Counselling as an Instrument for Reconstruction, Social Re-Orientation and Improved Quality of Life of Patients in the Hospitals

Adebisi, K. F.
Department of Guidance and Counselling
University of Ibadan, Ibadan Nigeria

ABSTRACT

The strife for survival and desire to attain a state of socio-economic equilibrium impacts negatively on the mental health of most Nigerians. This calls for the effective use of counselling to impact positively on the lives of people. However a broad range of competencies are required for use by counselling psychologist to enable counselling to be used to enhance good quality of life considering the fact that the world in which we live is full of problems of different dimensions and intensity. This implies that counselling is a vital instrument that could be used to facilitate the attainment of positive mental well-being and good quality of life of patients in hospitals. However, in Nigeria the use of Psychotherapy in treatment of patients in hospitals is not well utilised presently. Thus, this work examines the contextual use of counselling for reconstruction, social re-orientation and improved quality of life in hospital community in Nigeria.

Keywords:

INTRODUCTION

The increasing complexity of the human society and world economy in this millennium has often led to the experience of psychological strain and stress by people in diverse countries of the world for which Nigeria is no exception. This development has grave implication on the mental wellbeing and quality of life of most Nigerians. Therefore, in view of this context, more than ever before, mental health practitioners are being challenged to develop new strategies for preventing and treating psycho-socio emotional problems. This underscores the need for broad education and training in both theory and practice of psychotherapy to facilitate the effective use of counselling as a vanguard to reconstruct and re-orientate health values of individuals and improve quality of lives of people in hospital communities.

According to WHO (2005) report, health promotion is an approach to improving public health that requires broad participation. It may be understood as actions and advocacy to address the full range of potentially modifiable determinants of health, including actions that allow people to adopt and maintain healthy lives and those that create living conditions and environments that support health (WHO, 1998a). Thus, mental health promotion is an integral part of health promotion theory

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and practice. The interventions can be applied at population, subpopulation and individual levels, and across settings and sectors within and beyond the health field (Walker and Rowling, 2002). The personal, social and environmental factors that determine mental health and mental illness may be clustered conceptually around three themes (Lehtinen V., Riikonen and Lahtinen E., 1997):

i The development and maintenance of healthy communities: This provides a safe and secure environment, good housing, positive educational experiences, employment, good working conditions and a supportive political infrastructure; minimizes conflict and violence; allows self-determination and control of one's life; and provides community validation, social support, positive role models and the basic needs of food, warmth and shelter.

ii Each person's ability to deal with the social world through skills like participating, tolerating diversity and mutual responsibility: This is associated with positive experiences of early bonding, attachment, relationships, communication and feelings of acceptance.

iii Each person's ability to deal with thoughts and feelings, the management of life and emotional resilience: This is associated with self-esteem, the ability to manage conflict and the ability to learn.

The fostering of these environmental, social and individual qualities, and the avoidance of the converse, are the objectives of mental health promotion. In each nation or community, local opinion about the main problems and potential gains as well as evidence about the social and personal determinants of mental health will shape the activities of mental health promotion. As noted earlier, health promotion and prevention are necessarily related and overlapping activities: the former is concerned with the determinants of health and the latter focuses on the causes of disease (Hosman and Jané-Llopis, 2005).

Consequently, the promotion of good health practice through counselling could be effective in the prevention of a whole range of behaviour-related diseases and risks. It can help, for instance, in the prevention of anxiety, depression, aggression, smoking or of unprotected sex and hence of AIDS or teenage pregnancy. Indeed, the potential contribution of mental health promotion to the prevention of health-damaging and anti-social behaviours is probably greater than its potential to prevent mental disorders (Orley and Weisen, 1998). Thus, strife for survival and desire to attain a state of socio-economic equilibrium impacts negatively on the mental health of most Nigerians. This calls for the effective use of counselling to impact positively on the lives of people. However a broad range of competencies are required for use by counselling psychologist to enable counselling to be used to enhance good quality of life considering the fact that the world in which one lives is full of problems of different dimensions and intensity. Each stages of development in life present to all persons some common problems basically because there are common factors in our human nature and environment. However, counselling as

one of the helping professions has its major task of helping individuals solve some of the identified personal problems of adjustment arising from the various stages of life development. This is premised against the backdrop of the fact that counselling involves the provision of suitable atmosphere or setting whereby a maladjusted individual (counsellee) is helped by a Counsellor to develop new methods of exploring, interacting and responding to his environment in such a way as to solve his problems of maladjustment. Counselling is a learning process, which involves the counsellee in learning new behaviours or attitudes. If the counsellee is to make reasonable choices, he needs to be fully aware of the facts of the current situation and the various likely consequences of the choice alternatives. Thus, counselling could be used to facilitate the recovery and healing process of people that have mental health challenges; optimize the well-being of individuals; and enhance individual functioning and hospital community reintegration.

