

**COUNSELLING INTERVENTION PROGRAMME FOR
MANAGING TRAUMA AMONG WOMEN
EXPERIENCING INFANT MORTALITY**

BY

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Abstract

Infant mortality remains a challenging issue in developing countries despite its significant decline in most part of the developed world. The purpose of this paper was to suggest a counselling intervention for trauma management among women experiencing infant mortality. Psychological trauma is a type of damage to the psyche that occurs as a result of a traumatic event such as the death of a child. Women often experience posttraumatic stress disorder like phobia, insomnia, emotional breakdown and panic attacks. Cognitive behaviour therapy seem to be an effective counseling intervention programme for trauma in the sense that it treats the emotional problems associated with illogical, irrational and negative thinking. It is also comprehensive, active directive, philosophically and empirically based psychotherapy which focuses on managing trauma. In conclusion the major aim of the counsellor is to teach the client experiencing infant mortality on how to replace self-defeating or irrational thoughts with logical and realistic one.

Key words: Counselling, infant mortality, women, intervention

Introduction

The birth of a new born baby is always accompanied with joy. A healthy infant is the expected outcome of every pregnancy and the birth of such a child adds to women a sense of accomplishment. The reason why babies die are rather complex. Babatunde (2006) opined that 30% of babies are born either premature or weighing less than expected at birth. About 15% of deaths occur because of *ante partum* haemorrhage, if induced babies as a result are not managed properly. However, due to improvement in basic health infrastructures and technological medical improvement in the developed world, infant mortality rate have significantly decreased but progress needs to be accelerated in the Sub-Sahara Africa. Newland (1982) pointed out that infant mortality rate in developing countries, and especially in Africa are still very high. World Health Organization (WHO, 2003) reported that Africa has the highest infant mortality rate among the regions of the world. Attempts to alleviate the recurring problems of infant mortality have been a major policy thrust. In Nigeria for example, one of the major Millennium Development Goals (MDG) of UNICEF between now and year 2015 is to reduce the child mortality rate by two-thirds. There is increasing evidence that MDG 4 can be achieved only if developing countries give high priority to reducing the child mortality rate, particularly by targeting the major killer of children like pneumonia, diarrhea, and malaria.

TABLE 1: INFANT MORTALITY RATES OF DIFFERENT COUNTRIES

Rank	African Countries	Infant mortality rate (deaths/1,000 live births)	
1	Angola	175.9	
2	Mali	111.35	
3	Somalia	105.56	
4	Guinea-Bissau	96.23	
5	Chad	95.31	
6	Nigeria	91.54	
7	Burkina Faso	81.4	

8	Malawi	81.04	
9	Mozambique	78.95	
10	Sierra Leone	78.38	
11	Equatorial Guinea	77.3	
12	Ethiopia	77.12	
13	Congo Republic	76.05	
14	Liberia	74.52	
15	Gambia	71.67	
16	Sudan	68.07	
17	Tanzania	66.93	
18	Rwanda	66.6	
19	Cote d'Ivoire	64.78	
20	Rwanda	64.04	
21	Uganda	62.47	
22	Burundi	61.82	
23	Benin	61.56	
24	Guinea	61.03	
25	Cameroon	60.91	
26	Mauritania	60.42	
27	Senegal	56.42	
28	Kenya	52.29	
29	Togo	51.48	
30	Gabon	49.95	
31	Ghana	48.55	
32	Namibia	45.59	
33	South Africa	43.2	
34	Eritrea	41.33	
35	Zimbabwe	29.5	
36	Morocco	27.53	
37	Tunisia	25.92	
38	Algeria	25.81	
39	Egypt	25.2	
Other Countries			
40	Russia	10.08	
41	Kuwait	8.07	
42	United States	6.06	
43	New Zealand	4.78	
44	United Kingdom	4.62	
45	Australia	4.61	
46	Italy	3.38	
47	France	3.29	
48	Iceland	3.2	
49	Japan	2.78	
50	Sweden	2.74	
51	Singapore	2.32	
52	Monaco	1.79	

Source: CIA World Fact book (2011)

The above table shows that the infant mortality rate in Nigeria is high when compared to other countries. Ojikutu (2004) opined that death is a universal experience. Loss cannot be

separated from death and it is an important issue that signifies a total deprivation of something that is of personal value. In the same vein, Asonibare (1985) expressed that death is the deprivation of relationship and fellowship with a loved one. As such, the death of a child is a great loss to the family and the society at large.

