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.Research Article

Effectiveness Of Rational Emotive Behaviour Therapy On Traumatized Women In Maiduguri Internally Displaced Camp Nigeria: Sociological Perspectives

By

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Abstract:

This study examined the effectiveness of Rational Emotive Behaviour Therapy on traumatized women in Maiduguri internally displaced person's camp. Two research question, objectives and research hypotheses guided the study. The study used quasi-experimental research design. A sample of 75 women (participants) was drawn from the population. One set of instruments were used by the researcher to determine those who are traumatized in the internally displaced person's camp, this instruments was used as a treatment package. The validity of the instrument was obtained by Pur (2017) and the reliability index of 0.72 was obtained for REBT. The research hypothesis was subjected to t-test and ANOVA analysis. The study concluded that trauma among internally displaced women can be effectively managed using of Rational Emotive Behaviour Therapy as a treatment package and the result also shows that Rational Emotive Behaviour Therapy is effective in reducing trauma among the Internally Displaced Women. Based on the effectiveness, Rational Emotive Behaviour Therapy on traumatized women, it was recommended that Counselling Association of Nigeria needs to encourage counsellors to make use of both REBT package in managing traumatized clients at all level i.e., either male or female nor young and old. Also, sociologist help people learn the sick role through socialization and enact it with the cooperation of others - when they fall ill.

Keywords: Rational Emotive Bahaviour Traumatized Women, Internally Dispalce

Introduction:

acts of terrorism such as kidnapping, armed robbery, as well as insurgency (boko haram) attack in the north east part of the country, maiduguri in particular 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 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 through social interaction.rational emotive behaviour therapy (rebt) is an improvement on rational emotive therapy (ret) of albert ellis. according to ellis (1955), the improvement of name and change of name was done to emphasis that, it has always been cognitive, emotive, and behavioural. rational emotive behaviour therapy aims at helping human beings achieve the basic goals or values. it is a method of solving emotional problems and also a technique were by the clients are helped to maximize their self-actualizing tendencies and encouraging them to assume responsibilities for their own lives to become sensibly self – directing (sharf, 2012). rational emotive behaviour therapy is a truly eclectic approach to therapy that employs a wide variety of cognitive, behavioural and emotive technique.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).internally displaced monitoring centre report (2004) 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.many of the internally displaced women face a range of threats to their physical safety and restrictions on their freedom of movement. many are traumatized by the violence that prompted them to flee and are afraid to return. those whose homes have been damaged by conflict and flooding have nowhere to go back to. most internally displaced families live and share resources with their host communities. most of the idps emerging from captivity are severely traumatized and in need of psychosocial help (human bulletin nigeria, 2015). among them are women and children, who have emerged from confinement imposed by boko haram in gwoza and bama local government areas. many of them are emaciated and weak. the un security council (2000) has expressed "particular concern at the grave problems faced by many displaced women and children, including violence and abuses, sexual and labour exploitation in persons, forceful recruitment and abduction". schultz (2006) focused on refugees' traumatic women experiences and the effects of these experiences on their mental condition as well as on their process of adaptation to their new environments, internally displaced women have received less attention. displaced women and witnessed war-related trauma with significantly higher number of their relatives being killed, family members being forced to displaced and taken as prisoners and killed (global overview, 2014).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). the investigated the comparative effectiveness rational emotive behaviour therapy on traumatized internally displaced women in maiduguri internally displace 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.

research questions

The Following Research Questions Guided The Study:

1. what is the level of trauma experience by the women in the internally displace camp in maiduguri?
2. is there any difference in the reduction of trauma among the internally displaced women who are exposed to rebt and those in the control group?

Objectives Of The Study:

The Following Objectives Are To Find Out:

1. the level of trauma experience by the in internally displaced camp in maiduguri.
2. the effectiveness of rebt on traumatized women in maiduguri internally displaced camp.

Research Hypothesis:

the following hypotheses were formulated and tested at 0.05 level of significance:

1. there is no significance difference in the reduction of trauma among the internally displaced women exposed to rebt and those in the control group.

Conceptual Framework

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. trauma among women in idp camp includes the high level of trauma experience that causes intense physical and psychological stress reaction. because most of the women have experience or witness series of event that is experienced by an individual as physical, or emotionally harmful or threatening and that has lasting adverse effect on individuals functioning and physical, social, emotional, or spiritual wellbeing. according to mckean west and russa (2000), when traumatic stress is perceived negatively or becomes excessive, it can affect individual's health. macgoerge, saniter and gillihan (2008) opined that traumatic stress is associated with a variety of negative outcomes including depression, anxiety, and physical illness.

