



# **The Role of Guidance and Counseling in Rehabilitation of Women with Mental Health Challenges for Sustainable Development**

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## **ABSTRACT**

This paper focuses on the rehabilitation of Nigerian women with mental health challenges for sustainable development. The paper is a position review not empirical. It re-examines psychoanalytic theory, person-centered theory, gestalt theory, behavioural, cognitive and groups therapies as bases for the study of mental illness. The paper took cognizance of the DSM-IV-TR and its axes where mental illnesses are classified. Stress, work and family conflicts, stigmatization, discrimination, biological factors like heredity, infections, brain effects or injury, prenatal damage, environmental factors such as poor nutrition, exposure to toxins, broken homes substance abuse, among others have been identified as the possible causes of mental disorders among Nigerian women. Examples of mental illnesses are schizophrenia, anxiety disorders, personality disorders, premenstrual tension, postpartum blues, postpartum depression, postpartum psychosis, sleep disorders and obsession. Mental disorders affected not only the individual or victim's emotion, sensation and perception, thinking ability and behaviours, it also affected the family, members of the victims which resulted in the following features like flawed attitudes, guilt, impaired judgment, social withdrawal, impulse control disorder, financial incapacitation, tension, mental stigma and depression and anxiety. To help both the victim and her family members become useful to themselves, family and society at large, rehabilitation counseling technique with emphasis on various approaches such as psychoanalytic, humanistic, Gestalt, behaviours cognitive, group family and pharmacotherapies etc were used depending on the nature of the condition. Recommendations were made to minimizing the rate of mental disorder among Nigerian women.

**Keywords:** Guidance, Counseling, Rehabilitation, Women Mental Health Challenge, Sustainable Development.

## **INTRODUCTION**

In Africa and Nigeria in particular, awareness and knowledge of Mental Health Disorder (MHD) is extremely difficult for such patients to access adequate and prompt medical attention. This is because factors like lack of health facilities, inadequate skilled mental health practitioners, low socio-economic status and poor health seeking behaviour further reduces the number of patients getting proper mental health care.

We should note that good mental health is not simply the absence of diagnosable mental health problems. Mental health can be described according to Oluwole, Hammed, and Awaebe, (2015), as the ability to respond to many varied experiences of life with flexibility and a sense of purpose. It is the state of balance

between the individual and the surrounding world. It could be seen as a state of harmony between oneself and others, a coexistence between the realities of the self and that of the other people and that of the environment. The mentally healthy person is the person who is free from internal conflict who is not at “war” with himself /herself. The mentally healthy person knows himself, this is to say that he or she understands his needs, problems, and goals. He has good self control, i.e. he or she is able to balance rationality and emotionality.

Mental disorders are not all the same. Collins, (2007) stressed hundreds or thousands of disorders have been identified and classified into categories. One of the most widely used is the medically oriented classification in the Diagnostic and Statistical Manual (DSM) IV-TR of the American Psychiatric Association. The revised and new edition of this manual is identified by a Roman numeral, such as DSM IV-TR. This publication classifies and categorizes disorders into five domains of information known as axes. The DSM IV-TR is the most recent major classification of mental disorders; it contains eighteen major classifications and describes more than 200 specific disorders. One feature of the DSM –IV is its multi-axial system, which classifies individuals on the basis of five domains, or “axes”, that include the individuals’ history and highest level of functioning in the last year.

In the DSM-IV-TR (fourth edition) mental disorder is defined as a clinically significant behavioural or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e, impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. In addition, this syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event for example, the death of a loved one. (APA 2000) in Erford, Hays, Crockett, and Miller, (2011).

**The DSM-IV-TR uses a multi-axial to describe a clients’ condition.**

**Axis I:** Describes and specifies clinical disorders and other conditions that may be the focus of clinical attention (e.g. attention Deficit/Hyperactivity Disorder (AD/HD), Generalized Anxiety disorder, Dementia, fear of people. This axis includes all disorders except the personality disorders and mental retardation. This axis also includes schizophrenis. It is a major clinical syndromes.

**Axis II: Personality and Developmental Disorders:** This axis specifies. This axis specifies personality disorders and mental retardation (e.g antisocial personality disorder schizoid personality disorder).

**Axis III: Physical Disorders and Conditions:** Specifics General Medical Conditions, Knowledge of which may be helpful in treating mental disorders (e.g. infectious diseases, hearing or vision problems, cancer and / or cardiovascular problem.

**Axis IV: Severity of Psychological Stressors:** Specifics psychosocial and Environmental Problems, Stressors that may influence the client’s diagnosis or treatment (e.g. unemployment, homelessness, financial problems, divorce, death of a parent, or loss of job).

**Axis V: Global Assessment Functioning Scale:** specifies the clients Global Assessment of Functioning (GAF) scale, a numerical rating from 0 to 100. The individual’s current level of functioning and highest level of functioning in the last year, for example, does the individual have a history of poor work and relationship patterns, or have there been twice in the recent past when the individual performed effectively at work and enjoyed positive interpersonal relationship? If functioning has been high at some point in the past, prognosis for recovery is improved. Mental disorders are coded on Axis I and Axis II.

The notion of Nigerian Women’s mental health, therefore, implies Nigerian Women’s ability to respond to many varied experiences of life with flexibility and a sense of purpose. Similarly, Nigerian women’s mental health is their ability to maintain a balance or a state of equilibrium between themselves, other people and the environment. Contrarily, mental health problems range from the worries we all experience as part of everyday life to serious long term conditions. Mental health problems range from depression and anxiety to more rare problems such as schizophrenia and bipolar disorder. Mental challenge is therefore, any disease or condition affecting the brain that influences the way a person thinks, feels, behaves and / or relates to others and to his or her surroundings.