Infant mortality can be defined as the death of children before the age of five years after birth (Kessel, 2011; WHO, 2000). Protuero (2010) asserted that nearly 10 million children under the age five die daily worldwide. The term new born includes premature, post mature and full term new born (Webster, 2007). Gay and Langchezeng (2001) defined infant mortality as the number of infant death per 1000 live birth. World Health Organization (WHO, 2005) defined a live birth as any born human being who demonstrates independent signs of life, including breathing, voluntary muscle movement and heartbeat signs. United Nation Data (2008) classified infant mortality into different groups which includes:

Perinatal mortality-perinatal mortality is the death between the fetal viability (22 weeks of gestation) and the end of the seventh day after delivery. WHO (2006) defined perinatal mortality as the number of still birth and deaths in the first week of life. Preterm birth is said to be the ultimate cause of perinatal mortality, accounting for almost 30% of neonatal death. Neonatal mortality involves the death of children in the first 28 days of life. The mortality rate during this period is quite high and depends on prenatal, natal and postnatal causes. Post-neonatal mortality includes death of children after 28 days of life and before one year. Kessel (2011) reported that post neonatal mortality is influenced by perinatal care. He further confirmed that the nature and nurture affects the wellbeing of an infant. However, today advances in life saving perinatal technology often extends survival beyond the first days of life. Child mortality is the death of children within the first-five years. Bolvin (2002) affirmed that infant mortality has

claimed a considerable percentage of infant lives and is a predictor of a country's level of health and development. It is also a component of the physical quality of life index.

Veneman (2009) observed that infant mortality rate in Nigeria is unacceptably high. Oladebo (2010) reported that Nigeria is one of the countries with high infant mortality rate in Africa. Table 2 shows the different infant mortality rates per 1000 live births in Nigeria from year 2000 to 2011.

Table 2: Infant Mortality Rate per 1000 Live Births in Nigeria

Country	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Nigeria	74.18	73.34	72.49	71.35	70.49	98.8	97.14	95.52	95.74	94.35	92.99	91.54

Source: CIA World Fact book (2011)

According to Rahman, Malik, Sikanders, Roberts and Creed (2008) a lot of women are traumatized as a result of a child's death, hence it is imperative to recommend a counselling intervention programme for such women.

Concept of Trauma

Trauma is a word that is used to denote the experience or situation that is emotionally painful and distressing which overwhelm one's ability to cope with life. It could also be seen as bodily or mental injury caused by an external agent (Freyd, 2002). Trauma is any injury whether physically or emotionally inflicted. Medically, trauma refers to a serious or critical bodily injury, wound or shock. In psychiatry, trauma has assumed a different meaning and it refers to an experience that is emotionally painful, distressful, which often results in lasting mental and physical effects (Ainsworth, Beegle, and koola 2005). Most times, trauma is seen as a

catastrophic occurrence that has an adverse effect on the physiological or mental make-up of the human body. A traumatic situation is one that involves death and serious injury. According to Kendall-Tacket (2009), people who have experienced traumatic events have higher rates than general population of a wide range of serious and life-threatening illnesses including cardiovascular diseases, diabetes ,gastro-intestinal disorders and cancers.

A traumatic situation is one that involves death and serious injury. Trauma is of two types: physical and psychological trauma. Physical trauma includes body response to serious injury and threat. Human bodies have a number of interdependent mechanisms in place designed to preserve life in the face of such danger. In response to threat, the sympathetic nervous system responds by releasing the catecholamines, noepinephrine, epiphrine and dopamine. This is the fight or flight response. When this continues over a long period of term, becomes injurious to the body physiology.

Psychological trauma involves frightening thoughts, painful feelings and this often leads to post trauma stress disorder, (PTSD). It also involves emotional numbing; the woman may feel detached from family, friends and others. Physical and emotional tortures are common among women experiencing infant mortality. Traumatic situations can lead to serious long term negative consequences that are often overlooked (Ager, Stark, and Boothy 2010). Psychological trauma is a type of damage to the psyche which occurs as a result of traumatic events. Stress is a psychological effect of trauma because it causes cognitive breakdown, emotional instability, procrastinating, neglecting of responsibilities, use of alcohol and drugs. The word trauma is used in psychoanalytic literature as a description of anything that can cause harm to the psyche. Freud believes that traumatic experiences are triggers of neurosis. Hacking (1995) observed that physical trauma damages the body while psychic trauma damages the mind.

