UNIVERSITY OF ILORIN

THE ONE HUNDRED AND THIRTY-FIRST (131ST) INAUGURAL LECTURE

“MAY YOUR ROAD NOT BE ROUGH”

By

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Distinguished Invited Guests,
Gentlemen/women of the Press,
Family and Friends,
Great Students of the University of Ilorin,
Distinguished Ladies and Gentlemen.

Preamble
I give glory, honor, power and majesty to God who
rules the heaven and the earth, by whose power and will I
stand before you today to deliver the 3rd inaugural lecture in
the Department of Counselor Education and the 131st in our
great University. Today I can say, is a special day for me,
because I am a confirmation of the fact that miracles have
not ceased. I was born into a family of seven (7) wives and
twenty-three (23) children. From that bundle only two (2)
successfully completed secondary school and for me to be
appointed Professor in 1999, (that is about fourteen (14)
years ago) is a testimony to the fact that God is a God of
miracles. Coming from a large family, has taught me a few
lessons. A person’s journey throughout life is bumpy,
narrow and windy. I have chosen this topic because of the
experiences I have encountered in my quest for success in
life.

I therefore, chose to deliver this lecture ‘That your
Road not be Rough’ because of many reasons. Primarily, as
a counselor, I have realized that Nigerians largely are
ignorant of the places they can go to, to get solutions to
their problems. Secondly, Nigeria is largely a superstitious
population, where the worldview is given externally, and
causation is attributed to ancestral spirits, charms or
witchcraft. The consequences of this behavior are that
problems are left unresolved. The third element prompting
this topic is the fact that the religious faith healers and
traditional helpers have become very popular. In African
indigenous churches particularly, the Pentecostals and the
Charismatic ones, this popularity tends to compound
problems by making the people to live in fear of ancestral
spirit, witches, charms and hexes. Counseling applies
mental, health, psychological or human developmental
principles to solve cognitive, affective and behavioral
problems in a systematic way to release the potential for
personal growth and development.

That Your Road Not Be Rough
The road that humans travel throughout life begins
at birth. Any person who has traveled on Nigerian roads
will have no difficulty understanding what a rough road is.
Nigerian roads are narrow and winding. Potholes are
abundant, and broken vehicles litter the highways. With
wise counseling one can travel safely and reach one’s destination.

Whether a human will travel on a rough or smooth road begins on the day conception takes place. During conception, several things happen. At this period of about two hundred and sixty-six (266) days, the zygote, comprising of the first 2 weeks of conception, and the embryonic phase, extending from the end of the second week through the eighth week of conception may encounter some dangers. Following from the embryonic stage, the next period of the fetus stage begins from the 9th week until birth (see Fig. 1). The period of rapid growth, is supported by oxygen and nutrients from the mothers’ blood. These nutrients pass through the mothers’ placenta – an organ that filters blood and provides nutrient to the fetus through the umbilical cord. Diseases, injuries, drugs, chemicals, and radiation can all affect the developing fetus. For example, Rubella (German measles) in a mother can cause deafness to the growing fetus. Heart disease and mental retardation are consequences of diseases, chemicals and alcohol passing through the placenta.

Babies born to mothers who use heroin, morphine and cocaine are often born addicted to those substances. Other substances known as teratogens can also affect the fetus and disrupt its proper growth. We can see that right from conception to birth, the road of any human born of a woman is determined.

Fig. 1: Prenatal Developments

The most common of these teratogens are nicotine, alcohol and smoking. A more serious disorder, which affects fetal development of a human fetus, is called ‘FETAL ALCOHOL SYNDROME’. It can increase the risk of fetal death, can produce congenital heart defect, can damage the brain or cause other fetal disorders. Diseases, which affect children born to older women, are known as ‘DOWNS SYNDROME’. In marital counseling, this information should be communicated to the couples, so that they can plan their families well.