### **Conceptualizing Mental Health Challenges**

Barlow and Durand (1999) posited that mental illness is not insanity, rather it is a psychological dysfunction or disorder leading to abnormal behaviour within the context of the society. This psychological dysfunction is associated with distress or impairment. Psychological dysfunction therefore, refers to a break down in cognitive, emotional, or behavioural functioning. In the same vein, the duo authors defined mental illness as a legal concept, typically meaning severe emotional or thought disturbances that negatively affect on individual's health and safety. New York Mental Hygiene Law (1992) in Barlow and Durand defined "Mental Hygiene as an affliction with a mental disease or mental illness which is manifested by a disorder or disturbance in behaviour, feeling, thinking, or judgement to such an extent that the persons afflicted requires care, treatment and rehabilitation". In contrast, in Connecticut, a "Mentally ill persons means a person who has a mental or emotional condition that has substantial adverse effects on his or her ability to function and who requires care and treatment and specifically excludes a person who is an alcohol-dependent person or drug dependent person". (Connecticut Gen. Stat. Ann, 1992, in Barlow and Durand, 1999).

World Health Organization (WHO) defined Mental Health (MH) as a state of well being in which every individual realizes his or her own potential can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community. "It includes how we feel about ourselves, how we feel about other and how we can meet the demands of life. Mental disorder on the other hand, according to WHO is the collectively all diagnosed mental disorders or health conditions that are characterized by alteration in thinking mood or behaviour associated with distress and / or impaired functioning". Mental health is also determined on how we handle stress, relate to others and made choices.

Mental illness or challenge can also be viewed from the stand point of abnormal behaviour. Abnormal behaviour comprises of deviant, maladaptive or personally distressful. Santrock (2000) believes that when one's behaviour deviates from the acceptable societal norms, it is termed as deviant. He opined that maladaptive behaviour, being a mental challenge is a behaviour that interferes with a person's ability to function effectively in the world. Whereas personal distress is how an individual is encumbered with several personal thoughts he/she is powerless to control or change. Such feelings are often associated with depression and with the anxiety disorders (Martin, and Osborne, 1993).

### **THEORETICAL FRAMEWORK**

The paper is anchored on the following theories:

#### **Germ Theory of Medicine**

In the 19<sup>th</sup> century, Louis Pasteur, a French Chemist stated that there were microscopic entities that grew in foods and other substances. The work led to the germ theory of medicine. People who were ill exhibited symptoms of their illness. The theory is that disease is constituted by the intrusion of pathological substances (e.g. bacteria, or viruses) into the body which produce overt symptoms of distress. Treatment of the symptoms alone was not enough to produce cure; the physician had to threat the underlying cause. The body came to be known as a place where wars between germs and fighters (white blood cells; antibodies) occurred. If the germs fighters won, the person becomes okay and was cured but if not the person stayed sick. (Martin, and Osborn, 1993). How does germ theory of medicine apply to the psychology of abnormal behaviour?

#### **The Intra-Psychic Model of Abnormal Behaviour by Sigmund Freud (856-1939)**

It was Freud who first sought to understand and treat abnormal behaviour by applying the germ theory of medicine. Freud made some changes to fit his own thinking about the reasons for abnormal behaviour. He thought the personality disturbances, were responsible for abnormal behaviour. This disturbances, he believed, were the result of happenings within (intra) the mind (psyche). Any abnormal behaviour was merely a symptom of the underlying problem in the personality. And because it was only a symptom, the abnormal behaviour itself was not treated directly. This led to the Itallian concept "*comosce per curara*: meaning "*understanding an individual before you can cure him*" and the Latin concept: "*Qui bene distinguide bene curat*", meaning "who is able to distinguish properly or diagnose properly will surely

treat properly counsel properly”. (Iwundu, 2016). Freud sought to treat the underlying personality disturbance.

Freud identified three major functions (parts) of the mind: id, ego, and superego. The id is the aggressive and animalistic instinct which makes us go crazy. The id operates according to pleasure principles eliminating any associated tension or conflicts. It is emotional, irrational, illogical, filled with fantasies, and preoccupied with sex, aggression, selfishness, and envy. Freud believed that id is a dangerous drive if unchecked.

Secondly, next to id, is the ego which operates according to reality principle. The cognitive styles of the ego are characterized by logic and reason opposed to the illogical and irrational primary process of the id. The ego is the seat of intelligence and rationality that checks and control the blind impulses of the id. The ego distinguishes between mental images and things in the external world.

Thirdly, the superego (conscience) is the moral principles inherited from parents and our culture. The ego mediates conflict between id and the superego. It is called the judicial branch of personality. It judges between good and bad actions, right or wrong actions. If the ego fails in the mediation the conflict will overtake us and psychological disorders will develop. Because these conflicts are all within the mind, they are referred to as intra-psychic conflicts.

#### **Person – Centered Theory (Humanistic Theory)**

Carl Rogers (1902-1987), as a major spokesman for humanistic psychology, believed that man is created good. Man is resourceful, capable of self direction and able to live effective and productive live. He believed that man can actualize his potentials and solve his problems if he is directed, motivated, instructed, punished, rewarded, controlled and managed by others who are in a superior and experts position, Rogers stated that the following attributes are capable of making individuals grow and become what they want to become. These attributes are:

- (1) Congruence (genuineness, or realness),
- (2) Unconditional positive regard (acceptance and caring), and
- (3) Accurate empathic understanding (an ability to deeply grasp the subjective world of another person). He maintained that if these attributes are communicated by the counselor, those being helped (clients) will become less defensive and more open to themselves and their world, and they will behave in social and constructive ways.

