infact, he maintained that the unconscious is the major motivating force behind human behaviour.

The diagram below illustrates how these three levels of personality look like.

Conscious	Preconscious	Unconscious
Contact with retrieve outside world	material just beneath the surface of awareness	Difficult to materials: well below the surface of awareness

THE STRUCTURE OF PERSONALITY

Human personality is divided into three separate but interacting elements- the Id, the ego and the superego. Njoku (2010) maintains that Freud used these terms to refer to strong psychological forces not physical locations in the brain.

The Id: This comprises the basic inherited givens of the personality. It is in born. The id is made up of some psychological drive like hunger, thirst, etc. it operates in accordance with what Freud called the pleasure principle. It functions to increase pleasure and avoid pain. The Id strives for immediate satisfaction of its needs and does not tolerate or postponement of satisfaction for any reason. The only way the id can attempt to satisfy its needs are through reflex actions and wish-fulfilling hallucinatory or fantasy experience, which Freud labeled primary-process thought (Schultz, & Ellen, 2005). The means of operation for the id is only pleasure principles. It avoids pains, suffering etc by all means. The id discharges energy to the ego and in doing so, he gets what he want.

The Ego: The ego is the second part of the personality to be developed after the id and before superego. It is called the executive mind and operates on reality principle. It keeps the id from getting out of control. It is noted that the ego does not prevent id satisfaction but tries to postpone, delay or redirect it in terms of the demands of reality. It perceives and manipulates the environment in a practical and realistic manner in other to operate in accordance with the reality principles. Perception, recognition, judgment and memory are the powers adult uses to satisfy their needs. These abilities are called secondary thought process. The ego moderates the wishes and the childish desires of id and over demands of the ego. It keeps an individual from being too morally restraint or too self-indulgence.

The superego: This represents the rights and wrongs of the society as handed down by ones parents, teachers and significant others. It is based on moral principles of the society. It shares the same unrealistic nature with the id. It pushes one outside reality and makes one to be too moral and perfect. There are two parts of superego:-

✓ **Conscience:** a component of the superego that contains behaviours for which the child has been punished.

✓ **Ego-ideal:** a component of the superego that contains the moral ideal behaviours for which a person should strive.

The superego is relentless, even cruel in its quest for moral perfection. Its purpose is not to postpone the pleasure-seeking demands of the id as the ego does, but to inhibit them completely, particularly those demands concerned with sex and aggression.
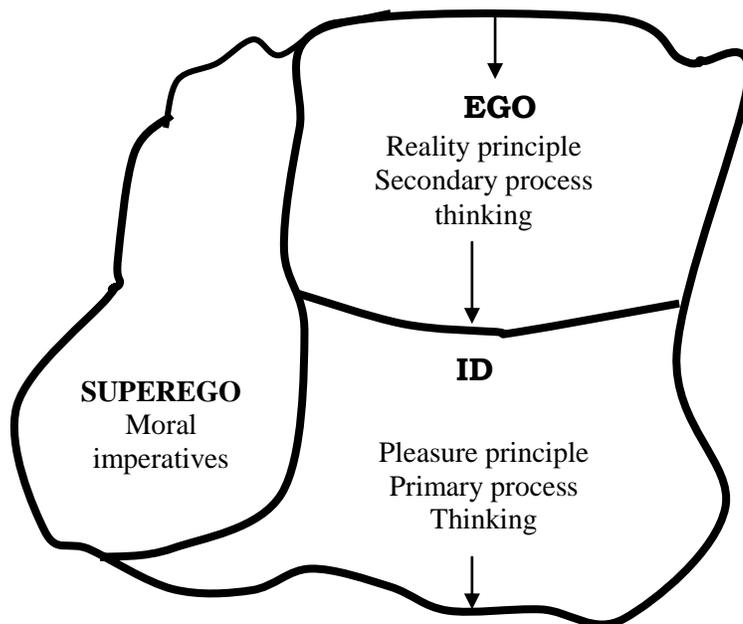
According to Berk (2010) children obey the superego to avoid guilt, a painful emotion that arises each time they are tempted to misbehave.

Three main function of superego as identified by Njoku (2010) include:

(1)   To inhibit the impulses of the id, particularly those of sexual or aggressive in nature, since these are impulses whose expression is mostly highly condemned by society?

(2)   To persuade the ego to substitute moralistic goals for realistic ones.

