Effectiveness Of Logotherapy On Traumatized Women In Maiduguri Internally Displaced Camp, Nigeria: Sociological Perspective

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Abstract: This study examined the effectiveness of Logo therapy on traumatized women in Maiduguri internally displaced person's camp. Four research questions, objectives and research hypotheses guided the study. The study used quasi-experimental research design. A sample of 75 women (participant) was drawn from the population. Four set of instruments were used by the researcher to determine those who are traumatized in the internally displaced person's camp, three of the instruments were used as a treatment package. The validity of the instrument was obtained by Pur (2017) and the reliability index of 0.78 was obtained from logotherapy. The research hypotheses were subjected to t-test and ANOVA analysis. The study concluded that trauma among internally displaced women can be effectively managed using Logo therapy as a treatment package and the result also shows that Logo Therapy is effective in reducing trauma among the Internally Displaced Women. Based on the effectiveness, Logo therapy on traumatized women, it was recommended that Counselling Association of Nigeria needs to encourage counsellors to make use of both REBT and Logotherapy package in managing traumatized clients at all level i.e., either male or female nor young and old, Social workers should administer logotherapy package in managing trauma among women and other patients who are suffering from one form of trauma or any other illness. Also, Governmental and NON-Governmental Organizations (NGOs) need to collaborate and recruit professional counsellor that could help in using Logotherapy in managing trauma in the IDPs Camp.

I. INTRODUCTION

Maiduguri the state capital of Borno state, Nigeria in the North Eastern part of the country, evolved right from 2009 till date and other widely spread natural disasters have led persons internally displaced. In such situation, trauma had been recognized as a fundamental aspect of human experience (Gold, 2008). Generally, findings have shown that most of the internally displaced persons are exposed to traumatic occurrence which may also lead to Post-Traumatic Stress Disorder (PTSD). Counselling intervention and symbolic interactionism can help individual with such problem as well as those with post-traumatic disorder to make sense of their experience and feelings, develop plans to stay safe, learn healthy copying skills.

The study was adopted logotherapy, by Viktor Frankl who developed his meaning-centered psychotherapy prior to the World War II, but found this convictions later "tested" in the harshest of circumstances as an in-mate for three years in four different Nazi-Concentration camps (Frankl, 2006). Logotherapy is considered to be an adjunctive therapy, enhancing rather than supplanting other treatment approaches

(Southwick, GilmAartin, Mcdonough & Morrissey, 2006). Unlike traditional psychotherapies, which focus on psychopathology and psychological symptoms, logotherapy specifically addresses a patient's strengths and his/her personal search for meaning and purpose of life. Lukas (2000), expresses that traumatic events can generate severe psychological reactions that can manifest at any time. For some, the effect last throughout their life time and traumatized individual have been found to have elevated rate of psychiatric diagnosis including major depression and alcohol or drug dependence (Wainrib, 2006). Trauma can indeed provoke an altered philosophy of life that may include spiritual beliefs such as faith and commitment to God.

Trauma involves painful feeling of fright invoked by witnessing or experiencing a traumatic event, Traumatized women are those who have been exposed to overwhelmingly negative events that cause a lasting impact on their mental and emotional stability. In recent times, internal displacement has become a global phenomenon. Individuals and families are forced to move from their long-term abode to new places due to factors beyond their control. Some of the factors are natural (such as flooding, earth quark), while others are man-made (such as violence, conflict). The guiding principles on internal displacement broadly define internally displaced persons (IDPs) as persons forced or obliged to flee their residence for array of reasons, such as the effects of conflicts situation of generalized violence, violations of human rights, or natural or man-made disaster but have not crossed an internationally recognized states boarder (kalin, 2008).

The United Nation (1999) identifies three main types of displacement development induced displacement; relocation of people due to development programmed such as

Industrialization, electrification, road expansion, construction and urbanization, conflict –induced displacement; forced and involuntary migration of people because of wars confrontation, armed conflicts, terrorism and violence. Clashes between farmers and herdsmen over grazing land in state such as Benue, Taraba, Zamfara and parts of Kaduna have left more than 1,000 people dead since December, 2012 (Human Rights Watch, 2014). Disaster induced displacement; is situation where people are forced to flee their homes suddenly or unexpectedly in large number as a result of natural or man-made disaster such as earth quake or violence.