Counselling for Reconstruction

The use of counselling as a tool for reconstruction of human perception in appreciating healthy living is germane to attaining positive mental state of health and good quality of life. This implies that the use of counselling as a vehicle for reconstruction would help people have a clear perspective of life and develop an in-depth ability to redefine a positive cause to life and an overwhelming potential to overcome the challenges of life. Therefore, counselling for reconstruction is a psychotherapeutic process of helping individuals learn to identify and dispute irrational or maladaptive thoughts, such as all-or-nothing thinking, magical thinking and emotional distortion which are commonly associated with many mental health disorders (Ryan and Eric, 2005).

In view of this, the application of counselling for reconstruction employs many strategies, such as Socratic questioning, thought recording and guided imagery used in many types of therapies, including Cognitive Behavioural Therapy (CBT), and Rational Emotive Therapy (RET) (Harvey, Inglis and Espie, 2002). Thus, counselling for reconstruction has been used to help individuals experiencing a variety of mental health conditions, including depression, (Kanter, Schildcrout and Kohlenberg, 2005); anxiety disorders, bulima, social phobia, borderline personality disorder, attention deficit hyperactivity disorder (ADHD) and gambling just to mention a few (Chronis, Gamble, Roberts and Pelham, 2006; Cooper, Todd, Turner and Wells, 2007; Pull, 2007).

Also, in the use of counselling for construction through the application of rational emotive therapy (RET), the emphasis is on two central notions: (i) thoughts affect human emotion as well as behaviour and (ii) irrational beliefs are mainly responsible for a wide range of disorders. RET also classifies four types of irrational beliefs: dire necessity, feeling awful, cannot stand something, and self-condemnation. It is described as cognitive-emotional retraining (Frojan-Parga, Calero-Elvira and

Montano-Fidalgo, 2009). The rationale used in counselling for reconstruction attempts to strengthen the client's belief that (i) self-talk can influence performance, and (ii) in particular self-defeating thoughts or negative self-statements can cause emotional distress and interfere with performance, a process that then repeats in a cycle (Werner-Seidler and Moulds, 2011). Thus, when utilizing counselling for reconstruction in cognitive behavioural therapy (CBT), it is combined with psycho-education, monitoring, in vivo experience, imaginal exposure, behavioural activation and homework assignments to achieve remission (Werner-Seidler and Moulds, 2011). However, counselling for reconstruction is said to consist of three core techniques: cognitive restructuring, training in coping skills, and problem solving (Frojan-Parga, Calero-Elvira and Montano-Fidalgo, 2009).

Furthermore, in applying counselling for reconstruction in hospital community where diverse individuals have different health challenges, the therapist guides the client through the process of becoming more aware of what they are telling themselves and helps them to evaluate, and when appropriate, to modify their own thinking. In essence, the therapist teaches people the process that will help them distinguish distorted thinking from more accurate and useful thinking. Hence counselling for reconstruction emphasizes that the attainment of mental health balance is best done as a collaborative process in which the client is assisted in taking the lead as much as possible. The therapist refrains from assuming that the client's thoughts are distorted and instead attempts to guide the client with questions that encourage the client to make their own discoveries (Werner-Seidler and Moulds, 2011).

Counselling for Social Re-orientation

This concept, currently is understood as a meta-theoretical alternative to positivism. It application in the field of counselling psychology has further enriched the dynamism of psychological healing. An important advantage of this approach lies in the increased number of possibilities for practical applications in hospitals, schools and factories (Von-Tiling, 2008). For example the use of drama, modelling and talk show in counselling help project social contexts that give rise to realities. Likewise, people ability to developing potentials of understandings concepts and improving ways of thinking is made easily possible by social interchange and are constructed via language (Gergen, 1985). The world is shaped by the meanings humanity impose upon it and these meanings are derived from social, historical and cultural contexts which are mediated by language. They are constructed over time, subject to change and constitutive of particular futures. These ideas challenge the notion of realism, which springs from a modernist epistemology, and argues that abstract concepts have a coherent real existence and are thus subject to empirical study (Reber, 1995). According to Downing (2004), even psychotherapists who espouse philosophical or theoretical positions such as social constructionism inevitably revert to the definitive meaning of realism when they are engaged in actual interaction with clients. Carlson

and Erickson (2001) believe that therapist have developed an increasing interest in the ideas of social constructionist counselling models. Thus, Downing (2004) espouses that the use of counselling for social re-orientation is projected in the perspective that individuals are integrated in the realm of cultural, political and historical evolution, in specific times and places, and so resituates psychological processes cross-culturally, in social and temporal contexts.

