

Counselling the Traumatized and Depressed. A Catholicon for Marital Instability: Implications for Counselling

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Abstract: - Counselling the Traumatized and Depressed: A Catholicon for Marital Instability: Implications for Counselling.

The researcher, a scholar of family life, in quest to battle with societal menace called marital instability decides to investigate whether counselling the traumatized and the depressed can go a long way to inhibit marital instability, thereby promote marital stability. In determining these, the researcher decides to use sub-variables like marital communication mood and marital sex, then through purposive sampling techniques obtained with the aid of Planning, Research and Statistics (P.R.S) Directorate, 1500 married civil servants which is 25% of six thousand and ten (6010) population married civil servants from 20 parent ministries in Akwa Ibom state of Nigeria. The researcher during the course of the research formulated and tested 2 research questions which are: How does communication mood of traumatized and depressed couples influence their marital stability? And how does marital sex of traumatized and depressed couples influence their marital stability. In like manner, 2 null hypotheses which are: The communication mood and marital sex does significantly influence the marital stability of the traumatized and the depressed couples. The researcher used Ex-post facto research design then marital communication and Rational Emotive Behavioral Therapy theories by Bateson and Albert Ellis served as the theoretical basis. The researcher developed instrument titled, Communication Moods and Marital Sex of Traumatized and Depressed Couple Questionnaire (CMSTDCQ) of 20 items was utilized to generate data. Two experts comprising of one subject specialist and a lecturer from test and measurement unit, were used face validation of this instrument. The instrument underwent reliability test using Alpha Cronbach. The two null hypotheses for the study were tested at 0.05 alpha level of significance using independent test after organizing and analyzing the data collected for the study. The result showed that all the null hypotheses were rejected meaning that, communication mood and marital sex of the traumatized and depressed significantly influence their marital stability. From the finding, it was established that better communication mood and marital sex life is key for marital stability and as such, the researcher recommended amongst others that; for effective output from civil servants, government should periodically organize and sponsor workshop, seminar for civil servants in Nigeria on importance and effectiveness of communication and marital sex to marital stability. Then added that, this workshop/seminar should be carried out by a seasoned professional family counsellor.

Keywords: Traumatized, Depressed and Marital Instability.

I. INTRODUCTION

Life is stressful and difficult but with awareness through counselling, it becomes bearable. This is to say that, (one of the most reliable and consistent ways to get help in navigating some of life's challenges is by seeking counselling. Little wonder, Dowindle, (2018) postulated that, counselling is an excellent way to treat chronic mental illness that could have been caused by trauma/depression. The contemporary world of this era is noted for different types of societal, man-made and natural menaces ranging from frictions, conflict, insurgency, bandits, militancy, Boko Haram, suicide bombing, kidnapping, earthquakes, incurable sicknesses, un-diagnosable sicknesses, terminal sicknesses and of course untimely and painful exit in form of death. These menaces have not only affected and infected the spiritual, economical, sociological, psychological, political and even physiological aspects of human beings but have also tampered with the engine room of the world- the family, thereby promoting in entirety marital instability which is a cankerworm to all forms and manners of development as mankind is traumatized and depressed.

This is so as a traumatized is always depressed caused by perhaps illogical thinking that may promote unhappiness, degeneration in ratiocination hence marital instability. These illogical thinking otherwise known as wrong thinking can lead to tension which can cause nervous breakdown, anxiety as well as worry which is a traitor and an assurance in disaster. These conditions steals one's opportunities, energies, peace and joy and enriched one with a sense of hopelessness. Little wonder Kofi (2018) asserted that, worry is rust upon the blade. He went further to expatiate that, it is not work that kills man; it is worry. A traumatized could be a person(s) that have passed through or experienced distressing events. This distressing events could be in form of trauma. There is also a distinction between trauma induced by recent situations and long-term trauma which may have been buried in the subconscious from past situations such as childhood abuse. Trauma is sometimes overcome through healing. But in some cases, this can be achieved by recreating or revisiting the origin of the trauma under more psychologically safe

circumstances, such as with a therapist like a counsellor. French neurologist Jean-Martin Charcot argued in the 1890s that psychological trauma was the origin of all instances of the mental illness known as hysteria. Charcot's traumatic hysteria often manifested as a paralysis that followed a physical trauma.

