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PSYCHOTHERAPY IN AFRICA: EXPERIENCE OF THE GROUP PSYCHO-EDUCATIONAL SUPPORT PROGRAMME AT IBADAN – A PRELIMINARY REPORT

By

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Abstract

A number of African scholars have commented on the limitations of practising formalised psychotherapy as defined by Wolberg (1967) in the African culture, however, Morakinyo (1982) hypothesized that the difficulties encountered in psychotherapy in Africa stem from the lack of an appropriate psychodynamic theory on which to base the technique used.

He suggested and experimented with the use of cosmologies (world view) native to the culture (e.g. – the Yoruba Ayanmo myth) in psychodynamic elaborations in therapy. Ohaeri (1989) believed that work along the lines suggested by Morakinyo (1982) be encouraged, but opined that the current socio-economic and cultural changes in Nigeria make it imperative to examine the need for formalized psychotherapy in the contemporary Nigeria.

In view of the above coupled with the felt needs of the teaming number of oncology patients at the Cancer Registry of the University College Hospital (U.C.H.), Ibadan, the Lola Marinho Psycho-oncology Counselling Clinic (LMPOC2) was established in July 1992. The clinic now runs a formal psychotherapy programme.

With the increased availability of modern methods for diagnosis and the treatment of cancer, our experience has shown that many more cases of cancer now report in hospitals in Nigeria, in particular, at the Radio-therapy Centre of the University College Hospital (U.C.H.), Ibadan, which is the only functioning radio-therapy centre in West Africa sub-region for now. This has offered us the opportunity to enquire into aspects of psycho-oncology. Our goals in this clinic are:

1. to assist the patients and their family members in becoming more knowledgeable about the disease by providing them with all necessary information.
2. to give support by providing continuity of care.
3. to teach the patients and their family members the necessary skills to cope with the stress of living with cancer.

It is an eight session progressive course, which we have developed and used for hundreds of patients at the Lola Marinho Psycho-oncology Counselling Clinic (LMPOC2).

The programme is intended for people living with cancer who want to help themselves cope with and combat their disease. It is also meant for those who wish to conduct group teaching skills for people living with cancer and their family members.

The paper deals with the efficacy of psychotherapy in improving the quality of life of oncology patients in Nigeria, judging from our experience with our clients at the Lola Marinho Psycho-oncology Counselling Clinic (LMPOC2) of the University College Hospital, Ibadan, Nigeria.

The findings pose great challenges to all categories of health care providers, especially Nigerian psychologists.

Introduction

Psycho-oncology is concerned with the psychological, social, behavioural and ethical aspects of cancer. This sub-speciality addresses the two major psychological dimensions of cancer: the psychological responses of patients to cancer and its treatment at all stages of the disease, and that of their family members and caretakers, and the psychological, behavioural and social factors that may influence the disease process. Psycho-oncology is an area of multi-disciplinary interest, and has boundaries and interfaces with the specialities in oncology: the clinical disciplines (surgery, radio-therapy, paediatrics), epidemiology, immunology, endocrinology, biology, pathology, bio-ethics, palliative care, rehabilitation medicine, clinical trials research and decision making, social work, public health education, as well as psychiatry and psychology.

A number of African scholars have commented on the limitations of practising formalised psychotherapy as defined by Wolberg (1967) in the African culture. However, Morakinyo (1982) hypothesized that the difficulties encountered in psychotherapy in Africa stem from the lack of an appropriate psycho-dynamic theory on which to base the technique used. He suggested and experimented with the use of cosmologies (world views) native to the culture (e.g the Yoruba Ayanmo myth) in psycho-dynamic elaborations in therapy. Ohaeri (1989) believed that work along the lines suggested by Morakinyo (1982) be encouraged, but opined that the current socio-economic and cultural changes in Nigeria, especially the effects of western education and urbanization, make it imperative to examine the need for formalized psychotherapy in contemporary Nigeria.

Ohaeri (1989) then carried out a pilot study on the applicability of group psychotherapy in Nigeria setting with a few elite Nigerian women and found that there was a reduction of psychic distress, and better adjustment to social circumstances. The results from this modest work, coupled with the felt needs of the teaming number of oncology patients at the Cancer Registry of the University College Hospital, Ibadan (UCH), the Lola Marinho Psycho-oncology Counselling Clinic (LMCC) was established in July, 1992.