The person-centered approach is grounded on the assumption that human beings tend to move toward wholeness and self actualization and that individual members as well as the group as a whole, can find their own direction with minimal degree of help from the group leader, or “facilitator.” Rogers maintained that man is good but become corrupt and evil (Uzoeshi, 2005, Prochaska, and Norcross, 2007).

**Gestalt Theory:** Developed by Pearls (1893-1970), Gestalt theory is an existential approach based on the premise that people must find their own way in life and accept personal responsibility. The clients should gain awareness of what they are experiencing and doing. Through this awareness they gain self understanding and knowledge that they can change. The theory sees the clients as responsible for what they are thinking, feeling and doing. The approach is experiential in that clients comes to grips with what they are thinking, feeling, and doing as they interact with another person, the therapist. Pearls views humans as a whole rather than as a sum of discretely functioning parts. Pearls (1971) in Uzoeshi (2005) stressed that “people with emotional problems tend to concentrate on only part of what they feel and do, especially with their communications with other. The goal of Gestalt therapy is to help clients communicate effectively and to live better fulfilled lives. This theory believes that a healthy person is a person whose body, soul and mind are functioning together, not in parts. Man and his environment influence each other, as none can succeed without the other.

**Behavioural Theories:** The term behaviour therapy refers to the application of a diversity of techniques and procedures that are rooted in a variety of learning theories. A basic assumption of the behavioural perspectives is that all problematic behaviours, cognitions, and emotions have been learned and that they can be modified by new learning. The goal of behaviour therapy (modification) is to help people develop more adaptive behaviour. Many behavioural techniques fall into two categories counter-conditioning,

which helps in the unlearning of undesirable behaviours, and operant conditioning which helps in the learning of desirable behaviours.

**Cognitive Theories:** The aim of cognitive therapy is to help people learn to think about their problems in more productive ways. Cognitive psychologists focus on the beliefs, attitudes and thought processes that create and compound their clients' problems (Beck, 1993; Ellis, 1995; in Rathus, (1998). They believe that some people develop ways of thinking that are illogical or based on faulty assumptions. Such ways of thinking can lead to emotional and behavioural problems.

### **Group Therapies**

Collins (2007) asserted that modern group therapy has been traced to the beginning of the twentieth century when a Boston internist set up "classes" for his tuberculosis patients. Soon it became apparent that these gatherings were providing opportunity for the patients to share their struggles, encourage one another, and develop feelings of closeness and solidarity. The value of this mutual interaction became known to psychiatrists, and group counseling developed as a unique and specialized form of treatment.

The following are the benefits and the abilities of groups as enshrined by Collins (2007):

- Instill hope and optimism
- Decreases each participant's sense of feeling alone with his or her problem.
- Impart information about mental health, illness, spiritual growth, and specific counseling problems.
- Create a climate where participants can give and receive help, support encouragement and love.
- Provide feedback so members can learn how they are perceived by others, including people outside the group.

### **Causes of Mental Health Challenges among Nigerian Women**

Although the exact cause of most mental challenges is not known, it is becoming clear through research that many of these conditions are caused by a conglomeration of factors like genetic, biological, psychological and environmental factors. The following could be observed as possible causes of mental health problems among Nigerian Women.

**Stress:** The effort to have and maintain a balance mental health by the Nigerian Women is thwarted by the presence of stress resulting from traumatic and rapid changes of life events. Stress, which is a natural reaction that occurs when humans encounter a threatening physical or emotional situation, can have so many harmful health effects on women especially continues unresolved stress.

**Work and Family Conflict:** There arises also a strain on Nigerian women's mental health because of multiple competing demands on their time and energy. This strain or conflict often occurs as the Nigerian Women employees try to meet the needs of their spouses, children, elderly parents, community and employers. This situation is referred to as work-family conflict. This situation can lead to fatigue and other mental health problems in the Nigerian women. According to Oluwole, Hammed, and Awaele, (2015), studies have shown that a good social support network can help to ameliorate most of these stressors. Prolonged work-family conflict can lead to depression, anxiety and burnout in women. The effects of work-family conflict on the family are poor parenting interference with family relationship and increase reliance on social and counseling services.

**Stigmatization:** There are many ways a person can acquire a deviant identity leading to mental disorder. Because of physical or behavioural characteristics, some people are unwillingly cast in negative social roles. Once they have been assigned a deviant role, they have trouble presenting a positive image to others and may even experience lowered self-esteem. When people are stigmatized by way of labeling them such like "compulsive gambler", "ex-convict" "ex-mental patient", "idiotic and ugly women among others, such individual will always perceive that she does not worth anything and she is not accepted within the environment. This will lead to withdrawal and consequently depression.

**Discrimination:** Prejudice, often leads to discrimination, the denial of opportunities and equal rights to individuals and groups based on some type of arbitrary bias. Discrimination falls under gender, race or ethnicity. The issue of gender discrimination such as men lording over the women tends to make the women inferior. This leads to the agitation of "women liberation movement". Most ethnic wars arose as a

result of ethnic discrimination. The minority groups are denied the right to socio-economic benefits and development. To conquer anxiety and depression people become violent.

Arnold, (1951) in Schaefer, (2001) outlined four dysfunctions associated with racism which could be applied:

- (i) A society that practices discrimination fails to use the resources of all individuals. Discrimination limits the search for talent and leadership to the dominant group.
- (ii) Discrimination aggravates social problems such as poverty, delinquency and crime and places the financial burden to alleviate these problems on the dominant group.
- (iii) Society must invest a good deal of time and money to defend its barriers to full participation of all members.
- (iv) Racial prejudice and discrimination often undercut goodwill and friendly diplomatic relations between nations.

When women are discriminated it leads to anxiety and depression which may sometimes become more complex if the problem grows.

