

IMPACT OF BEREAVEMENT-ORIENTED GROUP PSYCHOTHERAPY FOR SCHOOL MATES OF AIR CRASH VICTIMS

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Abstract

Psychological debriefing is widely applied for victims who encounter overwhelming trauma. This study aimed at assessing the anxiety levels and psychiatric morbidity of class mates of the victims of a plane crash and also to carry out bereavement-oriented group psychotherapy to alleviate observed psychopathology in the study group.

Participants were assessed with Hamilton anxiety rating scale and the 12th version of the general health questionnaire before and after the application of one single bereavement-oriented group psychotherapy.

The pre-application of the Hamilton anxiety rating scale and general health questionnaire had significantly elevated scores as compared to the post psychotherapy scores.

Bereavement-oriented group psychotherapy was found to be effective in lowering psychopathology associated with bereavement and may further prevent post traumatic stress disorder.

Key words: Anxiety, bereavement-oriented, group therapy, air crash victims, Nigeria

Introduction

On December 11th 2005, a commercial plane that was carrying 150 passengers from Abuja to Port Harcourt burst into flames on landing

3

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at the Port Harcourt airport; most of almost all the passengers died apart from two people. Among the victims were 52 students from a secondary school in Abuja who were on vacation for the Christmas holiday. The incident was quite traumatic for the whole nation in particular, the school mates of the victims who were with them together at the airport one hour just before the accident. As part of the concern for the emotional well-being of the families and classmates of the victims, various governmental and non-governmental bereavement counseling, debriefing and trauma management programmes took place in both Lagos and Port Harcourt where most of the families and friends of the victims reside. This study aimed at carrying out debriefing for the class mates of the victims. Debriefing however has been documented in the literature as a means of helping with initial distress and also for preventing post traumatic stress disorders in those who suffered from overwhelming trauma (Jenkins et al, 1997). For those who encounter overwhelming psychological trauma such as road traffic accidents, rape or plane crash, they were observed to also suffer from mild to moderate psychiatric morbidity (Hobbs et al, 1996; Bisson et al, 1994)). Post traumatic stress disorder was observed in individuals who encounter serious psychological trauma (Mayou et al, 2000). The scope of the plane crash tragedy was of such immense proportions that most parents of the class mates of the victims did not know how it might affect their children both on short and long term in terms of the development of psychopathology particularly as it affected a large number of students of impressionable ages. However, the concerned parents through the parent and teachers association (PTA) of the secondary school organized a psychotherapy session for the colleagues of the victims died in the crash before the resumption of academic school. This is a report of one of such psychotherapy programmes directed at the school mates of the victims who reside in Lagos. The therapy explores various aspects of the impact the trauma. It also attempted a descriptive and quantitative explanation of the impact and the psychopathological reactions of the participants of the group therapy. This short report therefore aimed at describing the outcome of the bereavement-oriented psychotherapy sessions carried out for class mates of victims of the ill-fated plane crash.

Method

Participants' profile

Ninety participants who were secondary school students from a secondary school in Abuja, Nigeria took part in the study. Attendance at the group therapy ranged from junior secondary school one to senior secondary school three; thus all the six grades were represented in the group. They were classmates of victims of a plane crash.

Ethical Issues

Parents of all the participants that took part gave written consent for the study. Informed consent was also taken from every participant who took part in the study.

Instruments

Two psychometric instruments were administered on the participants before and after the psychotherapy sessions. The Hamilton anxiety rating scale (Hamilton, 1959) and twelfth version of the general health questionnaire (Goldberg, 1972) were used to measure the levels of anxiety and of the participants. The Hamilton anxiety rating scale is a 14-item inventory designed to measure anxiety in community and clinical settings. It is filled by the interviewer. The cutoff mark; 0-5, no anxiety; 6-14, mild anxiety and scores above 15 indicates severe anxiety. The GHQ-12 is a short version of the General Health Questionnaire which was designed as a self-administered screening instrument aimed at distinguishing between psychological ill-health and well-being. The instrument assesses the symptoms of anxiety, depression and social dysfunction. It has been validated and used extensively in Nigeria in both academic and field studies⁷. The cut off mark is 2; thus, scores above 2 forms a case and can therefore be regarded as a probable case of psychopathology. Both instruments had been used extensively in hospital and community-based studies in Nigeria (Gureje, 1990)

Intervention

A two-day bereavement-oriented psychotherapy session was carried out for the participants. The students were divided in 3 groups of thirty each. Each group had two facilitators, one clinical psychologist one consultant psychiatrist. A format of for the psychotherapy was designed by an experienced clinical psychologist who was also one of the facilitations (JFA) and a pilot session was carried out one-day

before the actual intervention day to train the facilitators on how to carry out the psychotherapy session.