All psychological trauma originate from stress, a psychological response to an unpleasant stimulus. And long term stress increases the risk of poor mental health and mental disorders which can attribute to secretion of glucocorticoids for a long period of time thereby causing many psychological dysfunctions such as the suppression of the immune system and in the same vein increase blood pressure. The word trauma is defined by Diagnostic and Statistical Manual of Mental Disorder (DSM-IV-TR) as direct personal experience of event that involves actual or threatened death or serious injury, threat to one's physical integrity, witnessing an event that involves the above experience, learning about unexpected or violent death, serious harm, or threat of death, or injury experienced by a family member or close associate. Aside from Post-Traumatic Stress Disorder (PTSD), Gill Straker, (1987) introduced into trauma literature what he termed Continuous Post Traumatic Stress Disorder (C.P.T.S.D). This term according to him was originally used by South African clinicians to describe the effect of exposure to frequent, high levels of violence usually associated with civil conflict and political repression.

As trauma adopted a more widely defined scope, traumatology as a field developed a more interdisciplinary approach. This is in part due to the field's diverse professional representation including psychologist, psychiatrist, medical professionals and lawyers. Trauma are of types like psychological trauma; that has to do with the way and manner one looks, thinks, regards and grades his/herself, sociological trauma; relates to the way people regard and grade you, economical trauma; has to do with the extent one places finances to his/her life, environmental trauma; has to do with natural disaster like earthquake, flood, fire outbreak as well as plane crash, vital accidents then emotional trauma; which happens to be by my opinion, the most serious type of trauma because aside from recording or registering a chain negative effect on the country and by extension the world as it is directly and wholly connected with human beings procreationally, it tampers with the Gross Domestic Product (G.D.P) of the globe. Emotional trauma encompasses almost all other trauma. The affections of emotional trauma are widespread and its wounds can be deadly deep because its negative effects could be generational. The causer of emotional trauma could be loneliness which may be lack of companion resulting from single parent family system due to death of a spouse, grass widow or widower, decree-nissi, separation, divorce of couples, single mothers by choice, bareness, infertility, long for a particular sex of a child, birth of special child/children into the family, retirement of a spouse, forceful retirement of spouse, ill-health condition of a

family member and of course, severe family finance constraint.

Whereas vicarious trauma affects workers who witness their clients' trauma. It is more likely to occur in situations where trauma related work is the norm rather than the exception. Listening with empathy to clients can generate feelings of trauma just like seeing oneself in client's trauma may compound the risk of developing trauma symptoms. Trauma may also result if workers witness situations that happen in the course of their work e.g. violence in the work place and /or reviewing violent video tapes. Even though trauma can be caused by a wide variety of events yet there are a few common aspects like: frequent violation of the person's core assumption about the world and their human rights thereby putting the person in a state of extreme confusion and insecurity. These incidents could be instigated when institutions depended upon for survival violate, humiliate, betray, or cause major losses or separations instead of evoking attitudes like positive self-worth, safe boundaries and personal freedom.

John, (2018) expanded psychological trauma when he opined that, typical causes and dangers of psychological trauma include harassment, embarrassment, abandonment, abusive relationship, rejections, co-dependence, physical assault, sexual abuse, spouse battery, employment discrimination, police brutality, judicial corruption and misconduct, bullying, absence of paternalism, domestic violence, indoctrination, being the victim of an alcoholic parents, the threat or the witnessing of violence especially in childhood. As a result, findings in these fields are adapted for various applications, from individual psychiatric treatments to sociological management. In support to John's postulation, Peters (2019) asserted that, catastrophic natural disasters such as earthquakes and volcanic eruptions, large scale transportation accidents, house or domestic fire, motor vehicle accident, mass inter personal violence like war, terrorist attacks or other mass victimization like sex-trafficking, being taken as a hostage or being kidnapped, long-term exposure to extreme poverty and even verbal abuse can invoke traumatization and depression.

Despite the fact that trauma are of kinds and types, memories associated with trauma are typically explicit, coherent and difficult to forget as the scenario as far as a person's response to its aversive details of traumatic events involve intense fear, helplessness or horror. Nevertheless, not all who experience traumatic/depressive events or occurrences are traumatized and depressed equally. Nwakwo, (2017) opined that, trauma differs between individuals according to their subjective experiences and these in no small measure causes people to react to similar traumatic and depressive events but differently. Bless, (2018) in his research corroborated the findings of Nwakwos (2017) when he asserted that, factors like environmental and temperamental factors to mention but few assist a person in coping with trauma. For him, these factors he called protective factors are responsible for the

discrepancy in risk rating. According to him resilience characteristics are some of the examples. Irrespective of the fact that some theories suggest that trauma especially childhood trauma can increase one's risk for mental disorders including post-traumatic stress disorder (PTSD), depression and substance abuse, going by the findings of Bless, (2018) this may not apply equally to all traumatic persons.