(3)   To strive for perfection.

Again, when conflict arises among the id, ego and superego, it develops into anxiety.

Diagram depicting the divisions of the id, ego and superego.

EGO
Reality principle
Secondary process
thinking

ID

SUPEREGO
Moral
imperatives

Pleasure principle
Primary process
Thinking

Source: Schultz and Ellen (2005).

ANXIETY: A THREAT TO THE EGO
When the ego is losing its struggle to reconcile the demands of the id, the superego and reality, a person experiences a state of psychic distress called anxiety. Anxiety is a feeling of fear and dread without an obvious cause. Anxiety serves as a warning signal to a person that all is not as it should be within the personality. It alerts the individual that the ego is being threatened and that unless action is taken, the ego might be overthrown.
There are three type of anxiety:
➢ Reality anxiety: This can also be called objective anxiety. It involves a fear of tangible danger in the real world. Examples of things that can trigger reality anxiety include; earthquake, fire and similar disasters. Reality anxiety serves the positive purpose of guiding our behaviour to escape or protect ourselves from actual dangers. Reality anxiety subsides when the threat is no longer present.
➢ Neurotic anxiety: This anxiety is the one that causes trouble to our mental health. Neurotic anxiety has its basis in childhood, in a conflict between instinctual gratification and reality. The wish to gratify certain id impulses generates this anxiety. Neurotic anxiety is an unconscious fear of being punished for impulsively displaying id-dominated behaviour.
➢ Moral anxiety: This anxiety comes as a result of conflict between the id and the superego and generally known as a fear of one's conscience. Moral anxiety reveals how well superego has developed. Schultz and Ellen (2005) noted that a person with a strong inhibiting conscience will experience greater conflict than a person with a less stringent set of moral guidelines.

DEFENCE MECHANISM AGAINST ANXIETY:
Defense mechanisms are useful ways of coping with life's unpleasant experiences. The ego uses three options to defend itself each time it is threatened-running away from the threatening situation, inhibiting the impulsive need that is the source of the danger, or obeying the dictates of the conscience. Failure to balance the conflict demands of the id and superego, as well as demands of reality, the ego employs defense mechanism as the last resort. Freud postulated several defense mechanisms such as:

➢ Repression: This is an involuntary removal of something from conscious awareness. It is a deliberate forgetting of an unpleasant event that causes us pain and discomfort.

➢ Denial: This defense mechanism is related to repression and involves denying the existence of some external threat or traumatic event that has occurred. It is refusal to acknowledge a threat. For instance, a person with a terminal illness like HIV/Aids may deny the imminence of death.

➢ Reaction formation: This is to actively express the opposite of the thing generating the anxiety. For instance, a young man who is overtaken by sexual urge all the time may decide to embark on a campaign against pornography.

➢ Projection: This defense mechanism is what is traditionally known as "shifting blame". Here, disturbing impulses is attributed to someone or something else. Statements like "I don't hate him, he hates me is an example of projection. A wife who is unfaithful may end up accusing the husband of unfaithfulness. Projection is also used in co-dependency in dysfunctional family. According to Onyekuru and Oladayo (2012), it is the transfer of family problem to the other partner.

➢ Rationalization: This involves reinterpreting our behaviour to make it seem more rational an acceptable to us and others. This particular defense mechanism focuses on explaining failure or shortcomings in a way that it is less threatening. Someone who cannot afford milk may resolve that milk makes him throw-up after taking it.

➢ Displacement: This is the shifting or transfer of unacceptable feeling from the real target to a safer one. For instance, a child who hates his elder siblings may be afraid to show it for fear of being punished but transfer it to another child he feels cannot be able to do him anything. It is noted that a number of displacements leads to accumulation of un-discharged tensions.

➢ Sublimation: These Defense Mechanisms is similar to displacement but differ in method. Displacement involves finding a substitute object to satisfy id impulses while sublimation involves altering the id impulse.

Defense mechanism can be counterproductive if it is taking to extreme. Keeping a friend by someone who always projects his weaknesses onto others can be difficult. A person who habitually fights against fear of failure by practicing denial may miss opportunities for more creative and rewarding work (Njoku, 2010).