Internally Displaced Monitoring Centre Report (2014) postulated that the unprecedented rise in the number of IDPs in Nigeria was as a result of the increased number of Boko Haram attacks in recent time (2011) and also the ongoing inter-communal conflicts in places like Taraba, Kaduna, Jos, and Zamfara among others. The increase in the number of IDPs was registered in Borno State having 939,290 IDPs recorded in government own camps, one of the three North-Eastern States most affected by Boko Haram violence, followed by Adamawa having 222,882 IDPs and Yobe State having a total of 139,591 IDPs (IDMC, 2014). Perhaps more alarming than number of IDPs is the poor conditions under which most of the IDPs are living. In Nigeria over 1.5million displaced persons are housed in overcrowded camps across the North-Eastern regions. These camps are mainly school facilities and empty government buildings with few basic amenities, supervised by the National Emergency Management Agency (NEMA). Women are seldom mentioned as a special group, but are lumped together with children as 'vulnerable group' yet women have particular experiences and exposure to circumstances such as sexual violence, trafficking and force abduction that affect their health.

Efforts by federal and state governments to address IDP's needs are inconsistent and access to support from international agencies and Nigeria civil society is limited. IDP's who live in camps receive some assistance, but often not enough to meet their food and other basic needs. They tend to live in cramped and unhygienic conditions. The current emphasis on short-term and emergency response prevents understanding of how vulnerabilities increase with each cycle of displacement, how to address the psychosocial needs of displaced women and how to facilitate IDPs' achievement of durable solutions to their plights (IDMC, 2014). These studies will therefore, intends to investigate the comparative effectiveness rational emotive behaviour therapy and logotherapy on traumatized internally displaced women in Maiduguri internally displace camps. That one of these therapies will be more effective in reducing trauma among internally displace women in Maiduguri IDPs camps.

STATEMENT OF THE PROBLEM

In any conflict environment losses, pains, trauma, anxiety and depression are common with the victims and the loved ones who are also part of them. Insurgency has become a threat to global peace and security in the 21st century. It constitutes the highest contributors to humanitarian crises in the form of rise in human causalities, internally displaced persons and the spread of various diseases. These have left many persons traumatized. Each time families are displaced, women are often at the receiving end because of the responsibilities of taking care of the children, ensuring that the house wares are in good condition and coordinating re-settlement. Family disintegration, which is a common feature of internal displacement, poses a serious psycho-social challenge to women. Notably, sexual and gender-based violence is an unfortunate reality for many. Often without the protection of family and communities they had before displacement, internally displaced women are vulnerable to unsafe sexual practices, unwanted pregnancies, unsafe abortions and increased exposure to Sexually Transmitted Infection (STIs). Poverty and lack of other income generating activities may lead to severe trauma. Women who experience trauma may be struggling with upsetting emotions, frightening memories, feel numb, disconnected and unable to trust other people. When women are faced with unhealthy occurrences such as forced marriage and sexual violence, it can take them a while to get over the pain and feel safe again. Women who have lost their husbands to conflict also face additional challenges as responsibilities as heads of households.

The main thrust of the present study was to examine the effectiveness of Logotherapy on traumatized women in Maiduguri internally displaced person's camp.

RESEARCH QUESTIONS

The following research questions guided the study:
- ✓ What is the level of trauma experience by the women in the Internally Displace Camp in Maiduguri?
- ✓ Is there any difference in the reduction of trauma among internally displaced women those exposed to Logotherapy and those in control group?

OBJECTIVES OF THE STUDY

The following objectives are to find out:
- ✓ The level of trauma experience by the in internally displaced camp in Maiduguri?
- ✓ The difference in the reduction of trauma between the groups exposed Logotherapy and those in the Control group.

RESEARCH HYPOTHESES

The following hypotheses were formulated and tested at 0.05 level of significance:
- ✓ There is no significance difference in the reduction of trauma experience among the internally displaced women in Maiduguri.
- ✓ There is no significant difference in reduction of trauma among internally displaced women exposed to Logotherapy and those expose to control group.