**Biological Factor:** Some mental illnesses have been linked to abnormal functioning of nerve cells circuits or pathways that connect particular brain regions. Nerve cells within these brain circuits communicate through chemicals called neurotransmitters. “Tweaking” through medicines, psychotherapy or other medical procedures can help brain circuits to run more efficiently. In addition, defects in or injury to certain areas of the brain have also been linked to some mental conditions. Other biological factors include: Genetics (heredity). Mental illnesses sometimes run in families, suggesting that people who have a family member with a mental illness may be somewhat more likely to develop one themselves. Susceptibility is passed on in families through genes. Experts believed that many mental illnesses are linked to abnormalities in many genes rather than just one or a few and that how these genes interact with the environment is unique for every person (even identical twins). Mental illness itself occurs from the interaction of multiple genes and other factors ... such as stress, abuse, or a traumatic event... which can influence, or trigger, an illness in a person who has an inherited susceptibility to it.

**Infections:** Certain infections have been linked to brain damage and the development of mental illness or the worsening of its symptoms. For example, a condition known as pediatric auto-immune neuropsychiatric disorder (PANDA). Associated with streptococcus bacteria have been linked to the development of obsessive – compulsive disorder (OCD) and other mental illnesses in children.

**Brain Defects or Injuries:** Defects in or injury to certain areas of the brain have also been linked to some mental illnesses.

**Prenatal Damage:** Some evidences suggest that a disruption of early fetal brain development or trauma that occurs at the time of birth. For example, loss of oxygen to the brain. May be a factor in the development of certain conditions, such as autism spectrum disorder.

**Other Factors (Environmental):** Poor nutrition and exposure to toxins, such as lead, may play a role in the development of mental illnesses.

Oyewole, (2016) the National coordinator on mental Health Awareness Foundation of Nigeria said that mental disorder is associated with societal vices, socio-economic pressures, emotional problems and political prejudices like terrorism.

**Broken Home:** A female relative from Gombe State Ministry of Women Affairs and Social Welfare makes assertion through the director, child development, Jany Maiyamba, said to someone suffering from mental disorder who pleaded not to be mentioned, said “we are victims of broken home. Our mother left our father when we were very small and influence from peer groups made two of my brothers to become drug addicts. As I am talking to you, the other one is on admission at Maiduguri Neuropsychiatric Hospital”

**Substance Abuse:** Long term substances abuse, in particular has been linked to anxiety, depression and paranoia. Yakubu Kibo, Commander of NDLEA, Adamawa State confirmed this by saying that Indian hemp and psychotropic substances constitute to 90% of mentally damaged people.

Similarly, Jekayinfa, (n.d) reported that gender based violence is the fate of millions of women all over the world and these are affecting their productivity both in homes, community and places of work. He

noted that gender based violence is a universal reality existing in all societies regardless of income class and culture. It would be difficult to find one woman, who at one time or the other on her life time had not been afraid merely because she is a woman. This violence can devastate the women, affects them psychologically, cognitively and interpersonally leading to depression.

Other factors that are capable (under environment of triggering mental disorder such as schizophrenia include family communication patterns, family emotions, and stress, life events such as deaths of close relatives, job loss, and divorce.

Martin, and Osborne, (1993) identified a conditions known as dissociative disorders which is segmented into psychogenic amnesia-which is a temporary loss of the ability to recall personal information. This is selective memory loss; multiple personality – individuals with these conditions appear to have more than one distinct personality. Reid and Wise, (1989) in Martin and Osborne asserted that multiple personality disorder is observed in females often than in males. Osborne concluded that dissociative disorder is linked more to stress and traumatic events particularly during childhood. He also noted that people with multiple personality disorder easily go into spontaneous hypnotic trances.

### **Examples of Mental Health Challenges Affecting the Nigerian Women**

The following are the common mental health disorders that affect Nigerian Women.

**Schizophrenia:** It is the most severe form of functional mental illness affecting most Nigerians and it is also found to be the most common mental disorder worldwide. It is commonly described as severe, chronic and disabling mental disorder characterized by psychotic episodes with recurring functional periods of disordered thought process. It mainly affects perception and thinking hence giving rise to a spectrum of clinical scenarios. Common symptoms of schizophrenia include; delusions, hallucinations, disturbances, of thought, disorganized speech, difficulty in concentration and poor memory.

**Anxiety Disorders:** This is a heterogeneous group of disorders with abnormal fear and stress as the main underlying disorder. Anxiety is said to be abnormal/a mental disorder when symptoms interfere with the individuals normal productive activities and its harmful effects outweigh its benefits because fear and stress is necessary for human survival. An anxiety disorder involves an excessive or inappropriate state of arousal characterized by feelings of apprehension, uncertainty or fear. These disorders can be differentiated into Generalized Anxiety Disorders (GAD), Panic Disorder (PD), Obsessive-Compulsive Disorder (OCD), Phobic Disorders (including Social Anxiety Disorder), Post- Traumatic Stress Disorder (PTSD), Acute Stress Disorder, (ASD), with each of them having distinct clinical symptoms.

**Personality Disorders:** Personality disorders are defined by the American Psychiatric Association (APA) as “an enduring pattern of inner experience and behaviour that deviates markedly from the expectations of the culture of the individual who exhibits it.” The beginning of this pattern of behaviour can typically be traced back to late adolescence and the beginning of adulthood, and in rare instances, childhood. This deviation from personality is severe enough to affect the interaction of the patient with his/herself and with the community. Examples of personality disorders are paranoid personality disorder (excessive pervasive distrust and suspiciousness of others), Schizoid personality disorder (detachment from social relationships, and a restricted range of expression of emotions), schizotypal personality disorders (acute discomfort with reduced capacity for close relationships). Others are obsessive – compulsive personality disorder, Antisocial, Histrionic (Excessive emotionality and attention seeking), Narcissistic personality disorder (grandiosity in fantasy or behaviour with need for admiration, and lack of empathy), avoidant and dependent personality disorders.