With the increased availability of modern methods for diagnosis and the treatment of cancer, our experience has shown that many more cases of cancer now report in hospitals in Nigeria, in particular, at the radio-therapy centre of the University College Hospital, Ibadan (UCH), which is at present, the only functioning radio-therapy centre in West Africa sub-region. This has offered us the opportunity to enquire into aspects of psycho-oncology, and our goals in this clinic are:

1. to assist patients and their family members in becoming more knowledgeable about the disease by providing them with all necessary information.
2. to give support by providing continuity of care.
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The programme is intended for people living with cancer who want to help themselves cope with and combat their disease. It is also meant for those who wish to conduct group teaching skills for people living with cancer and their family members.

This paper describes the psycho-educational support programme currently run weekly (every Tuesday, between 2.00pm and 3.00 pm) by a multi-disciplinary team of experts (radiotherapists, psychiatrists, psychologists, nurses and medical social workers) at the Lola Marinho Psycho-oncology Counselling Clinic (LMCC) on an out-patient basis.

The paper will highlight the adaptations that were made to the Canadian programme, to suit the Nigerian context in using behavioural and cognitive methods.

This psycho-educational support programme is a seven-session progressive course which we have developed and used for many patients receiving radio-therapy treatments on an out-patient basis.

Some of our specific objectives are:

1. To create a forum, consisting of people living with cancer and their care givers where:
   (a) individuals will receive specific information that will help to dispel the psychological distress that surrounds the enigma of cancer.
   (b) individuals will learn from the experience of others on how to positively face the changes in social life consequent on having cancer.
   (c) individuals will learn to develop a network of supportive social relationships that will help to boost morale and improve emotional well-being.
   (d) the group will receive training on how to cope with their psycho-social distress, adapt to their changed circumstances and improve the quality of life.

We hope that graduands from this programme will in future form the nucleus of a community network of resource persons, by performing the role of peer-educators, who will establish similar groups in their various localities and thereby help to disseminate the ideals of the programme in the general population.

Method: Group Formation and Operation

A small group of 8-12 persons is constituted at the start of each session or round. The team meets with the patients every Tuesday afternoon. The duration of each meeting is about 60 minutes. The mode of discussion is in English and Yoruba languages. The group, as much as possible operates an open system.

Members are told the need for punctuality, regularity of attendance, openness with regard to their personal problems and the need to continue the practice of whatever skills they are taught in the clinic at home, if they hope to derive any meaningful benefits from the programme.

Also before the commencement of the programme, patients are reminded the importance of having absolute trust in God and faith in whatever skills they are taught because it is only when you believe that something can work for you, that that thing will work. The need to think positively is also reinforced. Only patients that volunteer to participate are included. Team members and patients always have a get-together with mild refreshment at the end of each session.

Sessions

1. The first week is the orientation day. A pre-test is usually conducted with the aid of questionnaires after the introduction of group members and the aims of the programme have been fully explained to the patients. After this is the question and answer time, when all patients in the group will have the opportunity to ask any question as regards the cause and course of their ailment. These questions are answered by members of the team as honestly as possible.
2. During the second week, there is further enumeration of patients' physical, psychological and social problems; after which the radiotherapist (oncologist) will give the patients all the necessary information they need on the nature of cancer, and the expected side effects of physical methods of treatment.

Before the end of this session, patients are taught relaxation exercises starting with the breathing exercise and if possible, progressive muscle relaxation is also taught. This usually will be preceded with the teachings of the aims and advantages of relaxation. They are encouraged to carry on with the exercise when experiencing a distressing situation, and as many times as possible. These exercises are usually led by a facilitator.

3. Week three opens with the review of session two, and practice of relaxation exercise by the group with soft music in the background.

   After this, the use of mental imagery is introduced. Here we allow our clients to form their own imageries, by thinking of any scene that is pleasant to them – they think of "something nice" acceptable to them and which they can relate with. Members are encouraged to practice these exercises at home.

4. In week 4, relaxation and mental imagery exercises are revised. Members are encouraged to share coping skills, and finally discussion on death and dying is initiated when patients are asked how frequently the thought of death comes to them and how they have been coping with such thoughts.

5. 5th week opens with relaxation and mental imagery exercises. Further coping skills such as detachment, unconditional love and forgiveness, the determination to face life with cheer and courage are also taught.

   They are encouraged to carry out their activities of daily living (ADL) as much as their body system can tolerate or allow them. The need to understand how the individual body works is emphasized, so that the activities are tailored to the individual needs. The determination to find a positive meaning in life for the suffering the individual is undergoing is stressed.