II. CONCEPTUAL FRAMEWORK

A. CONCEPT TRAUMA

Trauma refers to experiences that cause intense physical and psychological stress reactions. "Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional or spiritual well-being" (Substance Abuse and Mental Health Services Administration, 2012 & Trauma and Justice Strategic Initiative, 2012). Although many individuals report a single specific traumatic event, others, especially those seeking mental health or substance abuse services, have been exposed to multiple or chronic traumatic events. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), trauma is defined as when an individual person is exposed "to actual or threatened death, serious injury, or sexual violence" American Psychiatric Association (APA, 2013).

Trauma has been characterized more broadly by others. For example, Horowitz (1989) defined trauma as a sudden and forceful event that overwhelms a person's ability to respond to it, recognizing that a trauma need not involve actual physical harm to oneself; an event can be traumatic if it contradicts one's worldview and overpowers one's ability to cope just like the situations of the internally displaced women that have been forced out of the home with a threat to their lives, loss of loved ones, properties and sources of livelihood which have exposed them to traumatic experience.

Exposure to trauma is known to increase the risk of developing a psychological disorder and has also been shown to exacerbate psychological distress (Brown, Berenz, Aggen, Gardner, Knudsen, Reichborn, Kjennerud and Amstadter, 2013). Additionally, research has demonstrated a significant relationship between post-traumatic stress disorder (PTSD) and eating disorder symptoms (Pratt, 2004), greater risk for meeting diagnostic criteria of among those exposed to trauma and increased severity of depressive symptoms among those with a history of trauma when compared to those with no trauma history. Therefore, trauma is an important contextual factor involved in the psychological experience of those with mental disorder. Irrational way of thinking and learn a more rational and self-helping pattern of thinking.

B. THEORETICAL FRAMEWORK

This paper anchored on logotherapy theory by Viktor Frankl who developed his meaning-centered psychotherapy prior to the World War II, but found this convictions later "tested" in the harshest of circumstances as an in-mate for three years in four different Nazi concentration camps (Frankl, 1955). He first wrote about these experiences in his book, Man's search for Meaning (Frankl, 1959). Unlike the pessimism of other European existentialist and despite his experiences, Frankl's understanding of man is decidedly hopeful (Southwick, GilmAartin, Mcdonough, Morrissey, 2006 & Somov, 2007). Logotherapy is future oriented, focuses on personal strengths and places responsibility for change on the patient. It has in common with later "transpersonal" psychologies, an emphasis on the human spirit and the notion that self-transcendence represents the height of human potential. The main tenets of logotherapy are expressed in what Frankl termed "tragic optimism", optimism in the face of human suffering, guilt and even certain death. Tragic optimism encompasses the human potential to transform suffering into human achievement and guilt into meaningful action. Frankl psychotherapy directly addresses the dialectic of fate and freedom that may be expressed as follows: even though we as human beings cannot often control the circumstances (Southwick, GilmAartin, Mcdonough & Morrissey, 2006). According to Lukas (2000), chance decides what happens but we decide how to take it.

Logotherapy is considered to be an adjunctive therapy, enhancing rather than supplanting other treatment approaches (Southwick, GilmAartin, Mcdonough & Morrissey, 2006). Unlike traditional psychotherapies, which focus on psychopathology and psychological symptoms, logotherapy specifically addresses a patient's strengths and his/her personal search for meaning and purpose of life. As such, logotherapy does not specifically focus on symptoms, although symptom reduction may be the by-product of a successful meaning-based therapy. Logotherapy is used across demographic and diagnostic categories and is particularly applicable when individual faces an existential crisis, such as armed conflict, sexual abuse and other human right abuses. For such a reason, the consideration of logotherapy in counselling traumatized internally displaced women in Maiduguri internally displaced persons camp is the mandated or focus of the present study.

Logotherapy developed by Frankl (1955) as an individual therapy modality is in its pure form, a comparatively rare therapy of choice in contemporary clinical practice (Somov, 2007). Logotherapy is based on the theory that all healing and wisdom is derived from our noetic dimension and therein lays the cure for all our negative harmonies, relationship and emotions (Frankl, http://goodtherapy.org). It is from the noetic dimension that we must gather the information necessary to develop a resolution of spirit which can be used to facilitate necessary change in our life circumstances and inner conflicts.