Okesina and Umoh (1995) investigated the attributional patterns of infant mortality by parents, students and teachers in Ilorin Metropolis. A carefully-worded questionnaire on attributional patterns was administered to parents, students and teachers in Ilorin Metropolis. The respondents were asked to attribute causes of infant mortality in Ilorin. The variables of interest as the causes were medical, cultural and psychological causes.
What emerged from the responses of the respondents was that infant mortality was caused by witchcraft, ancestral curses or evil spells cast by enemies. Such responses negate efforts by government and NGOs to prevent or reduce the incidence and cases of infant mortality in Nigeria. The expanded program on immunization will be futile unless mothers know what kills their children.

The determination of the life cycle of a human baby is equal to the determination of the road he or she will travel for the rest of his/her life. Fortunately, counselors are among health care givers who actively provide information to would-be couples on matters such as those enumerated above. Any deformed child can still be helped through the application of counseling principles to realize his/her potential. For example, our university has a Centre for Supportive Services. In this centre, the deaf and other physically challenged students are helped.

**Sex Determination**

The genes produced and contributed by either of the parents have their stories to tell. If a gene is dominant, the characteristic it controls is displayed in the offspring, but if the gene is recessive, its effect will not be shown unless it is paired with a recessive gene (see Fig. 2).

It has long been known that the sex genes are inscribed in a pair of chromosomes. The ovum carries 23 pairs of the chromosomes and the sperm cell carries another 23 pairs. These 23 pairs combine to form 46 pairs of chromosomes. In males, the 23rd pair of a chromosome contains the X and Y chromosome which triggers males’ sexual development, while in females, it is only X, so that the 23rd pair always carries X and X chromosomes.

Interestingly, males control the X and Y-chromosomes found in sperm cells. If a woman gives birth to only female children, the husband is responsible. Counselors can direct and refer young couples who wish to plan their families to family planning centers and health professionals for guidance in this direction. In the past, men have battered their wives for giving birth to only female children.

**Fig. 2: Sex Determination and Chromosomes**
About five percent (5%) of newborn babies have chromosomal or genetic defects that produce mental or physical handicaps. To minimize the chances of giving birth to a baby with genetic defects, it is advisable that couples go for genetic counseling before beginning to have children. Geneticists, counselors, psychologists and other medical personnel can help families avert these crises.

For many centuries, African families were afflicted with repeated infant deaths. ‘Ogbanje’, as it was called was believed, to be a spiritual child that kept coming to torment the mother as it died few weeks or months after birth. Modern science has unraveled this mystery. Biologically, genetic incompatibility whereby one parent carries AS and the other carries AS genotype may result in sickle cell complications.

Awareness of Rhesus factor and ABO blood grouping as a medical issue among university students was an object of research by Okesina, Umoh and Oloyede (1995). The high incidence of sickle cell anemia in Kwara State prompted this study. The questions that were raised centered on how many university students knew about Rhesus factor and ABO blood grouping. A carefully worded questionnaire on awareness of Rhesus factor and ABO blood grouping was administered to University of Ilorin students. It was expected that university students by virtue of the fact that they are students of higher institution would know something about Rhesus factor and blood grouping. To our greatest surprise, only about 40% of the students knew about it. That explains why the incidence of sickle cell anemia is still high in our population. This study was a follow-up to our earlier work in 1993 and 1994 where Umoh and Akinola and Umoh and Okesina investigated the attributional pattern of Nigerian students towards sickle cell anemia. A questionnaire was administered to a random sample of 300 university students to determine what they attributed to be the causes of sickle cell anemia. According to their responses, sickle cell anemia was explained externally to witchcraft, sorcery and curses.

Blood grouping and Rhesus factor are genetic issues, which should compel couples intending to raise a family to seek for counseling help. Genetic incompatibility can affect children in many ways by preventing them from maturing at predictable rates. For example, children with genetic problems may be deficient in some motor behaviors. Shown below are motor tasks that 95% of children can perform (see Fig. 3)

**Fig 3: Complex Motor Behavior of Children**

Children are capable of complex motor behaviors at an early age, once their nervous systems and muscles have matured sufficiently. Motor development in babies occurs in orderly sequence. However, there is variation in the ages at which certain abilities emerge. Twenty-five percent
(25%) of children in figure 3, exhibit the skills that represent the age of about ninety-five percent (95%) of all children. Unfortunately, during this stage of development, a number of problems do occur, (diseases, sickness: poliomyelitis et cetera), which can constitute potholes or hindrances on the road that these organisms will travel.