**Premenstrual Tension:** This is a collection of physical, psychological and emotional symptoms related to a woman’s menstrual cycle and should be severe enough to interfere with some aspects of life. 80% of women have some of these symptoms at one time or another during their menstrual cycle, but only 2.5% meets the criteria for premenstrual tension. These symptoms are different from the discomfort associated with menstruation. It is due to the changing level of the menstrual cycle. Common symptoms are irritability, emotion pain, syncope, and paresthesias.

**Postpartum Blues:** It is a very common mental disorder as it occurs in about 50 – 85% of women. Symptoms typically peak at about the 4-5 days post-delivery. It may last for a few hours to a few days,

resolving spontaneously by 2 weeks after child birth. Symptoms include, mood liability, tear fullness, anxiety, and irritability. Symptoms do not interfere with the woman's ability to functions.

**Post Partum Depression:** usually occurs within the 1<sup>st</sup> 2-3 weeks post delivery, but may occur at any point after delivery. Milder depressive symptoms may have occurred during the pregnancy and are usually not observed by the patient, spouse or caregivers. Symptoms are similar to those of depression occurring at other times in a woman's life. It affects 5-25% Nigerian Women. Common symptoms include: depressed mood, tearfulness, feelings of guilt, feelings of worthlessness or incompetence, fatigue, sleep disturbance, change in appetite, poor concentration and suicidal thoughts.

**Post Partum Psychosis:** this is the most severe form of post partum psychiatric illness affecting Nigerian women after child birth. It is a psychiatric emergency that needs urgent treatment by a psychiatrist. It occurs in 1-2% per 1000 Nigerian women after child birth. Its onset is usually within 48-72 hours after delivery. Majority develop symptoms within the 1<sup>st</sup> 2/52 post delivery. Onset is usually sudden and it is characterized by severe aggressiveness, loud cry/shouts, suicidal attempts to self and the body.

**Sleep Disorders:** This is a spectrum of disorders affecting an individual's sleep. It can affect the quality, depth, pattern and rhythm of sleep. A bad night's sleep could produce: irritability, low efficiency, and productivity at work, difficulty in school work, health and relationships also suffer. Typically, there is difficulty initiating or maintaining sleep, Narcolepsy which is accompanied by episodes of brief loss of muscle tone (cataplexy), sleep-wake schedule disorder and other abnormalities that can occur during sleep.

**Obsession:** It is defined as persistent irrational worry. It is a recurring persistent or disturbing thoughts which resist the individuals attempts to suppress them. This can now lead to obsessive-compulsive disorder (behaviour). This is an over behaviour that is repetitively performed and which the individual cannot easily suppress.

### **The Effects of Mental Disorders**

Mental illness is a major social problem that consumes millions of naira, costs billions in lost wages, absenteeism, inefficiency, criminal behaviour and expensive treatment. It characterizes half or more of the homeless who wander the streets; brings continual misery to the millions of people who are in the clutches of mental disorders, and causes incredible stress on families.

**1. The Effects on Individuals:** The victim will be unable to work or to think creatively and rationally. Sometimes known as the clinical manifestations of mental disorders. Some are biological, but non medical counselors more often notice psychologically unusual emotion, sensation, perception, thinking, and behaviour.

(a) **Emotion:** Intense anxiety, depression, anger, guilt, and other painful emotions are so common that counselors often refer to mental disorders as affective or emotional disorders. These emotions can differ in a variety of ways. Emotional variability refers to unpredictable emotional ups and downs. Some people are up all the time, showing euphoria that others would consider unrealistic. Those that are down are perpetually depressed. This emotional variability is characteristic of the bipolar disorders that used to be called manic depressive disorders.

(b) **Sensation and Perception.** It is difficult to function well if we fail to receive and respond appropriately to stimuli. Sometimes the person is unable to relax or concentrate because he/she feels overwhelmed by the flood of data that seems to be bombarding the senses. In contrast, others experience blunted sensitivity, including a reduced ability to feel pain, see clearly, or hear well. At times, they have difficulty sorting out and synthesizing sensation. More commonly the person misinterprets stimuli, this is distorted sensitivity. Delusions (false ideas believed by the individual but not by anybody else), hallucinations (perceptions that a person experiences even though there is no external stimulation), and illusions (misinterpreting sensations) are all seen in some people with mental disorders.

Families experience great frustration when they try to convince a disturbed relative that his or her delusions of persecution are without foundation or that the voices heard are not real.

- (c) **Thinking:** Some mental health professionals suggest that thought disorders are the most obvious indications of mental illness. For examples, there is faulty thought content in which the person does not think clearly, logically or consistently. The person with a mental disorder may not recognize that his / or her thinking does not make sense, so there is no willingness or ability to change in response to arguments or evidence. He may have rambling disconnected thoughts, easily interrupted thinking, obsessive thinking, or inability to think abstractly. They appear to be confused, uncertain who or where they are, unable to appreciate the consequences of their behaviour, unable to remember or easily distracted. All these can show that the person is out of contact with reality.
- (d) **Behaviour:** The person acts in an inordinate manner or socially in appropriate. This is so common that mental disorders are frequently known as behaviour disorders. Ritualistic compulsive activity, hyperactivity, withdrawal, childlike behaviour, lack of self-control, religious or political fanaticism, and other unusual behaviours can indicate that something is wrong. Young children and the severely disturbed are not sure how to express their inner turmoil in words. They try to communicate behaviourally, sometimes acting out the confused feelings and ideas that are inside. The good counselor tries to understand what the behavioural messages may mean.
2. **Effects on Families:** Most people are able to think logically, experience emotion appropriately, and cope with life's stresses more or less effectively. But when another person lacks these abilities, especially a person in one's family, communication and interaction become extremely difficult. Everybody realizes that young children will be immature and act inappropriately, but most adult accept this because we know that young people are learning that they will mature as they get older. When the immaturity and inappropriate behaviour are seen in one's spouse, parents, or grown children, it is much more difficult for family members to be patient, understanding, and able to communicate or to cope.