Logotherapy is a meaning-centered psychotherapy that draws from the tradition of existential philosophy and is grounded in the professional work and extraordinary life experiences of it originator, Viktor Frankl (Southwick, GilmAartin, Mcdonough & Morrissey, 2006). Literally, logotherapy means "healing through meaning".

It is an active-directive therapy aimed at helping people specifically with meaning crises, which manifest themselves either in a feeling of aimlessness or indirectly through addiction, alcoholism or depression (Wilson, 1994). Logotherapy focuses on the here and how, as well as what can be done in the future rather than on blaming past events (Hirsch, 1995). The orientation is for clients to look at where they are, where they want to be and what is necessary for the individual to reach that goal (Hirsch, 1995). The individual is encouraged to assume responsibility for personal actions and attitudes. Despite its fundamentally personal nature, logotherapy is indeed suitable for a group format especially traumatized group. In delineating the scope and goals of logotherapy, Frankl (2006) juxtaposed it with psychoanalysis by defining it as "existential analysis" that seeks to bring to awareness the concepts of mind. In the goal of helping toward consciousness of responsibility as being responsible is one of the essential grounds of human existence (Frankl, 1955). Existential review, search for meaning and assuming responsibility are pivotal to helping traumatized displaced women overcome traumatic stress.

III. METHODOLOGY

Quasi-experimental design was employed for the study and the study population consisted of 3869 participants. For the purpose of the study, a representative sample was selected using the Briere and Runtz (1989) Trauma Symptoms Checklist-40 to determine women numbering seventy five (75). The researcher decided to distributes 400 trauma symptoms checklist to those internally displaced women to determine those who are traumatized. 120 out of the 400 checklist distributed was retrieved from the IDPs camp, of which 75 of the checklist indicates the presences of trauma. All the 75 traumatized women were used as the sample for this study. The used Trauma Symptoms Checklist (TSC-40). By (Briere & Runtz, 1989) to determine the number of Traumatized Women the Camp and Logotherapy: Treatment Package, for trauma reduction. Adopted from Pur, (2017) was used as treatment package on women with trauma. Criterion-related validity of the research instrument was done by some experts in Measurement and Evaluation Unit University of Maiduguri in Faculty of Education which was also translated

into Hausa Language by some experts in Language and Linguistics Department, University of Maiduguri. This is because most of the respondents understand Hausa Language better. Thus, the current researcher adopted the instrument for the study. The reliability of Logotherapy Questionnaire was established using a test-retest method through pilot testing and also a reliability index of 0.78 was also obtained through Pearson Product Moment Correlation Coefficient. The data generated was analyzed using t-test and the hypotheses were tested for significance at the probability level of 0.05 level of significance.

IV. DATA ANALYSIS AND PRESENTATION OF RESULTS

DESCRIPTIVE ANALYSIS

This section presents the data obtained from the study in mean, standard deviation and mean difference.

S/N	Statement of experience	Means Pre	Means Post	Rank
1	Do you easily feel shocked?	2.67	1.66	1st
2	Do you feel frightened easily?	2.22	1.56	4th
3	Do you normally have fearful thoughts?	2.25	1.45	3rd
4	Do you persistently get confused?	2.18	1.35	6th
5	Do you have trouble falling asleep?	2.06	1.34	8th
6	Do you normally feel tensed?	1.99	1.32	9th
7	Do you usually have some bad dreams?	2.07	1.42	7th
8	Do you have any difficulty in remembering things?	1.53	1.33	10th
9	Do you feel trouble or bothered?	2.58	1.50	2nd
10	Do you feel ashamed of yourself?	1.66	1.23	11th
11	Do you keep close friends?	2.21	1.30	5th

Table 1: Rank Order of the Level of Trauma Experience by Women in IDP Camps in Maiduguri before and after treatment

From the Table 1, it could be seen that "Do you easily feel shocked" had the highest mean of 2.67 while "Do you have any difficulty in remembering things" had the lowest mean of 1.53 in the pre-test. "Do you easily feel shocked" has the highest mean 1.66 in the post-test with "Do you feel ashamed of yourself" having 1.23 as the lowest mean.

$H0_1$: There is no significant difference in the reduction of trauma among the internally displaced women in Maiduguri.