Successful journeying from childhood to adolescence requires caution, good family climate, parental care and stable political situation in the country. The Expanded Program for Immunization (EPI) is a health care issue that mothers should take seriously, as it is more difficult to rear a deformed child. The department of Counselor Education organizes enlightenment programs for mothers annually.

During Adolescent Stage

The adolescent period extends from the beginning of sexual maturity to the attainment of independent adult status. According to Stanley Hall (1966), this period is classified, as full of ‘storms and stresses’. During the adolescent period, growth spurt manifest. Boys may grow 10 inches and girls about 3 inches a year. At approximately age 14, boys overtake girls in both height and weight. It is at this time that sex hormones direct the development of primary sex characteristics as well as the appearance of secondary sex characteristics. The appearance of pubic and underarm hair occurs in both males and females, deepening voice and facial hair in males, breast development and widening of the hips and buttocks in females signal maturity to adulthood. For boys it is the time when sperm and ejaculation occur for the first time. For girls, menstruation occurs around age 12-14.

According to Murphy (1992), traumatic life events can hasten earlier menarche. It is known, that psychological distress and family dysfunction might precipitate earlier menarche in girls. During this stage of development, the adolescent experiences are very rough. Parents are usually alarmed when they see female children growing up into maturity. Out of fear that the girl might become pregnant, due to reckless sexual experimentation, rape and other things, parents initiate control mechanisms to checkmate the girls’ freedom. Boys at this age resent parental control, become rebellious, heady, confused and stupidly curious.

Umoh (1986) investigated the attitude of parents in Ilorin Metropolis towards the introduction of sex education in secondary schools. Sex education is given to students to safeguard them from premarital sexual activities, from reckless sexual experimentation which may lead to pregnancy, abortion and even death. The attitude towards sex education questionnaire was administered on 300 randomly selected parents in Ilorin. The result of the study showed that the attitude of parents to the introduction of sex education was negative. The practicum students in the department of Counselor Education characteristically organized seminars under our supervision for parents and students in secondary schools in Ilorin and other towns in Kwara State to encourage them to allow sex education to be taught in the secondary schools.

If sex education is not taught during adolescent stage, they invent defense mechanisms, which will inform the type of road they will walk for the remaining part of their lives. Some of these defenses include:

- Rationalization: providing self-justifying explanations for unacceptable behavior.
Excessive use of psychological defenses hinders genuine social and heterosexual development. Some adolescents mature earlier than others. Generally, early maturity is more advantageous than late maturity for boys than for girls. According to Piaget (1956), adolescents cognitively reach a stage in thinking called “formal operational reasoning” at roughly age 14. This means they can reason abstractly and deductively. Kholberg (1978) believes that adolescents operate more at the level of conventional morality based on conformity to the expectations of the social group. Fixation at the adolescent stage according to Sigmund Freud impedes successful sexual, emotional and social development to adulthood. Targeted counseling at this stage can release adolescents’ potential for growth. Fixation at the sexual stage in the adolescent period could lead to development of sexual perversions such as lesbianism, homosexuality or pedophilia.

Mr. Vice Chancellor sir, the Nigerian child who has successfully grown to be an adolescent is traveling on a bumpy road towards adulthood. As he progresses on his or her road, he or she encounters educational bumps, social potholes, emotional hindrances, and family related problems, political, economic and sexual uncertainties, all of which may impede his successful progression throughout life. Some of these potholes are enumerated below:

- **Skill Work Force**

  Nigeria has many human and material resources. Despite this abundance, there is deficiency in the skill work force in almost all areas in the economy. This deficiency would most likely continue as long as many of our youths are denied access to educational provisions. It is a well-known fact that year after year one million five hundred thousand (1.5 million) Nigerian youths sit for Joint Admission Matriculation Board (JAMB) Examination. All the one hundred and twenty-seven (127) universities can cater for less than three hundred thousand (300,000) of these youths. The remaining one million three hundred thousand (1.3 million) are left unplanned for. They have no skills, no jobs and somehow cannot just disappear. The consequence of that has been the growing tendency for the youth to survive by joining armed robbery, cults and some are readymade hired assassins for political aspirants. Most of these lack employable skills.