The Oretical Framework:

this paper anchored on theory of rational emotive behaviour therapy (rebt) is an improvement on rational emotive therapy (ret) of albert ellis. according to ellis (1955), the improvement of name and change of name was done to emphasis that, it has always been cognitive, emotive, and behavioural. rational emotive behaviour therapy aims at helping human beings achieve the basic goals or values. it is a method of solving emotional problems and also a technique were by the clients are helped to maximize their self-actualizing tendencies and encouraging them to assume responsibilities for their own lives to become sensibly self – directing (olusakin, 2000). rational emotive behaviour therapy is a truly eclectic approach to therapy that employs a wide variety of cognitive, behavioural and emotive technique

Methodology:

quasi-experimental design was employed for the study and the study population consisted of 3869 women in bakasi idp camp in maiduguri. the study used 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. the used trauma symptoms checklist (tsc-40) by (briere & runtz, 1989) to determine the number of traumatized women the camp and rebt: treatment package, for trauma reduction. adopted from pur, (2017) was used as treatment package on women with trauma to collect data from the participants. briere and runtz (1989) validated the instrument through a panel of experts. the experts were selected based on their individual expertise in different field of psychiatric, behavioural science and psychology. to obtain a reliability of the instruments, berier and runtz administered a test re-test participants in a several categories. two set of scores were subjected to pearson product moment correlation coefficient (ppmcc) and a reliability index of 0.77 was obtained. rational emotive behaviour therapy rebt previously rational therapy and rational emotive therapy propound by albert ellis (1956). criterion-related validity of the instruments was found by pur (2017). thus, the current researcher adopted the instrument for use and also the instrument was 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. the reliability of rational emotive behaviour therapy (rebt) questionnaire was established using a test-re-test method and a reliability index of 0.72 was obtained through the use of pearson product moment correlation coefficient. the data for this study was statistically analyzed, to determine the effect of the rational emotive behaviour therapy in reducing trauma among women in maiduguri internally displaced people's camps. the data generated was analyzed using t-test was used to test hypothesis.method of administration and scoringthe researcher with the help of two research assistants administered the pre-test and post-test and collect them backhowever, to determine the participant's trauma level, scores below 45 indicates low trauma level while 46-80 indicates high level of trauma. the highest possible score on the instrument is 80 (4x20) while the lowest possible is 20 (1x20). those with scores from 45 and above out 80 constitute the subject from

which the sample was drawn.

Data Analysis And Presentation Of Results:

Descriptive Analysis:

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

table 1: rank order of the level of trauma experience by women in idp camps in maiduguri before and after treatment

s/n	statement of experience	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

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.ndicates significant difference in the reduction of trauma because the *t*-value is less than the .05 level of significance. therefore

Table 2: Level Of Trauma Between Rebt And Control Group

variables	n	x̄	std. deviation	mean difference
rebt	25	15.80	1.722	21.6
control group	25	37.42	.732	

table 2, shows the participants' level of trauma scores were different between rebt and control group. this is evidence by a mean score range 37.42 of control group before the treatment package and a score of 15.80 after exposure to the technique. this suggests that after the treatment the participants in the rebt group's level of trauma were greatly reduced. $h0_1$: there is no significant difference in the reduction of trauma among the internally displaced women exposed to rebt and those in the control group.this hypothesis was subjected to t-test analysis and result was presented in table 3.

Table 3: T-Test Difference Between Women Exposed To Rebt And Those In The Control Group

variables n	x̄	*t*-cal	sd	df	*p*-value	decision
rebt 25	15.80	35.667	1.722	48	.000	h_0 rejected
control group 25	37.42					

from the result of table 3, difference in the reduction of trauma among the internally displaced women exposed to rebt and those in the control group was positively significant, $t(48) = 35.667$, $p = .000$. this, the hypothesis was tested by subjecting the scores of the participants to an f-test analysis and result was presented in table 4.

Table 4: Effectiveness Of Rebt And In Reducing Trauma

variables	sum of squares	df	mean square	f	sig.
between groups	6.600	20	1.412	9.896	.032
within groups	2.800	4	.125		
total	7.100	24			

from the result of table 4, difference in reduction of trauma among internally displaced women exposed to rebt and those in the control group was positive and significant, $f(4, 20) = 9.896$, $p = .032$. this indicates significant effect of using rebt in reducing trauma because the *p*-value is less than the .05 level of significance. therefore, h_{01} which states that there is no significant difference in reduction of trauma among internally displaced women exposed to rebt and those in the control group was rejected. since there is a significant effect of using rebt and in reducing trauma using analysis of variance (anova), duncan multiple range test (dmrt) was used as a post-hoc test to determine the group(s) that was responsible for the significant difference noted in anova result in table 5.

table 5: duncan multiple range test (dmrt) result showing significance difference in reduction of trauma among internally displaced women exposed to rebt and those in the control group.

duncan's groups grouping	mean	n	group
a	49.92	25	1
rebt			
b	15.57	25	3
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.

summary of the major findings

the following are the major findings of the study:

1. there was great reduction of the level of trauma after the treatment of the participants in the rebt group.