This hypothesis was subjected to t-test analysis and result was presented in table2.

Variables N	$\bar{X}$	t-Cal	SD	df	p-Value	Decision
EXP.Group 25	15.80	35.667	1.72	4	.000	H_0 Rejected
Control Group 25	37.42		2	8		

Table 2: t-test difference between Women in Experimental group and those in the Control Group

From the result of Table 2, difference in the reduction of trauma among the internally displaced women in experimental group and those in the Control group was positively significant, $t(48) = 35.667$, $p = .000$. This indicates significant difference in the reduction of trauma because the t-value is less than the .05 level of significance. Therefore, H_{01} which states that there is no significant difference in the reduction of

trauma among the internally displaced women in experimental group and those in the Control group was rejected.

$H0_2$: There is no significant difference in the reduction of trauma among internally displaced women who are exposed to Logotherapy and those in the control group.

This hypothesis was subjected to t-test analysis and result was presented in table 2.

Variables N	$\bar{X}$	SD	t-Cal	df	p-Value	Decision
Logotherapy 25	18.92	1.212	22.685	48	.000	H_0 Rejected
Control Group 25	37.42	.732				

Table 3: t-test difference between Women Exposed to Logotherapy and those in the Control Group

From the result of Table 3, difference in the reduction of trauma among the internally displaced women exposed to Logotherapy and those in the Control group was positively significant, $t(48) = 22.685$, $p = .000$. This indicates significant difference in the reduction of trauma because the *t*-value is less than the .05 level of significance. Therefore, H_{02} which states that there is no significant difference in the reduction of trauma among the internally displaced women exposed to Logotherapy and those in the Control group was rejected.

Duncan's' Grouping	Mean	N	Group	Groups
A	49.92	25	1	Logotherapy
B	15.57	25	3	Control Group

Table 5: Duncan Multiple Range Test (DMRT) result showing significance difference in reduction of trauma among internally displaced women exposed to Logotherapy and those in the control group

In Table 5, Duncan Multiple Range Test (DMRT) results was used to determine which of the group(s) mean(s) that lead the significance difference noted in ANOVA results of table 2. The DMRT result indicated that group 1 with a mean score of 49.92 differed significantly. Hence, the significant difference noted in ANOVA results of table 8 was because all the group means differed significantly from one another. Thus the hypothesis was rejected.

V. SUMMARY OF THE MAJOR FINDINGS

The following are the major findings of the study:
- ✓ There is a significant difference in the reduction of trauma among the internally displaced women in experimental group and those in the control group.
- ✓ There is a significant difference in the reduction of trauma among the internally displaced women exposed to Logotherapy and those in the control group.

VI. DISCUSSION OF FINDINGS

In hypothesis one, the study revealed that there is a positive significant difference in the reduction of trauma among the internally displaced women in experimental group and those in the Control group. This finding confirmed earlier study of Tulu (2014) who carried out a study on effectiveness of Rational Emotive Behaviour Group Counselling for Post-traumatic Stress Disorder in Orphan children at Kechene Children Home (KCH) that is found in Gullale sub-city of Addis Ababa City Administration in Ethiopia. The population for the study was all 290 orphan children who were assumed to have PTSD. The screening test was scored and participants who met the inclusion criteria were selected. A nonequivalent control group pre and post-tests of quasi-experimental research design was employed. Using the inclusion criteria, 60 participants aged 12 and 17years old were purposefully selected and randomly assigned to the control and the treatment groups with 30participants in each group. The Child Post-traumatic Stress Symptoms Scale (CPSSS) was employed to measure the dependent variable before and after intervention. Participation in the treatment group received 12sessions of rational emotive behaviour group counseling for 4 successive weeks, 3 sessions per week; each session lasted for 1hour. The study employed descriptive statistics and t-test. This result implies that, rational emotive behaviour group counseling is effective for the treatment of post-traumatic stress disorder in orphan children.