Freudian defense mechanism at a glance

Response	Conscious denial of existence of something that causes anxiety
Denial	Denying existence of an external threat or traumatic events
Reaction formation	Expressing an id impulse that is to opposite of the one truly driving the person
Projection	Attributing a disturbing impulses to someone else
Regression	Retreating to an earlier, less frustrating period of life.
Rationalization	Reinterpreting behaviour to make it more and less threatening
Displacement	Shifting id impulse from a threatening object to substitute object.
Sublimation	Altering id impulses by diverting instinctual energy into socially acceptable behaviours.

PSYCHOSEXUAL STAGES OF PERSONALITY DEVELOPMENT
Human being undergoes various stages in life. These stages of life are determined primarily by the unfolding of sexuality in the oral, anal, phallic, latent and genital stages. Differences in experiences during each of these stages are critical in determining variety of traits and personalities that ensure (Warren, 1998) in Prochaska and Norcross (2007).

❖ **The Oral Stage 0 – 1years**
This is the first stage of psychosexual development, lasts from birth until sometime during the second year of life. At this stage, the infant's centre of attraction is the mouth. The infant derive pleasure from

sucking, biting and swallowing. Freud observed that this behaviour of the child suggests that mouth is the primary source of sexual gratification.

At oral stage, the behaviour of the infant is seen in two ways – oral incorporative behaviour (taking in) and oral aggressive behaviour (bitting or spitting out) the oral incorporative mode comes first and involves the pleasurable stimulation of the mouth by other people and by food. When infant is not satisfied during oral incorporative mode, the child will develop excessive eating, drinking, smoking and kissing habit during adulthood. If on the other hand the infant is excessively gratified, his adulthood behaviour will be marked by optimism and dependency on others. Such people are labeled oral personality type. The second oral behaviour, oral aggressive occurs during the painful, frustrating eruption of teeth. If not handled by the mother very well, the infant will grow to become hostile and aggressive.

❖ **The Anal Stage 1 – 3years.**
At this stage of personality development, the sources of pleasure have moved from the mouth to anal region. Defecation produces erotic pleasure for the child. The infant also derive pleasure from retention of faeces especially when parents interfere by attempting to regulate the time and place for defecation. This is a time for toilet training but must be done with carefulness. Fixation at this stage because of parents strict demand leads to rigidity in almost everything, extreme punctuality, orderliness and cleanliness.

❖ **The Phallic State 3 -5 years**
This stage of life ushers in new set of problems for the infant. The focus of pleasure has moved from the anal region to the genitals. The boys derive pleasure from fondling with their penis. The child becomes curious about birth and about why boys have penises and girls do not. At this stage, children while playing may talk about wanting to marry the parent of the opposite sex. Conflicts at phallic stage are the most complex ones to resolve. Freud identified Oedipus complex as one of such conflicts. This name came from a Greek play called Oedipus rex written by Sophocles in fifth century B.C. In the story, young Oedipus kills his father and marries his mother (Colman, 2001). Oedipus complex is a sexual desire of a male child towards his mother. Boys develop hatred for their father because they see them as an obstacle on their way. Boys try to repress this urge because of the fear that their father may cut off their penis. Girls on the other hand suffer from Electra complex. This is sexual urge that girls have for their father. As a result, they develop hatred for their mother seeing her as an obstacle in expressing their desire. Another challenge girls have at this stage is called penis envy- feeling inferior to men believing that they are castrated by their mothers. These conflicts can lead to lack of conscience, improper sex role behaviour if they are not resolved (Kemjika, 2006).

❖ **The Latency Stage 5 – 10years**
The sex instinct at this stage is dormant, temporarily sublimated in school activities, hobbies, sports and in developing friendships with members of the same sex. Sexual concerns are put to rest.

The Genital Stage 10 years and above
This occurs during adolescence stage. At this stage, sexual feeling remerges again and lasts till death. The individual here shows more physical and physiological changes that go with puberty. At this point, he shows mature sexual identity and he is capable of having sexual expression. Also social relationships in both sexes are seen.

TECHNIQUES USED IN PSYCHOANALYTIC THEORY
Freud used some techniques in providing solution to his patient's problems.
Prochaska and Norcross (2007) identified the following:
Free Association:
Before the introduction of free association, Freud was using hypnosis to help a patient recall repressed materials. After a while, he abandoned hypnosis partly because he had difficulty hypnotizing some of his patients. In his quest for a better technique that will help his patients recall past events, he came up with the concept of free association. In free association, the patients are to engage in a kind of daydreaming out loud, saying whatever comes to mind. The patient will be instructed to express spontaneously every idea and image exactly as it occurred, no matter how trivial, embarrassing or painful the thought or memory

might seem (Pervin, 2003) cited by Schultz and Ellen (2005). This technique helps the therapist elicit information about the patients fear, anxiety, deep sited feeling, early aspirations and wishes. The therapist also tries to form association and connections between the unconscious materials and problems during the experience.