As a way of expediting actions against marital instability and spurring marital stability for generational peace, development and progress, a traumatized and depressed being deserves positive outmost and precautionary attention as these ailments called trauma and depression though seen deceitful in manner and appearance is yet very cankerous to human health due to their corrosive nature hence this research study.

Counseling a traumatized person should be a must concern to all, especially family counsellors, because the negative effect of trauma could be transferable. Going by some theories that suggest that, childhood trauma can increase one's risk for mental disorders including Post-Traumatic Stress Disorder (PTSD), it therefore means that couples (especially wives of child rearing age) who are traumatized may lose focus on how to rear their children and by extension infect their children with the traumatic influence, hence, promote and increase mental disorder.

As a matter of fact, traumatization becomes more serious when a married individual is being traumatized. This is so because its negative effects are spherical as it could affect the traumatized, marital union, offspring from such family, economy of the state, country and by extension the globe through the Gross Domestic Product (GDP) based on the person's holistic inter and intra relationship. Uwe (2017), analyzed Intra-personal Issues to include: Biological or hereditary factors, learning and developmental experiences, perceptions, attitudes, motivation and beliefs. While Inter-personal factors include: Role conflict, language and communication, sexual relationship between husband and wife, childlessness, single sex children, even midlife crisis including; sexual desire disorders such as hyperactive sexual desire, sexual aversion, sexual arousal disorder, female difficulty in achieving vaginal lubrication.

Therefore, a traumatized deserves a serious attention as trauma does not only affect human beings physiological aspect since the morphological aspect can also be hindered. According to Luis (2019), extreme stress in early life can disrupt normal development of hippocampus and impact its functions negatively in adulthood. Luis's studies showed a correlation between the size of hippocampus and one's susceptibility to stress disorder. It is worthy of note that a traumatized is in a serious tremendous condition because psychological trauma may cause an acute stress reaction which may lead to Post Traumatic Stress Disorder (PTSD) with many symptoms that can be categorized into four main groupings namely: trauma (i.e. Intense fear), relieving (i.e. Flashback), avoidance behavior (i.e. Emotional numbing) and

hyper vigilance (i.e. Continuous scanning of the environment for danger).

On the other hand, depression which can also be known or referred to as, major depressive disorder or clinical depression is a mood disorder that can aggravate a persistent feeling of forlornness and loss of interest. This state or period of depressed lifespan which is normally characterized by feelings such as life not worth living do reflect in their day-to-day activities including behaviors, acts, thoughts and even feelings thereby causing or promoting social, psychological, emotional and domestic misfortune. These characterized way of life can lead to man-slaughter or even murder as what occurred at Harvard University in 1995 murder incident in which a depressed student killed a classmate (anonymous). Depression being a major disorder that can take a terrible toll on oneself as well as family can become worse by resulting in health, emotional and behavioral problems that can hinder many if not all other development in one's life if it is not treated well. This product of phobia called depression can happen at any age but most often than not, it can begin at ones teens like 20s or 30s. Though it may be due to the fact that women are more medically conscious than men, it is worthy to mention that more women than men are diagnosed with depression (Clark, 2018).

According to social scientists, most people can feel better with medication and or psycho-therapy. Nevertheless, one cannot simply snap out of it as it is more than just a bout of the blues hence requiring long term treatment as depression is not a mere weakness. Although depression often goes untreated and undiagnosed in older adults, it should never be taken lightly for it is never a normal part of growing older. Like any other sicknesses or diseases with many causer, depression as with mental disorders, may involve variety of factors such as biological differences, brain chemistry, hormones as well as inherited traits. To say in a jiffy, aside from the aforementioned factors that could cause depression, there are other factors that seem to increase the risk of triggering or developing depression. According to Bassey(2019), depression emanates from situations like:

- A. Traumatic or stressful events such as physical or sexual abuse, the death or loss of loved one, a difficult relationship or financial problem.
- B. Serious or chronic illness, including cancer, stroke, chronic pain or heart disease.
- C. Certain personality traits, such as low self-esteem, self-critical or pessimistic and being too dependent.
- D. Self-medication like taking of high blood pressure drugs or sleeping pills without consulting a medical doctor.

This phenomenon called depression has differences in symptoms depending on the age of the depressed being. While symptoms like slowed thinking, speaking or body movements, loss of interest or pleasure in most or all normal activities like sex, sports, or hobbies, tiredness and lack of the energy to the

extent that even small tasks take extra efforts, trouble in thinking, making decisions, concentrating and remembering things. Then unexplained physical problems such as back pains or headaches. Whereas conditions like, physical aches or pain as well as fatigue, loss of appetite, sleep problems or loss of interest in sex but not due to medical medication or conditions are less obvious in older depressed adults. In summary, a depressed being suffers some form of depression like: family conflicts, school or work problems in addition to relationship difficulties, anxiety, panic disorder or social phobia, excess weight or obesity, which may lead to diabetes and heart diseases even pain or physical illness then finally premature death from medical conditions to list but a few.