Unlike the mental patients who frequently get professional help, families are often left alone to face the following:

- **Flawed Attitudes:** As a result of the happening, the family member begins to have a poor self image which leads to a flawed attitude. Persons with an unhealthy self-image have a fearful, pessimistic view of the world and of their ability to cope with its challenges. They see unexpected or new situations as threats to their personal happiness and security, seemingly planned as attacks on them personally, they see the world closing on them, pushing, and crushing them. Such people see themselves as victims, helplessly entrapped in a hostile environment.
- **Guilt:** Olson (1996) in McDowell and Hostetler (1996) wrote "Many bereaved individuals experience a deep sense of guilt. Some feel guilty about past experiences or lack of contact with the deceased... others feel guilty for not being themselves for the death." Collins, (2007) stated the causes of guilt (psychological guilt), citing past experience and unrealistic expectations, inferiority and social pressure, faulty conscience development, and supernatural influences.  
**Impaired Judgment:** Another common problem or effect of mental disorders to family is impaired judgment. Whether the source is physical or psychological, such faulty functioning extends to other areas as well causing disorientation and forgetfulness.
- **Social Withdrawal:** as a result of shame as well as guilt the behaviour produces withdrawal from friends.
- **Impulse Control Disorder:** This problem is "loss of control of oneself, which results in impulsive actions and extreme emotions, such as anger and rage.
- **Financial Incapacitation:** This victim health challenge will plunge the family into bankruptcy until they will be financially incapacitated if at the end there is no headway.
- **It will create a mental stigma**
- It will lead to tension
- It can also lead to depression and anxiety.

### **Rehabilitation Counseling**

Rehabilitation is the process of helping an individual achieves the highest level of function, independence and quality of life possible. Rehabilitation does not reverse or undo the damage caused by disease or trauma, but rather helps restore the individual to optimal health, functioning and well beings. (Lakehand Health, 2016).

Rehabilitation counseling focused on helping people with disabilities achieve their personal, career, and independent living goals through a counseling process.

To assist women with mental health challenges so that they can be effective and efficient for sustainable development, this study shall adopt rehabilitation counseling. Psychological methods of treating abnormal behaviour are collectively called psychotherapy. All psychotherapies consist of interactions between client and a therapist. In addition, Osborne (1993) stated that drugs and other biomedical treatments play a helping role in many psychotherapies.

The goal of all psychotherapies is to help clients behave normally, in a very general way, the immediate goals of various therapies are different, insight therapies focus on techniques that lead the client to understand the reasons for problem behaviour and the reasons for the feelings such behaviour produces. To accomplish this, insight therapies rely a great deal on talk between the client and the therapist. The focus of the behaviour therapies is the direct change of problem behaviour, while the focus of cognitive behaviour therapies is the direct change of faulty thinking. Finally, pharmaco-therapies focus on direct change in biological functions through medication.

**Insight Therapies:** Psychoanalysis was the first psychotherapy. This therapies believes in talking about your problems and your past. Freud believed that client's current abnormal behaviour is rooted in early abnormal experience. Therefore, the psychoanalyst's goal is to make the client aware of unconscious impulses that may show up in his/her uninhibited talk. A way to get these unconscious impulses to surface is to provide a non threatening audience, a person to whom the client can feel safe presenting her fears, losses, inadequacies, hurts, traumas, emotions, aggressive impulses, sexual thoughts, - everything. To reach the shadowy world of the unconscious, the psychoanalytic therapists (counselors) should employ the following approaches:

- Free association – consists of encouraging the client to say aloud whatever comes to mind no matter how trivial or embarrassing.
- Catharsis – this is a psychoanalytic term for people's release of emotional tension when they relieve an emotionally charged and conflicted experience. One of the ways to release tension is through weeping.
- Interpretation – it plays an important role in psychoanalysis. As the therapist (counselor) interprets free association and dreams, the clients' statements and behaviour are not taken at face value. To understand what is truly causing the clients conflicts, the counselor constantly searches for symbolic, hidden meanings in what the victim says and does.
- Dream analysis – is the psychotherapeutic technique used by psychoanalysts to interpret a person's dream. Psychoanalysts believe that dreams contain information about the individuals' unconscious thoughts and conflicts. The manifest content of the dreams be given attention (those remembered).
- Analysis of Transference – Freud believed transference was an inevitable and essential aspect of the analysis patient relationship. Transference is the psychoanalytic term for the persons relating to the analyst in ways that reproduce or relieve important relationships in the individual's life. A person might interact with a counselor as if the counselor were a parent or lover.
- Resistance- is the psychoanalytic term for the client's unconscious defense strategies that prevent the counselor from understanding the client's problems. Resistance occurs because it is painful to bring conflicts into conscious awareness.

### **Humanistic Therapies**

Humanistic psychologists are Abraham Maslow and Carl Rogers. The humanistic theory is hinged on the premises that in every human person, there is an active force (energia organismisca or propensity) towards self-actualization, towards being all that one can, and that it is the environment that nurtures the individual into criminality, foster human misery and pathology (Iwundu, 2015).

Two representatives of humanistic approach are Person-centered therapy and Gestalt therapy. In humanistic approach people are encouraged to understand themselves and grow personally. In humanistic approach emphasis is on the conscious rather than the unconscious thoughts, the present rather than the past and growth and self –fulfillment rather than its illness.