During free association, there are two major challenges the therapist may encounter- Resistance and transparence. Resistance occurs when the patient is unable to continue talking because of sudden remembrance of some experiences and memories that are too painful to talk about. At this point, the patient feels reluctant to disclose them. Freud is of the view that therapists should press hard each time resistance occurs, stressing that it indicates proximity to the source of the patients problems and also a sign that the treatment is proceeding in the right direction. The second challenge to encounter by the therapist during free association is transparence. This occurs when the patient begin to redirect his or her emotions towards the therapist in an erotic manner. It is a form of displacement. In handling transparence, the therapist employs other techniques - confrontation and clarification. Confrontation is used to make the patient aware of the particular actions he has displayed. For instance, "you seem to have sexual feelings toward me" while clarification is used for detailed feedback regarding the particular phenomenon that the patient is experiencing.

Dream analysis

This is a technique involving the interpretation of dreams to uncover unconscious conflicts. Dreams have two types- the manifest content and the latent content. Manifest content refers to the actual events in the dream and the latent content refers to the hidden symbolic meaning of the dream's event. Dreams provide insight to unresolved issues and therefore should be properly analyzed.

Interpretation

This is another Freudian techniques used to interpret the outcome of free association and resistance that occurred during free associations. The associations and connections formed by the therapist during free association are properly analyzed through the instrument of interpretation

Working through:

This is the gradual, slow process of working again and again with the insights that have come from interpretations of resistance and transference. As the therapist continues with this technique, the patient gradually becomes aware that there are indeed new and more mature ways of controlling instincts that allow some gratification without guilt or anxiety.

IMPLICATION OF THE THEORY IN NIGERIA SETTING

1. For some clients, a focus of therapy should be established early on, with their expressed consent. Goals can be delineated and eventually evaluated. This approach will serve to prevent the drift that can occur in an open-ended psychoanalytic therapy and would allow systematic evaluation of result (Adebowale, 1999).

2. It should be recognize that the value of insight is often reflected in action. Although action can be defensive substitute for feeling, it may also be a way of putting insight to work in constructive and growth-enhancing way. Part of the work-through phase of psychoanalytic therapy can be a trying out of new way of believing, this will bring residual anxieties to the fore, which can be explored further if necessary.

3. If psychotherapists in Nigeria view unconscious fantasies as constructions rather than reconstructions, as useful fictions rather than veridical cognitive structures, they need not discover the one correct underlying fantasy. The therapist, from this perspective, must lead client to a vision of themselves and events that is different from their current view. For instance, all forms of ant-social behaviours (armed robbery, pilfering, bribery and corruption) common in Nigeria society could be traced to early home training. There is no good rapport between parents and children very early in life as regards the definition of roles, expectations, responsibility, limits and consciences. Parents do not act as role models for their children to identify with. Adults should draw out their exhortation or advice from their personal life experiences which has didactic way of influencing the children.

4. The ability of clients to control their effects, both its inhibition and its expression, should be given more credence. Clients can be viewed somewhat more as conscious creators or maintainers of their current pathological situation including their cognition, affect and behaviour.
5. Psychoanalytic therapists should allow their human qualities to shine through, as advocated by humanistic as well as neo-behavioural therapists, particularly their caring for and support of the client. They should keep in mind their actual role, behaviour and impact on the client in understanding the transferential element of the relationship.
6. In an empathetic manner, the psychoanalytic therapist should acknowledge the role of external reality both present and past, and the clients' adaptive efforts to deal with it, in addition to exploring its personal, idiosyncratic meanings. Helping certain clients see how they were caught in a dilemma as children and how they inevitably reacted by skewing some aspects of their psychic life, provides them with hope for change in their present circumstances as adult.

CONCLUSION
The researchers have painstakingly reviewed the theory and drawn out its relevance to Nigeria setting. It is therefore pertinent for counsellors and educationists to explore the various findings of the theory in handling clients and students. Parents on the other hand have been provided with workable tools for raising children that will be useful both in the home and society.

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