6. During the sixth week, the session normally starts as usual, with relaxation exercise and mental imagery. Our adapted advanced mental imagery is also introduced. The session is continued by encouraging the patients to define their goals in life – what they would love to accomplish in life; what they see as the positive aspects of the disease, how they hope to surmount the impediments on their way in order to achieve their goals.

   They are finally asked if they would like to act as resource persons in their local communities for operating this kind of group work.

7. We start the session with the relaxation and mental imageries exercises. Group members are asked to share their experiences and views about the programme. They are asked to suggest ways of improving the programme. Using the same pre-test tools, post-test questionnaires are distributed to patients to complete. Then follows the end-of-session party.

Follow-Up

Ideally, a post assessment test should be carried out 4 weeks after the completion of each programme and another one at 12 weeks; but in practice, this has not been feasible with us because of the political and socio-economic problems in the country. It has been pretty difficult following up our patients. This is a major limitation.

Summary of Findings

We cannot give objective information on results for now because we have not analyzed our data, but feed-back received from patients who have participated in this programme have shown that they are able to cope better with their condition. Since they are better equipped with the different skills taught, their quality of life is invariably enhanced. At each meeting, there was free communication and group cohesiveness.

In practice we have discovered that non-pain imagery – sometimes called guided mental imagery, is most effective when the specific image is obtained from the patient.

Our patients have suggested and used some imageries like "radiant light from above penetrating the body through the head and driving out or cleansing all the cancerous cells in the affected

parts" or "the blood of Jesus pouring in and washing away all the disease process" or "a bottle of holy oil poured on the head, penetrating all the body parts and cleansing all the canker worms of cancer.

The interesting feature of this programme is that everybody is always being carried along during any discussion because we have competent interpreters of the three predominant Nigerian languages as well as effective communicators among the team of experts. As a result we have shown that it is possible to conduct group psychotherapy in a formal setting, among illiterate Yoruba, Hausa and Ibo patients.

Also there is significant improvement in relaxation, increased assertiveness, interpersonal relationships, increased sense of self-control and enhanced psychological coping skills as reported by a majority of our patients.

Discussion and Conclusion

The methods described in this paper are all mental techniques which are ways by which an individual can use his or her own mind, to relax, form positive images, set goals and improve his or her life style, in order to cope better with the stresses cancer brings and to create in the individual's body, the conditions most favourable for healing. They have been found to be efficacious at the Lola Marinho Psycho-oncology Counselling Clinic (LMCC) because they have assisted our patients to control their anxiety and depression, to cope better with treatment side effects like nausea and fatigue, and to regain some of the sense of control in their life that having cancer seems to erode. They do not replace medical treatment but supplement it, adding another dimension to the efforts their bodies and minds are making to heal themselves, and as we say in Lola Marinho Psycho-oncology Counselling Clinic "waking up the doctor in you". This will go a long way in decreasing the incidence of suicidal ideation among oncology patients and other complications of having to live with chronic illness. The lack of side effects of these techniques make them attractive in the palliative care setting as a supplement to already complicated medication regimens.

In conclusion, the results of our work at Ibadan clearly show that patients who suffer from cancer need sustained psycho-social support focusing on inter-personal skills, expression of feelings in order to raise their bio-psycho-social level of functioning and in turn to facilitate their cooperation with, and belief in the positive outcome of their medical treatment.

As more and more people are being faced with cancer or other serious chronic illnesses in our society, especially in Nigeria where the economic crunch is biting harder on everyone, coupled with the poor state of our health care facilities, high cost of treatment, those of us in the helping profession can ameliorate the quality of life of these less fortunate individuals by assisting them answer the question they often asked "what can I do to help myself cope better and to fight my disease"?.

Traditionally, western medicine has viewed the patient as a passive recipient of surgery, radiation, chemo-therapy, or other means of treatment. This often creates in people a feeling of helplessness, of being out of control. Yet it has always been obvious to physicians that a patient's mental attitude and will to live is a vital factor in recovery and since behavioural and cognitive methods have been found to be helpful in relieving physical symptoms like pain, nausea, sleeplessness and fatigue, health psychologists should therefore be more interested in utilizing these methods in patient's care. This is no small thing, when we stop to think about it, it's the quality of our life, more than its length, that really matters.

Lastly, ladies and gentlemen, with all modesty, we hope that this initial work going on in the psycho-oncology counselling clinic at the U.C.H, Ibadan – "the centre of excellence", will probably serve as the launching pad for the formation of the Nigerian Psycho-oncology Society in the nearest future.

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