The aim of this intervention was to promote catharsis to assist to facilitate quick resolution of the emotional trauma experienced because of the plane crash. The group bereavement psychotherapy commenced with the detailed review of the activities of the day immediately they left the school and left for the airport; and how some of their class mates boarded the ill-fated flight from Abuja to port Harcourt and how the tragic news was broken to them one hour later. They were encouraged to display appropriate emotional expression, give cognitive appraisal of event and also explain their personal views, appraisal and perceptions of the trauma. The therapy ended with the facilitators explaining to the subjects the common and frequent emotional reactions that are associated with traumatic experience and the need to ventilate emotionally rather than denying or suppressing the traumatic through and feelings. The importance of early return to school, normal life and travel by air were also emphasized. They were advised to talk to their family physicians if they experience symptoms that persist especially after the bereavement-oriented therapy.

Results

Ninety participants took part in the psychotherapy sessions. Their age ranged from 10 to 17 years and there were 53 females and 47 males. Table I show the pre-psychotherapy scores of the HARS and GHQ-12. The baseline results for both general health questionnaire (GHQ) and Hamilton anxiety rating scale (HARS) were considerably high. However, difference in frequencies between pathological and non pathological groups for both GHQ and HARS did not reach statistical levels of significance. Table II shows the post-psychotherapy scores of both instruments. There was no significant reduction in health status after debriefing. However, there was a significant reduction in number of participants identified as having anxiety following debriefing session.

Table 1

Pre-psychotherapy scores

<u>Category</u>	<u>Cases observed</u>	<u>Expected</u>	<u>Residual</u>	<u>Chi Square</u>	<u>Df</u>	<u>Sig</u>
<u>General Health Questionnaire (GHQ)</u>						
GHQ Scores above 2	43	43	0	.000	1	1.00 (ns)
GHQ Scores below 2	43	43	0			
<u>Total</u>	<u>86</u>	<u>86</u>				
<u>Hamilton Anxiety Rating Scale (HARS)</u>						
<u>Anxious</u>	<u>35</u>	43	-8	2.09767	1	.0845 (ns)
<u>Not Anxious</u>	<u>51</u>	43	8			
<u>Total</u>	<u>86</u>					

Table 2

Post-psychotherapy scores

<u>Catgory</u>	<u>Cases observed</u>	<u>Expected</u>	<u>Residual</u>	<u>Chi Square</u>	<u>Df</u>	<u>Sig</u>
<u>General Health Questionnaire (GHQ)</u>						
GHQ Scores above 2	46	45	1	.0444	1	.8330 (ns)
GHQ Scores below 2	44	45	-1			
<u>Total</u>	<u>90</u>	<u>90</u>				
<u>Hamilton Anxiety Rating Scale (HARS)</u>						
<u>Anxious</u>	<u>26</u>	45	-19	16.044	1	.0001 (sig)
<u>Not Anxious</u>	<u>64</u>	45	19			
<u>Total</u>	<u>90</u>					

Discussion

This study aimed at assessing the anxiety and psychological morbidity of class mates of victims of a plane crash and also to carry out bereavement-oriented psychotherapy to alleviate any observed symptoms of psychopathology. Of the total respondents 50% and 42% were high scorers pre-psychotherapeutic intervention scores regarding the HARS and GHQ-12; while 40% and 20 % were the post psychotherapy scores respectively also as regards the HARS and GHQ-12. We can conveniently deduct that there were significant changes between the pre and post psychotherapy interventions. However, for most participants, it was their first opportunity to examine their thoughts and feelings of grief relating to the tragedy, in particular for those who lost very close classmates and friends. A range of emotions were expressed which included anger, sadness, disappointments, confusion, frustration, feelings of unfairness and insecurity. The therapeutic intervention probably brought about the much needed catharsis. The ability to bring about catharsis after an overwhelming trauma had been observed to also alleviate symptoms of psychopathology (Raphael et al, 1995). The difference between the pre-debriefing and post-debriefing was significant when results were compared. The session was carried out for students who were unprepared for stressful experiences of this nature. However, they were glad that mental health professionals came to talk to them about their emotions, feelings. This may also explain the reason why there were significant differences in the pre-and post-debriefing. The participants were able to come to terms with the trauma and also begin to reconcile with the tragedy which may also serve as the beginning of the healing process required for life to go on while at the same time honouring their colleagues who lost their lives. The scientific basis or the clinical evidence of the cathartic process was apparent from the appreciable drop in the psychological morbidity of the participants after the therapy sessions as measured by the psychometric instruments. Thus, the efficacy of the applied bereavement-oriented psychotherapy tends to support the reported efficacy of group therapy in debriefing processes (Mitchell, 1983; Bisson and Deahl, 1994; Mayou et al, 2000).

Conclusion

The group bereavement-oriented psychotherapy that was applied to class mates of victims of the plane crash was effective in alleviating psychological symptoms among the study group. This sort of intervention may also prevent post traumatic stress disorders and

other bereavement-related psychological disorders. Therapies such as these may be useful in assisting traumatised individuals to come to reality about the loss of their loved ones and may also initiate the process of healing required to cope with life after an overwhelming trauma. The findings of this study therefore suggest early psychotherapy for the reduction expected psychopathological manifestations in trauma victims.

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