  Job seeking strategies as perceived by school-leavers in Kwara state was investigated in 1987 by Umoh. The general assumption has been that youths are taught how to write applications and curriculum vitae and how to attend job interviews. In a carefully worded questionnaire, this listed fifteen job seeking strategies. A randomly selected sample of 300 school-leavers in Kwara state were asked to rank in order of importance the strategy they would employ in seeking for jobs. The result of their
rankings showed that although writing applications and having good CVs were essential, getting and keeping a job were in fact a matter of having good contacts and linkages. This kind of attitude negates attempts by employers of labor to select the best skilled job seeker for their vacant positions.

There are a number of vocational inventories in use in Nigeria presently to identify skill areas for the youths. Some of the major ones are VII- Vocational Interest Inventory and Motivation for Occupational Preference Scale (MOPS). Both have been pioneered by C.G.M Bakare (1994) of the University of Ibadan.

- **Automation in the Workforce**

  The workforce, business centers and industrial settings are experiencing a lot of automation. That means many of our youth need sound education. They need to be computer literate, if they are to find jobs, keep jobs and if they are to relocate to newer and higher paying jobs.

  The Department of Counselor education annually organizes career days in selected secondary Schools, to sensitize the youths to the realities in the world of work.

- **Home and Family Life**

  Most parents in modern Nigerian homes work from dusk to dawn, just in a bid to make ends meet, so that they can aid in the development of their sons and daughters. Because of this busy schedule of parents, children find comfort and consolation by staying at home and watching foreign-based films sometimes with disastrous consequences.

  Umoh, Okesina, and Adeleye (1994), matched 200 students by age, parents and educational background to a quasi environmental study. A pre-treatment questionnaire to establish a baseline for aggression and crime was administered on both the experimental and control groups. Three violent television films were shown over a period of four (4) weeks to the experimental groups alone.

  The same questionnaire was re-administered to the experimental group to determine the effect of the violent film on the participants. Analysis of covariance (Ancova) test was used to analyze the results. It was found that TV violence has significant effect on the students’ tendency for crime and aggression.

- **Cultism**

  Because of the abundant energy, which an adolescent has, many of them channelize this energy to productive endeavors whereas others channel the energy to unproductive adventures. A typical adolescent is adventurous, rebellious, and inquisitive (Adegoke, 1995). This excess energy pushes them to join secret cults. Dishonest politicians hire them for pitants as political thugs and social misfits among them who had wasted time and effort in other non-learning activities are often terrified at the thought of failing examinations and so they bully teachers and administrators who cross their path, (Umoh, 1997). Several lecturers in Nigerian universities have been killed in what authorities’ believed were cult-related activities.
HIV/AIDS

According to the United Nations Organizations (1999), the human immune deficiency virus (HIV/AIDS) has wreaked havoc around the world. The story of HIV is comparable to a farmer who expected a bumper harvest for his crops only to find out that all the crops withered when he should be reaping a bumper harvest. All over the world, youths between the ages of 17 and 35 at their most productive periods of their life are the major victims of HIV/AIDS (WHO, 1999). This is the stage of development when an individual ought to and should contribute meaningfully to the economic and social well being of a nation.

Umoh et al (2001) investigated the attitude of secondary school students in Ilorin metropolis towards HIV/AIDS. This dreaded disease that afflicts mostly the young population because of their reckless sexual experimentation is carried around by 5% of Nigerian young men (WHO, 2008). The study attempted to find out whether the adolescents had negative attitude towards it because a negative attitude will curtail their sexually-risky behaviors. A 36 item questionnaire on the causes and consequences of HIV/AIDS was administered to about 500 randomly selected secondary school students in Ilorin metropolis after a career Day Ceremony. The result of the analysis showed that even though they know about HIV/AIDS, the general tendency was to believe that it is a white man’s disease and not of African origin. This kind of attitude negates the Government campaign against reckless sexual experimentation among our youths.