Person-centered therapy is a form of humanistic therapy in which the therapist (counselor) provides a warm, supportive atmosphere to improve the client’s self-concept and encourage the client to gain insight about problems. The goal is to understand the clients whys and wherefores of his/her behaviours. This therapy is called nondirective therapy because it provides a non punitive, empathetic, reflective, all accepting audience, the client is expected to talk freely, a behaviour through to promote insight and personal growth.

Santrock (2000) opined “We usually do not receive love and praise unless we conform to the standards and demands of others. This causes us to be unhappy and have low self-esteem,”

- To free the person from worry about the society’s demands, the counselor must show the client unconditional positive regard in which the counselor creates a warm and caring environment, never disapproving of the client. This unconditional positive regard improves the clients self esteem.
- The counselor must be fully empathetic with the client, attempting to see and feel things the client’s way.
- Moreso, the counselor must strive for authenticity, that is, for a real, not professional relationship with the client.
- Similarly, therapist (counselor) must provide a mirror-like reflection of the client by actively listening to what the client says, the therapist should have a “second ear, essentially encouraging more discourse but not indicating which way the discourse should go.

The therapist is there to listen sympathetically to the client’s problems and to encourage positive self-regard, independent, self-appraisal, and decision making.

Gestalt therapy is a humanistic therapy developed by Fritz Perls (1893-1970) in which the therapist questions and challenges clients to help clients become more aware of their feelings and face their problems. Fritz (1969) agreed with Freud that psychological problems originate in unresolved past conflicts and that these conflicts need to be acknowledged and worked through. He also accepted Freud’s idea of interpretation of dreams. He encouraged clients to be open about their feelings. He pushes clients into deciding whether they will continue to allow the past to control their future.

The following techniques can help in making the client realize himself, to open about his feelings, to develop self-awareness, and to actively control his life.

- The counselor or therapist encourages congruence between verbal and non verbal behaviour, and uses role playing. To stimulate change the therapist often will openly confront the client.
- The therapist uses role playing, example: if an individual is bothered by conflict with her mother, the therapist might play the role of the mother and reopen the quarrel. The therapist might encourage the individual to act out her hostile feelings forwards her mother by yelling, swearing, or kicking the door. In this way, Gestalt therapists hope to help individuals better manages their feelings instead of letting their feelings control them.
- Gestalt therapist is directive than non directive person-centered therapist. Gestalt therapist provides more interpretation and feedback.

### **Behaviour Therapies**

Behaviour therapies offer action –oriented strategies to help people change what they are doing. They are based on the principles of operant and reflexive learning and the biology which supports these principles

to reduce or eliminate maladaptive behaviour. Behaviour therapies are based on the behavioural and social cognitive theories of learning and personality.

Behaviour therapists assume that the overt maladaptive symptoms are problem (Sloan and Mizes, 1999 in Santrock, 2000). Individuals can become aware of why they are depressed and still be depressed. Behaviour therapist tries to eliminate the depressed symptoms or behaviours themselves rather than trying to get individuals to gain insight or awareness of why they are depressed (Lazarus, 1996 in Santrock, 2000).

### **Classical Conditioning Approaches**

Santrock (2000) stressed that some behaviours, especially fears, can be acquired or learned through classical conditioning. He said further that if such fears can be learned, then it can be unlearned.

Two main strategies to rehabilitate a client with mental disorders are:

- Systematic desensitization which is a method of behaviour therapy based on classical conditioning that treats anxiety by getting the person to associate deep relaxation with increasingly intense anxiety-producing situations.
- Aversive conditioning – which consists of repeated pairing of the undesirable behaviour with aversive stimuli to decrease the behaviours reward. Aversive conditioning is used to teach people to avoid such behaviours as smoking, eating, and drinking. Electric shocks, nausea inducing substances, and verbal insults are some of the noxious stimuli used in aversive conditioning.

### **Operant Conditioning Approaches**

Since the person has a maladaptive behaviour pattern thus was learned, this therapy involves conducting a careful analysis of the persons environment to determine what factors need to be modified.

Operant therapy's strategies focus on behaviour modification – the application of operant conditioning principles to change human behaviour, its main goal is to replace unacceptable, maladaptive responses with acceptable, adaptive ones. Consequences for behaviour are established to ensure that acceptable actions are reinforced and unacceptable ones are not.

To a client who has phobia, systematic desensitization is used to eliminate it.

### **Cognitive Therapies**

Two approaches must be considered:

- **Rational – Emotive Behaviour Therapy:** it is based on Albert Ellis' assertion that individuals become psychologically disordered because of their beliefs, especially those that are irrational and self-defeating.
- **Beck's Cognitive Therapy:** Beck (1976, 1993) developed a form of cognitive therapy to treat psychological problems, especially, depression. Beck believes that psychological problems like depression results when people think illogically about themselves, the world and their future.
- The therapist uses this therapy to help clients recognize and discard self –defeating cognition.

### **Group Therapies**

Group therapy gives room for self-disclosure for the development of a sense of belongingness and support from the group, for the clarification of your norms, for discovering that others have similar problems, and similar solutions, and for the development of self understanding through social learning.

**Family Therapy:** psychotherapy applied to the family as a unit, usually focusing on family processes such as communication, relationship enhancement, and discipline. The family is taught to help manage the behaviour of the schizophrenic relative.

**Marital Therapy:** Psychotherapy applied to a couple, usually as a method of saving the marriage, but also to enhance the relationship. This works better when the couple is seen together than when they are seen individually.

**Pharmacotherapy** – is the process of using drugs to control the client's abnormal behaviour, example antidepressant drugs which regulate one's mood. This is the final way that abnormal behaviours are commonly treated today.