Impact of Trauma on Women Experiencing Infant Mortality

The loss of a child is like an earthquake that fractures the emotional landscape of mothers. Death of a baby is a tragedy that can initiate intense emotional reactions in mothers. According to NICHID (2011) incidence of depressive symptoms, guilt, prolonged grieving and feeling of loss are all common among women experiencing infant mortality. After a traumatic experience, mothers may re-experience the trauma mentally and physically, hence avoiding trauma reminders which are called triggers. Recurrence of distressing event such as the death of a child often leads to painful and shocking experiences that have lasting mental and physical effect on the psyche of the mother.

Trauma is an event outside the normal human experience that leaves women powerless, helpless and paralyzed. The death of a child is a sudden and an overwhelming event on the mother. As such, trauma is sudden and potentially life threatening event (Ager et.al 2010). Trauma survivors often have significant physical health problems that can linger for many years after the traumatic event has ended and are often above and beyond the effects of direct physical injury (Kendall-Tackett, 2009). Grieving prolongs the mother's pain and increases the probability that the effects of the loss will persist which may lead to several physiological disorders and depression. Depression is not the only cognitive factor that can increase risk of death and disease but is also associated with dysthymia, a depressive disorder characterized by low-grade mood impairment of at least two year (Sanderson, Feng , Canar, McGlichey, Tercyak, 2005).

Bruce (2011) affirms that grieving is a process that reshapes our inner world following a loss. It involves a set of emotional, cognitive, behavioural and physical reactions which depends on the

individual and the nature of the loss. There are two major challenges for women experiencing child mortality; these include processing the actual event and coping with the loss of the child. The natural reaction to the loss of a child is for a mother to grieve. The normal grief process includes: shock, denial or disbelief, anger, irritability, mood swings, guilt or self-blame, confusion, anxiety and fear, difficulty in sleeping, regressive behavior and withdrawal from others. This process is inherently painful and has negative psychological impact on the mother, which often leads to Post Traumatic Stress Disorder (PTSD). Depression may set in and is one of the cognitive factors that can increase risk of death and disease (Huberty, Coleman & Olfmeyer, 2014).

PTSD is an anxiety disorder that develops after an exposure to a terrifying event or an ordeal. Sylvan (2000) affirmed that a person suffering from traumatic disorder may engage in self-disruptive coping mechanism without being fully aware of the nature and causes of their behaviour. Intense feeling of anger may surface and upsetting memories such as images, thoughts or flash backs may haunt the woman. They may also experience nightmares and insomnia which may occur as lurking fears and insecurity which keeps the person vigilant and on the lookout for danger. Distressing dreams, feeling of detachment from others, avoidance of stimuli associated with the trauma are all post-traumatic effects (Hickey, 2010). Women that have experienced child mortality go through emotional instability which involves moodiness, inability to relax, detachment from friends and members of the family. Some traumatized women may feel permanently damaged and develop difficulty in moving on with life. Mothers also complain of aches, pains, dizziness and loss of sex drive (Ager et al 2010). A number of counselling approaches have been designed for the treatment of psychological trauma.

Resuscitation of trauma patients often involves multiple management intervention. The medical intervention gives attention to the patient by administering drugs, while physical activity has been found to reduce the long term effect of flight and fight response which triggers some abnormal inflammation physiologically and attends to psychological gaps (Kendall-Tackett, 2009). However, the counselling intervention pays more attention to the psychological feelings of the client. Nice (2005) recommended that medication should be considered as a second line treatment for trauma patients.

Psychologists focus more on psychological treatment such as cognitive approach therapy.

Matrix (2010) believed that psychological interventions are more effective than pharmacological treatment in the sense that, it focuses on exploration that enables the client to gain self-esteem and confidence in dealing with the upsetting feelings caused by trauma. The major aim of cognitive therapy is to help the traumatized client to develop new emotional and behavioural pattern. Crohol (2008) stated that the major psychological treatment for trauma is cognitive therapy. It is a treatment that involves the thought pattern, talk therapy and aims at solving emotional and cognitive problems.

Many psychologists and researchers agree that traumatic experience in women can have a long term consequence such as depression. Depression may contribute to health problems, which according to Yeychenne, Ball and Salmon, (2008) and Kendall- Tackell (2009), include weight retention or gain, increase risk of chronic diseases such as heart disease, diabetes premature mortality and poor quality of life. This symptoms may continue with subsequent pregnancy and after the birth of a healthy child (Kendall-Tackell, 2009). The death of a child leaves emotional scars on mothers, hence these categories of people needs counselling intervention to progress and become functional in the society.