Drugs and Alcohol

Growing up in Nigeria is like walking through minefields. One needs scientific guidance, skill, and ingenuity to cross a minefield successfully. For a Nigerian adolescent who has traversed the roads of poor educational preparations, lack of skill for employment, problem of national integration, changes in home and family life, HIV/AIDS, the problem of drug and alcohol still needs to be overcome. According to NDLEA (1991), heroin and cocaine are now being used and abused along with other traditional drugs such as cola nut, tobacco, snuff, alcohol, marijuana and ogogoro. The fear of majority of educators is that increasing abuse of these substances could become one of the central problems of our time and could seriously disrupt the social and economic stability of the country.

The knowledge and use of drugs questionnaire (KUDQ) was randomly administered to 800 senior Secondary students in 8 randomly selected Secondary schools in Kwara State. The KUDQ listed 12 different drugs and respondents were asked to indicate if they had ever heard, seen, known or used any of the listed drugs. The result showed that alcohol and marijuana were well-known by 83% of the respondent and about 28% had actually used them. Cocaine and heroin were known only to 8% of the respondents.

Counselors and medical workers were encouraged to organize enlightenment programs on the negative effects of alcohol and marijuana to the individual and the nation.

Career Development

Work serves several important functions. Counselors define work as an activity, which involves the
expenditure of physical, mental, social, emotional and spiritual energy, for earning a living and serving society, which can carry element of continuity, legality and restraint. Work helps people establish personal identity, structure time and provide social interactions.

Most young adults are moderately successful in choosing careers or vocations that their talents and interest match. In Nigeria, a number of vocational interest inventories can enable young adults to match their interests, talents and abilities in their vocational life. Some of these inventories are Vocational Interest Inventory and Motivation for Occupational Preference Scale (MOPS). Bakare (1990) of the University of Ibadan has pioneered these two inventories. Other inventories that are of foreign origins are Strong Vocational Interest Blank (SVIB) and Minnesota Multiphasic Personality Inventory (MMPI).

Adulthood

Most adult developmental theories emphasize how much adult development is influenced by life events as one travels throughout life. Behavior geneticists have begun to explore how much of a person’s genes influence his adult development. Such characteristics as cognitive skills and physical appearance may have genetic bases. In recent times, diabetes which is supposedly a genetic disease is found to be on the increase among the aged. This disease is actually a silent killer of the elderly because it affects the kidneys, the eyes, the heart, the lungs, and almost all parts of the body. Unfortunately in Nigeria, many elderly people do not know the symptoms or the treatment for diabetes. Any symptom of diabetes is always explained externally.

Umoh and Okesina (1998) investigated the Nigerian people’s attributional patterns on the causes and perceived solutions to diabetes. A questionnaire was distributed to patients who came for treatment for diabetic problems in UITH and other private hospitals in three zones of the country, to the greatest surprise of the researchers and with expert medical advice, the 400 respondents were superstitious enough to believe that diabetes was caused by curses, ancestral spirits, or hexes by enemies. Treatment as they suggested should also be by sacrifice to appease the gods. It was concluded that the Nigerian culture is deeply rooted in superstition.

Counseling Psychology

Counseling provides a situation in which a well-trained individual - a counselor uses his skills, abilities and training to help another person who is in a state of imbalance to overcome blocks in his intra and inter relationships so that he can release potential for growth.

According to Akinade (1997), counseling psychology is the application of mental health, psychology of human development principles, through cognitive, affective, behavioral, or systematic intervention strategy that addresses wellness, personal growth or career development as well as pathology.

Counseling takes cognizance of many factors; it examines the problem that hinders the clients’ progression and the environmental utilities that can be harnessed to enable individuals release portions of their psychic energy for growth and development.

