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PASTORAL APPLICATION OF
PSYCHOANALYTIC PSYCHOTHERAPY
TO CASES OF DEPRESSION
IN OGBOMOSOLAND

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ABSTRACT

Psychoanalytic psychotherapy is a reliable and comprehensive therapeutic modality. The importance of utilizing it to mediate in cases of depression cannot be over-stated. "Pastoral Application of Psychoanalytic Psychotherapy to Cases of Depression in Ogbomosoland" is an attempt to suggest some ways by which psychoanalytic psychotherapy can be utilized or applied in helping those who are depressed ^{during} because of bereavement crisis.

This study is divided into six chapters. The first chapter is devoted to introductory materials which include the significance of the study, motivation for the study, statement of objective, thesis statement, methodology, delimitation and definition of terms. In chapter two, psychoanalytic theories and their therapeutic techniques are discussed. Here also the early and later developments of psychoanalytic psychotherapy are reviewed. Chapter three is a highlight of the basic symptoms and causes of depression.

The focus of chapter four is to evaluate the effectiveness of current pastoral mediation in cases of depression among the bereaved in Ogbomosoland. Chapter five demonstrates how the pastoral counsellor can utilize psychoanalytic therapeutic techniques in helping those

who are depressed due to bereavement crisis while the concluding chapter is the summary of the entire work and some recommendations. It is concluded that psychoanalytic psychotherapy is a relevant tool in mediating in cases of depression among the bereaved.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

A. CONCLUSION

Psychoanalytic psychotherapy was the first truly psychological form of therapy for the treatment of mental and emotional maladjustments.¹ It is designed to bring repressed unconscious materials into consciousness.² This work is an attempt to suggest ways by which psychoanalytic psychotherapy can be utilized in cases of depression among the bereaved. Depression as a universal phenomenon is a feeling of apathy or sadness which interferes with one's ability to function effectively.

In this work, the writer has given the historical sketch of psychoanalytic psychotherapy which grew out of psychoanalytic theories of personality and originated by Sigmund Freud. Alfred Adler and Carl Jung were two other major contributors to the growth of psychoanalytic psychotherapy. Several psychoanalytic theories and techniques have been mentioned in this work. Among them include genetic theory, structural theory and topographic theory.

¹S. B. Narramore, "Psychoanalysis: Techniques," Baker Encyclopaedia of Psychology, ed. by David Benner (Grand Rapids: Baker Book House, 1995), p. 890.

²Paul Meier and others, Introduction to Psychology and Counseling: Christian Perspective and Application, 2nd ed. (Grand Rapids: Baker Book House, 1991), p. 355.

Genetic theory which is also known as psychosexual development theory, categorizes development as taking place in five stages, namely: oral stage, anal stage, phallic stage, latency stage and genital stage. These stages are fundamental in the history of any individual in order to fully understand his or her mental processes. The structural theory otherwise referred to as tripartite theory is a viewpoint that departmentalizes the mind into three parts, viz: the id, the ego, and the superego. Freud held that unresolved conflicts arising from these three can lead to emotional difficulties. In topographic theory, the mind is organized into three divisions, namely: the conscious, the preconscious and the unconscious. Emotional or psychological problems as argued by the theory, stem from conflicts between the individual's conscious self and his or her unconscious sexual desire.

The three psychoanalytic therapeutic tools discussed in this work are: Free Association, Resistance, and Transference. In Free Association, the patient is encouraged to verbalize whatever comes to mind regardless of how trivial or foolish and shameful the thoughts may be. It is used to uncover the hidden unconscious wishes and conflicts underlying the current symptoms and behaviour of the patient: therapists attach much importance to the issues or expressions which the patient is unwilling to discuss. This is treated using resistance analysis.

Transference is a transfer of emotional feelings or reactions from childhood significant figure to the therapist. It gives room for the patient to re-live his or her past experiences. Transference could be negative or positive.

Furthermore, the symptoms and causes of depression have been highlighted. There are several indications in the Bible in relation to cases and symptoms of depression. Some of the symptoms or vegetative signs of depression are namely: sad affect or moodiness, decreased energy, and feelings of worthlessness or guilt. Others include loss of weight, sleep disturbances, thought of suicide or suicidal attempts and appetite disturbances. Depression has endogenous as well as exogenous causes. Endogenous depression comes from within while exogenous depression comes as a result of reactions to stressful situations. While depression can be genetic it can also be triggered off by a sense of loss, trouble at one's job, loss of self esteem and anger as a result of loss or change.

A survey conducted in fifteen churches of the Ogbomoso East and West Baptist Associations showed that depression is common among the bereaved in Ogbomosoland. The survey also revealed that majority of those who are depressed in times of bereavement were ministered to by their pastors while some were not. On a general note, the study indicated that the pastors in the churches

represented are having effective ministry vis-a-vis cases of depression due to bereavement crisis.

In addition, however, the use of psychoanalytic therapeutic techniques has been suggested in this work for a more effective pastoral counselling in depression. Attention has been focused on three of these tools as already mentioned. These are: free association technique, resistance analysis, and transference analysis. Effective use of free association technique in counselling the depressed requires a great deal of good rapport with the patient as a beginning point. Subsequently, the lifestyle of the patient should be explored and insight offered to the patient through clarification and interpretation. Resistance is not to be ignored, but rather it should be pointed out to the depressed patient to create his or her awareness to the resistance materials. This should be done constructively and at a time appropriate for a given patient. Resistance should be interpreted through gradual exploration of thoughts, memories and fantasies that relate to the patient's significant figure or past experiences. The last stage in dealing with resistance in counselling is working through. It means going through the process of pointing out, clarifying, and interpreting as many times as possible, until the patient achieves wholeness.

It has been stated earlier in the research that the counselling situation is such that gives enough