## CONCLUSION

Mental disorder is observed from various stand points. It is seen as a psychological dysfunction which is a breakdown in cognitive, emotional or behavioural functioning. Mental disorders are classified into categories as seen in Diagnostic and statistical manual (DSM-IV-TR) of the American Psychiatric Association. Rehabilitation counseling follows various counseling principles to help clients become useful again for sustainable development.

## RECOMMENDATIONS

Based on the study the following recommendation and policies may help:

- (1) The government should recognize the presence and usefulness of professional guidance counselors by giving them adequate support and employing their services wherever human beings are found.
- (2) Women should be adequately empowered by the government or non-governmental organizations (NGOs) to fully realize their potentials so as to be self-reliance, supporting their families and embracing their worth in the society.
- (3) Skill acquisition centers (SACs) should be permanently established in each local government nationwide making it assessable to every women to reduce stress.
- (4) Government, NGOs, and philanthropists should donate enough funds to help manage persons suffering from mental disorders.
- (5) Professional and non-professional staff should be employed to manage the already established centers like psychiatric hospitals and other homes for mentally challenge clients.
- (6) Social support should be highly encouraged as it will serve as a prognostic factor in the recovery of mental health problem.

## REFERENCES

- Barlow, D. H. and Durand, V. M. (1999). *Abnormal Psychology: An Integrative Approach* (2<sup>nd</sup> ed.). Pacific Groove, California: Brooks /Cole publishing Company.
- Collins, G. R. (2007). *Completely Revised, Expanded, and Updated Christian Counseling* (3<sup>rd</sup> ed.): *A Comprehensive Guide*. Wheaton, Illinois: Tyndale House Publishers, Inc.
- Corey, G. (1990). *Theory and Practice of Group Counselling* (3<sup>rd</sup> ed.) Pacific Grove, California: Brooks /Cole Publishing Company.
- Corey, G. (1991). *Theory and Practice of Group Counselling and Psychotherapy* (4<sup>th</sup> ed.) Pacific Grove, California: Brooks /Cole Publishing Company.
- Erford, B.T., Hays, D. G., Crockett, S., Miller, E. M., (2011). *Mastering the National Counselor Examination and the Comprehensive Examination*. New Jersey: Pearson Education, Inc.
- Havilland, W. A. (1994). *Anthropology* (7<sup>th</sup> ed.) University of Vermont. Harcourt Brace College Publishers.
- Iheanacho, T. (2013). Health Blog Nigeria: *Demystification of Mental Illness is a critical step in improving mental Health Delivery in Nigeria*. Department of Psychiatry at Vale University School of Medicine, Oct. 14<sup>th</sup> 2013 retrieved 7<sup>th</sup> July 2016
- Iwundu, C. O. (2015). "A Nosological Approach to the Epidemiology of Crime and Criminality among Nigerian Prophylactic and Psychotherapeutic Interventions" an inaugural lecture series 1, Dec. 17<sup>th</sup>, 2015. Ignatius Ajuru University of Education, Rumuolumeni, Port Harcourt, Rivers State.
- Iwundu, C. O. (2016). "Appraisal Technique in Counselling. Lecture Note. Rivers State University of Science and Technology, Port Harcourt, Rivers State.
- Jekayinfa, A. A. A. (n. d). Types, causes, and effects of gender based violence: challenges for social studies education in Nigeria. <http://www.umilorin.edu.ng/publications;retrieved7thJuly2016>
- Kahsay, W. H. (2015). Perceived causes of mental illness and treatment seeking behaviours among people with mental health problems in Gebremenfes kidus Holy Waterside. Psychology Department College of Social Sciences and Languages. Mekelle University, Mekelle, Ethiopia. *American Journal of Applied Psychology* 2015, 3 (2) 34-42 retrieved 7/7/2016.

- Lakeland Health (2016). Lake land health. 1234 Napier Avenue, St. Joseph, Michigan. www. Lakeland Health. Org/Medical-Service-Retrieved 9/7/2016)
- Martins, G. L. & Osborne, J. G. (1993). *Psychology, Adjustment, and everyday living* (2<sup>nd</sup> ed.) New Jersey: Prentice – Hall, Inc.
- McDowell, J. and Hostetler, B. (1996). *Handbook on Counselling Youth: A Comprehensive guide for equipping Youth Workers, Pastors, Teachers and Parents*. Nashville, Tennessee. W. Publishing Group.
- Myers, D. G. (1989). *Psychology* (2<sup>nd</sup> ed.). Michigan: Worth Publishing, Inc.
- New Agency of Nigeria (2016). Increased rate of mental disorder among Nigerians Experts. *The Premium Times: Thursday, 2015*. Retrieved 9/July, 2016.)
- Oluwole, D. A; Hammed, A. T., Awaebe, J. I. (2015). Patterns of Stress, Social Support, and Mental Health among Nigerian Women. *Advancing Women in Leadership Journal, 2015*.
- Pinel, J. P. J. (2003). *Biopsychology* (5<sup>th</sup> ed.). Pearson Education, Inc.
- Prochaska, J. O. and Norcross, J. C. (2007). *Systems of Psychotherapy: A Transtheoretical Analysis* (6<sup>th</sup> ed.) Belmont, California: Brooks /Cole Cengage Learning.
- Rathus, S. A. (1998). *Sociology* (7<sup>th</sup> ed.) Dallas: McGrawHill Companies, Inc.
- Santrock, J. W. (2000). *Psychology* (6<sup>th</sup> ed.) Dallas: The McGraw-Hill Companies, Inc.
- Uzoeshi, K. C. (2005). *Guidance and Counselling: Foundations and Practice*. Port Harcourt: Harvey Publications.