Counseling is not done at the spur of the moment. It is a planned, purposeful and result-oriented activity,
executed in places that ensure auditory, visual and other sensory privacy.

The goal of counseling is to release the potential that are latent in most human beings for which their potency has been ignored, so that the individual can move forward. An individual may experience blocks in his intrapersonal and interpersonal relations. Such blocks may manifest as genetic problems in early stages of development.

A good counseling session involves 5 distinct steps, namely: Referral, diagnostic, treatment, termination and follow up.

There are some counseling psychologists who reason that counseling should progress through 6 stages: Referral, diagnostic, treatment, assessment, termination, follow up.

Other professionals who are essential to counseling outcomes, include: School nurses, psychiatric nurses, school psychologists, social workers, school teachers, parents.

**History of Modern Counseling**

Before modern counseling came to Nigeria, Nigerians have been practicing counseling in different forms. In Nigeria, traditional counseling is still very much in vogue. Most cultures have different names for these traditional help givers. Yoruba call it Babalawo; the Ibo call it Dibias, the Igala/Tiv call it Ogboshi, the Efik/Ibibio calls their helpers ‘Use Nkpo’, among the Hausa they are called Bokaye or Duba Mallam. In South Africa, they are called Sangomas. The cultural foci of these traditional helpers are on mate selection, vocational choices, health related issues and divination of the future.

The establishment of the vocational bureau by Frank Parson in Boston (1908) in USA signaled the beginning of modern counseling in the country. At that time, the focus was on vocational counseling. What the career counselor needed to do at the time was to appraise the individual’s interest, abilities, and potentials. Secondly, assess the employment situation of the economy, the job skills required, the training opportunities available and the skills required in each profession, then perform a marriage between the two.

For a while, Frank Parson’s trait and factor approach constituted the major approach in the USA. Even the government did not accord it formal recognition until 1957 after Spurtnic 1, an unmanned satellite was launched by USSR (Russia). It was after this event that the US government woke from slumber and gave counseling full recognition and support.

In Nigeria, many events have necessitated the need for counseling practices. Some of these events include population explosion, explosion in student population, the need for skilled work force, expansion in educational provisions and curricula, political instability, unemployment, youth participation in cultism and very many other variables. The first full-fledged guidance and counseling program was established at St Theresa’s College, Ibadan in 1976, (Akinboye 1987). The emphasis at this time was on vocational guidance.

Today nearly all Nigerian Universities have departments of Guidance and Counseling Education. There are approximately 36 state chapters of National Counseling
Association of Nigeria founded on 17 June 1976. It is a full-fledged association. All the 36 states have chapters including the Federal Capital Territory. The University of Ilorin has a fully functioning Counseling Center and a well-trained Associate Professor of Counseling Dr. L. A. Yahaya, heads it. The centre attends to students who have psychological, academic and interpersonal relationship problems. Student with behavior problems are often referred to the centre by lecturers.

**Treatment Approaches in Counseling**

The basic goal of all treatment approaches is to help people change maladaptive self-defeating thoughts, feelings, ideas and behavior patterns so that they might be enabled to release portions of their psychic energy for growth and development. Counselors in a treatment setting use a variety of techniques so that they can promote positive changes in the client. These techniques vary widely depending on the therapist’s own theoretical orientation. Some of the approaches used by psychoanalytic theories first evolved from the theoretical belief of psychoanalytic theories. The theoretical belief is that all maladaptive behavior is embedded in the unconscious and the entire unconscious elements are motivated or are of a sexual origin. The goal of a psychoanalyst is to help the client develop greater awareness and greater ego control by becoming consciously aware or gaining insights into the maladaptive patterns and their underlining dynamics.

- **Psychoanalysis**
  
  Among the major approaches used by this theory is free association. This approach requires a client to recline on a couch and to verbally report all thoughts, feelings, or images that come to awareness in an often-rambling stream of associations. The therapist then interprets these streams of thoughts in an attempt to make the unconscious conscious.

  Another approach is Resistance. This resistance method involves unconscious maneuvers by the client to hinder the process of therapy such as forgetting an appointment date.