Cognitive therapy has been found to be effective for women experiencing trauma as a result of infant mortality. This therapy attempts to modify the faulty thought pattern of disturbed persons. This type of therapy is effective for those who have attached labels to some certain situations (Lefton, 1996). The therapy is based on three major assumptions:

- ☐ Cognitive activity affects behaviour.
- ☐ Cognitive activity cannot be monitored.
- ☐ Behavioural changes can be effected through cognitive changes.

Cognitive therapy pays more attention on the current behaviour and thought pattern. It has been found to be a useful tool in the treatment of depression, trauma, weight loss, anger, etc (Lefton, 1996). Physical activity and exercise have also been confirmed to be one of the indices of counselling variables because of its physical mental, physiological and psychological benefits complementing psychological treatment. Authors that have emphasized the use of cognitive therapy include Aaron Beck 1991, Meichenbaum 1993 and Albert Ellis 1994(Rational Emotive Behavioural Therapy).

Beck's Approach Therapy focuses on irrational ideas and the goal of the theory is to help people develop realistic appraisals of the situations they encounter in order to solve their problems. Meichenbaum approach believes that what people say to themselves determine what they will do. Therefore, the therapy helps to change those negative words to positive statement (Meichenbaum, 1993). Rational Emotional Therapy emphasizes the importance of logical and rational thought process. The theory believes that abnormal behavior is caused by faulty irrational thinking pattern. Of all the cognitive theories, the researchers believe that Rational Emotive Behavioural Theory (REBT) is a comprehensive active-directive, philosophically and

empirically based psychotherapy that can help in resolving emotional and behavioural problems among the traumatized clients. Also, the therapy is the most congruent and closely allied to the practice of counselling clients who are traumatized. REBT theory was propounded by Albert Ellis in the year 1959. This process can be achieved through structural re-educative, relearning approach where the client is taught how to dispute irrational beliefs, eliminate them and finally replace them with a rational belief system. Anxiety and frustration that accompanies the traumatized mother are considered irrational because they stem from a belief system. Ellis believes that the effect and behaviour are largely determined by cognitive perception (Ellis, 1973). This theory is based on the following assumptions:

- ☐ That people have the capacity to act in either rational or irrational manner. To Ellis, people with emotional problem develop belief systems that lead to implicit verbalization or self-talk which often result into crooked thinking.
- ☐ Also emotional or Psychological disturbance can lead to neurotic behaviour as a result of irrational or illogical thinking. REBT theory states that human does also have a strong tendency to be influenced by their environment.
- ☐ That thoughts, feelings and behaviour interact significantly to affect each other. Man rarely perceives without cognizing, he rarely emotes without thinking.
- ☐ REBT believes that individual should be held responsible for his/her behavior.

Women who are traumatized as a result of child's death should be taught how not to think irrationally and avoid negative false statement such as "now that my child is dead, all hope is gone" it is this negative feelings that leads to wrong self-verbalization which consequently result into frustration. REBT holds that virtually all serious emotional problems with humanis directly derived from their magical superstitious and empirically invalidated thinking. Thus, the therapy

attempts to identify the causes of the disturbed state by showing an individual that his illogical thinking is the cause of his or her unhappiness. This is can be possibly achieved with the ABCDEF principle: A-activating event, B- belief of A, C- emotional consequences or how a person reacts about A, D- disputing of the client's irrational thought, E-presumed consequences of the therapist intervention F-is the new feelings the client has regarding the situation.

The REBT counselors follow this principle and declares to the client that it is not the (A) activating event such as the loss of a baby that causes emotional breakdown at (B) but rather the woman's belief system about the death of her baby such as illogical sentences that the person continually repeats to herself like "I am totally to be blamed for the death of my baby.(C)" feelings of guilt about what the mother should have done, all these are the normal thinking patterns among women that have experienced infant mortality. Gibent (2002), identified the fact that majority of Africans believe that death is caused by some external or supernatural factors that are beyond control. They attribute death to the affliction of witchcraft. The views of these Africans tend to ignore scientific explanations of natural phenomena for the unscientific leading to more psycho trauma.

Disturbed emotional reactions such as depression and anxiety are initiated and overwhelmed with irrational ideas that was incorporated and invented. In correcting the all these, at point "D" the counsellor disputes or invalidates the irrational beliefs which the mother holds about the death of her baby. The REBT counsellor should help to erase the negative feelings that the woman is having as a result of her baby's death. Bulus (1980) suggested techniques that could be used by REBT counsellor. The client should be taught how to replace self-defeating or irrational thought with logical and realistic one. Disputing self-verbalization in the traumatized woman

involves a form of debate, the counsellor can ask the client if her thought about the death of the child

- A. is based on obvious and scientific facts
- B. will help her to achieve her short and long term goals
- C. will help her avoid her most unwanted conflicts with others
- D. will help her to feel good.