Again, Simson and Dryden (2011) carried out a study on comparison between REBT and Visual/kinesthetic Dissociation in the Treatment of Panic Disorder. The study was a two-way between-groups pre-test/post-test experimental design with baseline and follow-up measures. An innovative four session treatment protocol was developed for each treatment method. Eighteen participants in North-East Surrey, England, who responded to media advertisements for rational emotive behaviour treatment for panic disorder and who met Diagnostic and Statistical Manual of Mental Disorders criteria for panic disorder with or without agoraphobia, were randomly assigned to either REBT or VKD. Pre-test/Post-test changes in panic were measured using the ACQ, PASQ and HADS scales and a global panic rating measure. The statistical tool used in the study was ANOVA. The univariate tests found highly significant results for each dependent variable across both treatment conditions: these results were; depression, $F_{(3,48)} = 22.38$, anxiety, $F_{(3,48)} = 36.52$, ACQ, $F_{(3,48)} = 45.19$, PASQ, $F_{(3,48)} = 162.02$. The findings of this study are not that four session of both treatment conditions also resulted in highly statistically significant reductions in measure in panic. Both treatment conditions also resulted in highly significant reductions in measures of depression and anxiety. At four-week follow-up any difference between the groups' scores was non-significant, indicating that both treatment conditions were equally efficacious in treating PD-A.

The result of hypothesis two showed a positive significant difference in the reduction of trauma among internally displaced women who are exposed to Logotherapy and those in the control group. Julom and Guzman (2013) confirmed this in their research on effectiveness of Logotherapy Programme in alleviating the Sense of Meaninglessness of Paralyzed impatients: the researchers developed a Logotherapy counselling for the 16 randomly selected paralyzed inpatients of the Philippine Orthopedic Centre, Quezon City Philippine. The Purpose of Life (PIL) and the life Regard Index (LRI) tests were the two instruments utilized to determine the level of existential vacuum or meaning in life of the 32 randomly

selected participants before and after the intervention. The participants in the study were grouped according to the following stages: adolescence (16-20), early adulthood (21-40) and middle adulthood (41-65). This was done to facilitate experience of meaning of existential vacuum throughout life span.

The study reveals that in the experimental group the oldest group of participants (41-65) constitutes the greatest percentage (43.75). Whereas in the control group, it was the youngest (16-20), that constituted the highest percentage (37.50). The study employed descriptive and t-test statistical tools. At the end of all the counseling session experimental group mean score (53.25) and the control group's mean score (58.69), although have significant difference statistically are both within the level of existential vacuum. Hence the cited significant difference cannot be considered as an indication of the dissimilarity of the groups' sense of meaninglessness levels in LRI pre-tests. Contrary to the pre-test results, the post-tests outcomes both in PIL, $t_{(30)} = 23.42$, $p < .05$ and LRI, $t(30) = 21.56$, $p < .05$, mark a significant difference between the experimental and control groups' mean scores of the sense of meaninglessness.

These results clearly communicate that logotherapy programme has indeed a remarkable effect on the level of the sense of meaninglessness in the participants of the experimental group, the effectiveness of the logotherapy as it shows that in PIL (93.75%) of the experimental group's participants are able to gain the presence of definite meaning and purpose of life and (87.5%) in LRI improves to the said level, while (100%) of the participants in the control group still remain in the remain in the level of the lack of clear meaning and purpose in both PIL and LRI tests where all of the participants were found during the pre-treatment period of this experimental study. The experimental group and was able to move out of the meaninglessness level after the completion of the logotherapy program while the members of the control group remained in the same meaninglessness level. This result them to face the present reality of their lives. At the end of the first session the selected participants have realized that their past experiences were somehow needed for their survival in their present situation. Past sufferings have somehow given.

VII. CONCLUSION

Conclusion drawn from this study indicated that, trauma of women in IDP's camp can be effectively managed by the use of logotherapy as a treatment package also is an effective package for managing trauma among women in IDP's camp. Also, Logotherapy can be used in reducing trauma among internally displaced women, the level of trauma among women exposed to Logotherapy reduced significantly than that of those in the control group. And lastly, sociological sick role perspective can be used expedite treatment and enhance quick recovery to traumatized women.

VIII. SOCIOLOGICAL PERSPECTIVES ON HEALTH AND ILLNESS

Concerns of sociologists is to examine the experience of illness. Sociologists ask how illness, such as trauma discussed above, is experienced and interpreted by the sick person and by those with whom she comes into contact. If you have ever been ill, even for a short period of time, you know that patterns in everyday life are temporarily modified and your interactions with others become transformed. This is because the 'normal' functioning of the body is a vital, but often unnoticed, part of our lives. We depend on our bodies to operate as they should; our very sense of self is predicated on the expectation that our bodies will facilitate, not impede, our social interactions and daily activities.