  Transference occurs when a client begins to behave irrationally towards the analyst as if the therapist were a one-time employer, lover, husband, or even a father figure. Another popular method used by psychoanalyst is dream interpretation. Freud believed that in the dream life, many hidden unconscious elements might be discovered, which might help explain the clients’ maladaptive behavior.

- **Humanistic Therapy**

  This approach believes that successful therapy can occur if a client is given unconditional positive acceptance and regard such that the client feels that the therapist is genuinely capable and interested in his/her welfare. If the therapist communicates this feeling with the client, the potential for self-exploration and personal growth is released.

  Another critical attitude, which the therapist needs to communicate, is empathy. This is the ability to view the world in the eyes of the client. A therapist does this by
reflecting back to the client what he or she is communicating.

The third important approach used is Genuineness. This implies honesty in expressing feelings whether positive or negative.

**Rational Emotive Behavior Therapy**

According to Ellis (1962), many problems that people encounter in life, which block the release of potential for growth, involve maladaptive ways of thinking about oneself and the world. Irrational fears and irrational beliefs are responsible for many self-defeating thought patterns. According to Ellis, emotional disturbances are embodied in his A, B, C, D model. A – Stands for activating agents; B - belief system; C - emotional and behavior consequences of the appraisal of that event; D - the key to changing maladaptive behavior such as challenging an erroneous belief system.

This approach has been used by Umoh, Adeoye and Oyewo (2008) for the treatment of irrational beliefs on sexual dysfunction in men in Oyo state. After identification of the attributional beliefs, about 100 volunteers were given three week training on how to debunk irrational beliefs and they were re-administered with attributional questionnaire. Just as predicted, their attributional patterns changed from external to internal.

- **Cognitive Behavioral Therapy**

The practitioners of behavior therapy believe that behavior disorders are learned patterns just as normal behaviors are learned. That these maladaptive behaviors can also be unlearned by the application of principles derived from animal research on classical and operant conditions.

Systematic desensitization involves gradually exposing client to a hierarchy of stimuli while progressively exposing the client to anxiety arousing stimuli, the ability of the stimuli to evoke anxiety can be reduced. Operant conditioning procedures has been applied successfully in many behavioral programs. Token economics are known to strengthen adaptive behaviors. Counselors reduce fears often by use of modeling.

**Family Counseling**

Family counseling is based on the belief that the problems people encounter in life, which prevent them from releasing potential for growth and development are family centered. Dysfunctional family climate constitute major potholes and bumps for individuals throughout life. Those bumps can be removed through improvement in family communication patterns, marital and couples communications skills training. Sexual dysfunction has also been treated through communication skills training and negotiation or behavioral contracting.

The major categories of behavior disorder that characterize an individual which at least 10% of humans may suffer from childhood to old age, for which counseling interventions are needed are presented below.

1. **Disorders arising in childhood or adolescence**

Problems such as hyperactivity, abnormal aggressiveness, childhood fears, frequent bed wetting or soiling or other deviations from normal social and
behavioral development, are first identified in childhood or adolescence.

2. Organic mental disorders - problems caused by physical deterioration of the brain due to disease, aging or chemical abuse.

3. Substance abuse disorder - associated with the use of psychoactive substances such as alcohol, heroin or other drug.

4. Schizophrenic disorders - disorders of thinking, perception and emotion that involve loss of contact with reality and disordered behavior.

5. Paranoid (delusional) disorders - false beliefs (delusion) of being persecuted or being exceptionally important without the bizarre quality of the delusions that occur in schizophrenic disorders.

6. Psychotic disorders - problems involving loss of reality contact that have not lasted long enough (6 months) to be categorized as schizophrenia, a mental disorder that combine schizophrenic-like symptoms with those from other disorders such as depression.

7. Mood disorders - depression and mania (extreme elation and excitement).

8. Anxiety disorders - intense frequent or inappropriate anxiety, but no loss of reality contact. Includes phobias, generalized anxiety reactions, panic disorders and obsessive compulsive disorders.