The counsellor should uncover clients' past and present illogical thinking by forcibly bringing them to attention and teaching the client how to rethink, challenge and contradict their internalized thought. After all these the counsellor can explain to the client how illogical thoughts can lead to trauma. This process involves three major steps, they are;

- A. detecting- the client is helped by the counsellor in detecting their irrational beliefs such as 'should', 'must' awfullising beliefs.
- B. debating- the client debates their irrational beliefs by learning how to illogically and empirically question and seriously argue themselves out and act against behaving them.
- C. discriminating- the counsellor teaches the client how to discriminate irrational beliefs from rational ones thereby releasing their irrational beliefs during the process of counselling.

At point 'B' the client's perspective is expected to change, she might begin to ask herself questions like what are the evidences that I am to be blamed for the death of my child. This process helps the client to develop new realistic beliefs about the death of her baby thereby leading to a new cognitive effect at point (E). Through good rapport, warmth, empathy and

directive method, the counselling process will lead to presumed positive new positive feelings about the situation at point (F). Counsellor can also use wide and assorted techniques such as Rational Emotive Modeling, Premack principle of reinforcement, assertive training, written homework, systematic desensitization or relaxation training and skills like tape listening. This process is shown below:

Description of the Albert Ellis Theory

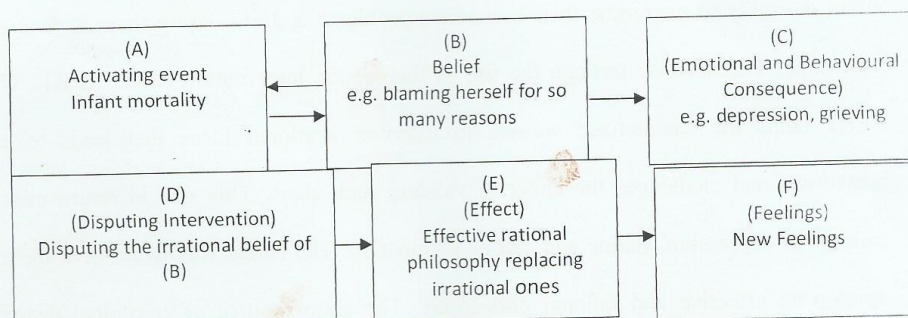


Fig 1 Flow Diagram of Albert Ellis Theory

Source: Azekhueme (2007)

There are some major characteristics that a REBT counsellor must possess:

1. The counsellor must be emotionally strong.
2. Counsellor should be bold enough to take the risk of attacking the client's defense or resistance to changing their illogical thinking.
3. Counselors must be smart.
4. Therapist must be ready to spend enough time with the client especially at the initial stage.

The therapy has immensely contributed to the counselling process. This is because the therapy identifies the sources of emotional disturbances which results from irrational thought, beliefs, attitudes or philosophies about one's self. As such, this theory demonstrates to the client

that self-talk is the cause of emotional disturbance and that re-evaluation of self-talk can help to eliminate illogical thinking.

Conclusion

The United Nations Children Education Fund (2009) pointed out that infant mortality rate in Nigeria is unacceptably high, (currently 8.8%). The major goal of a counsellor is to understand the behaviour and feelings of the counselee. Counselling process helps women experiencing infant mortality to overcome their immediate problems and also equip them to face the future with hope. This is done through the use of therapeutic intervention called REBT. The use of REBT helps the traumatized women to discover irrational ideas that leads to emotional breakdown and challenges the client to validate such ideas. This will in return minimize the feelings of depression, shame and self-condemnation. The surest way to positive feelings, is to develop an effective and rational philosophy. The major source of emotional disturbance in women experiencing infant mortality is the self-verbalizations or self-talk. These are internalized sentences which individuals keep telling themselves about the death of their child. Ellis (1973) highlighted some basic irrational beliefs of individuals which are summarized as three major "musts":

- (a) "I must perform well and be approved of significant others. If I don't, then it is awful I cannot stand it, I am a rotten person".
- (b) "You must treat me fairly, when you don't, it is horrible and I cannot bear it".
- (c) "Conditions must be the way I want them to be. It is terrible when they are not, and I cannot stand living in such an awful world"

These are the irrational beliefs that the counsellor must dispute and should teach the client self-acceptance model. This allows the traumatized client to become aware of his/her thoughts and the catastrophic outcome of their emotions which is better controlled through healthy thoughts.

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