2. there is a significant difference in the reduction of trauma among internally displaced women exposed to rebt and those in the control group.

Discussion Of Findings:

in hypothesis, the study revealed that there is a positive significant difference in the reduction of trauma among the internally displaced women exposed to rebt 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 12 sessions 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.duncan's multiple range test (dmrt) table 5, there was a positive significant difference in reduction of trauma among internally displaced women exposed to rebt and those in the control group. this result is also consistent with tulu (2014) 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 30 participants 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.the intervention programme consisted of cognitive, emotive and behavioral techniques of rebt. subjects were thought on the techniques of rebt and how to apply it on their problems. one month later the last intervention programme and the post-test to assess the impact of rebt. the study used descriptive statistics. the experimental groups showed a reduction of 8.61% on conduct disorder. considering the sub-variables on dsm-oriented scale, rebt had the highest effectiveness of reduction in affective problems with 6.57% after the conduct disorder. the third effect was an anxiety problem with 2.92% of reduction. rebt also had a 0.56% of reduction on scores with somatic problem and 0.24% with odd problems. the result shows that between pre-test scores, a significant difference was observed (f = 26.939; p = .000) in conduct disorders where a decrease of 1.12 (pre-10.91, post-9.79) scores was noticed irrespective of the groups. however, when the decrease in conduct disorders were analyzed group wise, (experimental versus control) again a significant f value (f=38.782; p=.000) was obtained. from the mean scores it is evident that experimental group decreased its mean by 2.56 (pre- 10.77 – post-8.21) scores compare to control group, which changed its scores by only 0.32 scores (pre 11.04 – post 11.36)to corroborate the finding in this study also, narges, mohammadreza and mahbobeh (2014) carried out a research on effectiveness of rational-emotive behaviour therapy on the level of depression among female adolescents in iran. the research was aimed at exploring the theory and the techniques of rebt which can be applied to the treatment of depression in the adolescence. the population of the study consists of female students of junior secondary schools of galougah, a total of 320 individuals in the academic year 2012 – 2013. after screening the candidates, a sample of 30 female students who scored 20 or above in the child depression inventory (cdi) questionnaire were randomly selected through a sample random sampling procedure and were placed randomly at two groups of 15 subjects, the experimental and control group. the experimental group members participated, on a weekly basis in 10 sessions of 50 minutes receiving rational-emotive behaviour therapy trainings. the research was experimental in nature and has been done with pre-test/post-test design taking into account a control group.the study revealed that rebt has significantly been effective on reduction of depression in the experimental group as opposed to the control group. depressed individuals due to irrational perceptions of themselves resulting in the feelings of inferiority, irrational inaccessible goals and as a result, they feel insufficient and

inadequate. in rational-emotive treatment method, the existence of both irrational and rational beliefs in the individuals in emphasized and the model abc is under focus. human beings have aims of their own which are either supported or prevented by the events that activate (a); individuals, whether consciously or unconsciously react through their belief system (b). when human beings believe that what they prefer must necessarily happen, an emotive disorder emerges and the emotive consequence (c) appears. rebt attempts to move towards psychological training, focusing on such skills as the identification, criticism and substitution of inefficient beliefs and in so doing, it makes use of cognitive, emotive, mental imaging, behaviour and systemic skills (ellis & dryden, 2007 & thompson & brown, 2007).thus, strategies offered to the clients during treatment sessions may help the traumatized individuals to recognize irrational belief patterns involved in their feelings of inadequacy and replace them with alternative rational and efficient belief patterns.

Conclusion:

conclusion drawn from this study indicated that, trauma of women in idp's camp can be effectively managed by the use of rebt as a treatment package and also is an effective package for managing trauma among women in idp's camp. also, rebt was effective in reducing trauma among internally displaced women. and lastly, the level of trauma among women exposed to rebt reduces than that of those in the control group.

one of the main

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 rolethe 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:

1 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.

2 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.

3 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.

Recommendations:

in view of the above findings, it is recommended that: -

1. social workers should utilize rebt 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.
2. government and non-governmental organizations (ngos) need to collaborate and recruit professional counsellor that could help in using rebt package in managing trauma in the idps camp.

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