9. Somatoform disorders - these are physical symptoms, such as blindness, paralysis or pain which have no physical basis and are assumed to be caused by psychological factors. Also excessive preoccupations and worry about health.

10. Dissociative disorders - they are psychologically caused by problems of consciousness and self-identification, including multiple personality disorders and amnesia.

11. Sexual disorders - These sex disorders are many and varied. They include:
   - Rape – forceful sexual intercourse with an unwilling person. This is the most common. Even minors are raped.
   - Necrophilia – copulating with dead bodies
   - Pedophilia – obtaining sexual gratification with children
   - Coprophilia – obtaining sexual gratification by handling feces
   - Fetishism – having sex with inanimate object
   - Frotteurism – rubbing against a person unsuspectingly
   - Zoophilia – lusting after animals
   - Klismaphilia – using enema to obtain sexual gratification

   (Culled from taskforce on DSM IV, 1991, USA)

   All these abnormal sexual expressions go to show that in our higher institution we may just be scratching the surface with dress codes

12. Sleep disorders
   They are problems involving the sleep cycle such as insomnia, sleepwalking, narcolepsy or severe and recurrent nightmares.
Vice chancellor sir, these problems retard a successful journey throughout life. Counseling intervention at the right time can thwart progression of these disorders and release potential for growth.

**Conclusion**

The conclusion that can be drawn from this study is that counseling is for everyone: the young, the adolescent, the young adult and the old man/woman. The roughness of the roads that we human beings travel on is not discriminatory on basis of age, gender, nationality, or race. There are scientific ways of removing the bumps, avoiding the bumps, or sidetracking the bumps so that one can progress unhindered to success.

Everyone needs counseling; the earlier one goes for counseling, the less the problems he will encounter on his road to success. The genes are critical in ensuring the successful journey of an individual throughout life. Environmental presses and parental behavioral controls are also important in ensuring that adolescents reach their desired haven.

Lastly, if parents, teachers, and the society attribute causality externally, Nigerian adolescents may not overcome the hazard of traversing Nigeria highways towards growth and development but if they attribute causality internally, they will not be far from finding solutions to their problems.

**Recommendations**

The following are my recommendations:
1. First and foremost, I am directing my recommendations to young couples who are in the process of tying their nuptial-knot. These young people need genetic counseling and should embrace genetic counseling because the genes define love differently from the eyes. If after genetic counseling, the would-be couples find out that they are genetically incompatible marital plans or preparations should be jettisoned forthwith.
2. Parents should not force vocations on their children rather, they should send their children to counselors and allow them to take standardized interest inventories which may indicate which trade or profession their children may succeed in.
3. Pregnant mothers should undergo proper medical examination and should attend antenatal care regularly so that any detectable fetal anomaly may be corrected immediately.
4. Sex education by trained teachers should be given to adolescents within the school settings so that cases of family altercation and wife battering might be eliminated. Also cases of reckless sexual experimentation, pregnancy out of wedlock and death through abortions would be prevented.
5. The fact that many children who want university education are not able to find admission calls for expansion of universities, the building of new ones and expansion in the curricular offerings. Those who cannot get university admission should be empowered through purposeful planning to be self employed or to learn some practical skills like welding, carpentry, bricklaying, etc.
6. The belief that victims of rape are the ones who call for it should be discounted because abnormal men rape
young children. There are men who lust after animals, yet others lust after the bodies of dead women. If a homosexual cannot lust after a female but after a male, the nude body of a female will mean nothing to such a fellow. I would recommend stricter penalties for men who participate in raping women. The penalty suggested for them is to send them to the penitentiary for life.

7. Lastly, parents need to take adequate care of their sons and daughters. The efforts of parents should be complemented by teachers, religious people, and counselors. If a parent shows bad example to the children by being a bad role model to the children, the children should be taken away by the social welfare department.

It is believed that with all these recommendations, a future road that Nigerians youths would walk will be free from potholes, or hazards.

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Mr. Vice Chancellor sir distinguished ladies and gentlemen, thank you for your patience and attention.

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