Two ways of understanding the experience of illness have been particularly influential in sociological thought. The first, associated with the functionalist school, sets forth the norms of behaviour which individuals are thought to adopt when sick. The second view, favoured by symbolic interactionists, is a broader attempt to reveal the interpretations which are ascribed to illness and how these meanings influence people's actions and behaviour.

THE SICK ROLE

The prominent functionalist thinker Talcott Parsons (1952) advanced the notion of the sick role in order to describe the patterns of behaviour which the sick person adopts in order to minimize the disruptive impact of trauma. Functionalist thought holds that society usually operates in a smooth and consensual manner. Illness is therefore seen as a dysfunction which can disrupt the flow of this normal state of being.

According to Parsons, people learn the sick role through socialization and enact it- with the cooperation of others - when they fall ill. There are three pillars of the sick role:

✓ *The sick person is not personally responsible for being sick.* Trauma is seen as the result of physical causes beyond the individual's control. The onset of trauma is unrelated to the individual's behaviour or actions.

✓ *The sick person is entitled to certain rights and privileges, including a withdrawal from normal responsibilities.* Since the sick person bears no responsibility for the illness, he or she is exempted from certain duties, roles and behaviours which otherwise apply. For example, the traumatized woman might be 'released' from normal duties around the home.

✓ *The sick person must work to regain health by consulting a medical expert and agreeing to become a 'patient'.* The sick role is a temporary and 'conditional' one which is contingent on the sick person actively trying to get well. In order to occupy the sick role, the sick person must receive various treatment to improve their emotion. Confirmation of illness via an expert opinion allows those surrounding the sick person to accept the validity of his or her claims. The patient is expected to cooperate in his or her own recovery by following the treatment package. The Conflict believed that one can always be in conflict of illness if the right medication or treatment is not

applied A sick person who refuses to consult a doctor, or who does not heed the advice of a medical authority, puts his or her sick role status in conflict.

Parsons's sick role has been refined by other sociologists, who suggest that all illnesses are not 'the same' as far as the sick role is concerned. They argue that the experience of the sick role varies with the type of illness, since people's reactions to a sick person are influenced by the severity of the illness and by their perception of it.

CRITIQUES OF THE 'SICK ROLE'

The sick role model has been an influential theory which reveals clearly how the ill person is an integral part of a larger social context. But there are a number of criticisms which can be levied against it. Some writers have argued that the sick role 'formula' is unable to capture the *experience* of illness. Others point out that it cannot be applied universally. For example, the sick role theory does not account for instances when doctors and patients disagree about a diagnosis, or have opposing interests. Furthermore, assuming the sick role is not always a straightforward process. Some individuals suffer for years from chronic pain or from symptoms that are repeatedly misdiag-nos'ed. They are denied the sick role until a clear diagnosis of their condition is made. In other cases, social factors such as race, class and gender can affect whether, and how readily, the sick role is granted. The sick role cannot be divorced from the social, cultural and economic influences which surround it.

The realities of life and illness are more complex than the sick role suggests. The increasing emphasis on lifestyle and health in our modern age means that individuals are seen as bearing ever greater responsibility for their own well-being. This contradicts the first premise of the sick role - that the individual is not to blame for his or her illness. Moreover, in modern societies the shift away from acute infectious disease towards chronic illness has made the sick role less applicable. Whereas the sick role might be useful in understanding acute illness, it is less useful in the case of chronic illness: there is no one formula for chronically ill or disabled people to follow. Living with illness is experienced and interpreted in a multiplicity of ways by sick people - and by those who surround them.

IX. RECOMMENDATIONS

In view of the above findings, it is recommended that: -
✓ Counsellors should utilize Logotherapy package in managing trauma among women and other patients who are suffering from one form of trauma or the other.
✓ Social workers should utilize Logotherapy package in managing trauma among women and other patients who are suffering from one form of trauma or any other illness. sociologist help people learn the sick role through socialization and enact it with the cooperation of others - when they fall ill.

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