Therefore, apart from the inherited and developmental aspects of humanity, counselling hypothesizes that all other aspects of humanity are created, maintained and destroyed in man interactions with others through time. Thus, the social practices of life are recreated in the present and for psychotherapy, this view emphasizes the importance of the acquisition, creation and change of emotional behaviour, therapeutic ability and ways of interpreting things and people through the use of play, social ethics and cognitive re-orientation to draw human consciousness to reality. This development is wholesome in the healing process of people in hospitals that express helplessness as they seek medical support. This is consistent with the views of McNamee and Gergen (1992) who contend that the use of social re-orientation in therapy concentrates on socialisation, indoctrination and moral influence, the changes in meaning and ways of acting in the world that occur between therapists and clients. Therapy is regarded as a series of face-to-face meetings where individuals from a therapy culture meet with individuals from a culture of lay persons. Therapy gives an opportunity for clients to have a new set of experiences through which they may or may not reorient themselves in the world. This implies that any form of psychotherapy that takes in the views of social re-orientation will have to modify many of the mechanical, medical and hard science emphases which are inappropriate to the nature of psychological development, change and the actualization of human potential (McNamee and Gergen, 1992).

Consequently, counselling psychologist, psychologist and social workers engaged in hospital community sees the use of counselling for social re-orientation as having multiple functions. Some of which are: a method of finding personal truth, problem solving, the reduction of anxiety and guilt, symptom removal, gaining relationship skills, reduction of alienation from self, others and society, finding reasons/causes and understanding others. However, the role of therapist is to facilitate clients in finding these qualities and providing as little extraneous material as possible. Although they will always overtly and covertly influence clients; in general, the use of counselling for social re-orientation may be a means to providing ways of dealing with misfortune, ill-feelings, anxiety, depression, phobia and self verbalisation. However, in this context, clients mostly those with health challenges in hospital may also want somebody or something to blame, and therapists should be wary of allotting culpability. If therapy is to be effective, then the current negative system needs to be interrupted in some way by clients, who regain potency and new life by making changes themselves (Downing, 2004).

Counselling for Improved Quality of Life in Hospital Community

Counselling provided to people in the hospital community is in need of health support through comprehensive management of the physical, psychological, social, and spiritual needs of patients, while remaining sensitive to their personal, cultural, and religious values and beliefs could help enhance improved quality of life of patients (Paulus, 2008). According to Gregory, Johnston, Pratt, Watts and Whatmore (2009) the term quality of life (QOL) references the general well-being of individuals and societies. The term is used in a wide range of contexts, including the fields of international development, healthcare, and politics. However, quality of life should not be confused with the concept of standard of living, which is based primarily on income. Instead, standard indicators of the quality of life include not only wealth and employment but also the built environment, physical and mental health, education, recreation and leisure time, and social belonging. Within the field of healthcares, quality of life is often regarded in terms of how it is negatively affected, on an individual level, a debilitating weakness that is not life-threatening, life-threatening illness that is not terminal, terminal illness, the predictable, natural decline in the health of an individual and an unforeseen mental/physical decline of a loved one (Gregory, Johnston, Pratt, Watts and Whatmore, 2009). Counselling can contribute to reducing the impact of chronic disease and of conditions such as depression, and assists people who have physical chronic conditions such as cardiovascular disease, cancers, injuries, diabetes and asthma to manage their condition. There is evidence to show that specific therapeutic interventions can be effective in changing behaviours which contribute to the development of chronic disease. For example, cognitive behavioural therapy can lead to effective and sustained weight loss by also addressing the psychological factors that contributed to the weight gain (Cooper and Fairburn, 2001). Mental health problems can exacerbate the impact of chronic illness by being a barrier to successful treatment and they can also hinder people's adherence to chronic disease management plans. For example, physical activity may be an important management technique for coronary heart disease, but social anxiety may inhibit a person from leaving the home to engage in planned physical activity.

When care planning coordinates multiple service providers for people with chronic conditions, it can include counsellors providing interventions to assist people to manage chronic mental and/or physical health conditions (Cooper and Fairburn, 2001). According to Lie and Biswalo (1994), counselling can be defined in two ways. It can either be seen as giving someone information and advice for solving or coping with a problem, or as facilitating a process whereby that person can make an informed decision concerning how to solve or cope with that problem and improve on their quality of life. This is supported by research on the functions of HIV/AIDS counselling which is described as both the provision of HIV-related information and of support for HIV-infected persons in order to help them accept the diagnosis and live positively (Delaney, 2000).

CONCLUSION

Counselling creates needed awareness that would facilitate human adjustment to diverse life challenges considering the fact that counselling expresses two critical components of exploration and enlightenment. These components enables people have a clear introspective view of their own values, biases, potentials and limitations that actively assist the advocate in learning about the self, others, and the self in relationship to others. These helps engineer the attainment of good quality of life in hospital community.

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