As one of the major ways of saving the world from this pandemic menace called marital instability which has not only destroyed our natural resources but the human, artificial and financial ones as well, marital stability must not only be promoted but must be guarded jealously in earnest. This could come to be through combating gist like untouchable elements due to their inflexibility nature called trauma and depression caused by excessive worry (Sirach.30:21-24).

Egnew (2005) highlights how to understand and heal personal pain which is the ultimate expression of self-love that can help traumatized and depressed beings. For Egnew (2005), these include; praising of one's self and avoiding negative self-talk, focusing on gratitude but aim for optimism, allowing forgiveness but practice acceptance of partners and of course making sleep and self-care a priority. According to Jayakody, Rukmalie, Stauffer and Dawn (2014), traumatized beings who are not economically fixed do appearance sky-rocket levels of frustration hence depression. This could be one of the grounds to ginger marital instability. Again though there may be many psychological variables as far as traumatization and depression are concern, but the ones in this scrutiny are communication mood and marital sex.

Communication involves much more than talking. This is supported by the findings of Okoye (2001) that noted that, communication takes a significant amount of time. He buttressed the findings by adding that good communication also requires an active effort by advising the couples to focus on communication as only through good, true communication can love be made better, possible, ultimately then the joy of love realized. Communication in marriage which involves verbal and non-verbal processes is like a life-giving river. Hence when husband and wife can no longer communicate, a huge dam that can stop the flow of water will spring up, by implication, both spouses develop a strong inward thirst for their unmet needs and this sudden occurrence introduces multiple cracks throughout the relationship. For Anyamone, (2012) communication is the glue that cements a relationship together. No wonder relationship (marital stability inclusive) crumbles when communication breaks down. In the view of Ochoemalam, Chima, Justin, Ikpeazu and Iboanus et al (2003), one of the most common causes of marital instability is poor communication because communication is the process

of passing information from one source to another. In fact, even lack of eye contact, negative facial gestures or disengaged body language can also stymie good marital communication then hinder marital stability.

Positive all-round communication skills are important for achieving satisfaction in marriage then promote marital stability. Effiong & Denga (2011) assert this through their findings that couples happiness depends on more pleasing and positive compliments and fewer negative communications, especially criticism. For them, couples' intent or quantitative as well as qualitative communication seize every possible moments to talk respectfully about and with one another. This their findings of (2011) placed emphasis on Bright and Mayor, (2001) that found out that, communication breakdown leads to unstable marriage consequently hinder marital stability. This Ochoemalam et al (2003) postulated that, marriage is designed among other things, to ensure the happiness and fulfillment of men and women who enter into it. This postulation is not without efficient good and rich communication. This assertion supports Okoye, (2001) that observed that, failure of marital partners to interact with each other will lead to marital quarrels or when they fail to adequately say what and how they feel in a non-threatening manner. Perhaps, these may have caused Uwe (2017) to see poor communication as a serious unhealthy factor in marital relationships. According to her, the language used by a spouse can generally bring resentment and anger that may eventually lead to crisis then hinder marital stability. For Uwe, since each partner brings along with him/her different personality, traits, values, interest and temperament, proper and adequate communication cannot be overemphasized in order to make necessary adjustments for partners' accommodation.

Uwe(2017) went further to highlight the benefits of marital communication to include serving as forms of catharsis or unburdening of emotions, means of perception checking to understand what the other partner feels or thinks with enhancing of nuptial adjustments with proper mature utilization, helping in resolving conflicts within the home, gaining ego-support and acknowledgement of one's love towards one's spouse. For Uwe, even constructive quarreling is a benefiting form of communication provided it is maturely handled because such will serve as an outlet for the surplus energy in the body which if suppressed, can promote tension, nervousness and irritability. According to her, it is a form of exercise for the proper functioning of the body, and also affords the individual the opportunity to exercise the heart for the overall well-being of the body. All these are and could be because quarreling when treated maturely does not only lead to conflict resolution but also prove the equality of the couples by availing them with the opportunity to act their emotions as brooding over problems or glossing over them leads to marital misery and by that promote marital instability.

Marital communication being a source of marital stability is not a happenstance affair as some principles in terms of language and behavior selection must be applied. Such

principles are inter-alia: usage of words like “I am sorry” and “I love you” to acknowledge ones’ mistakes and confirm one’s love for his/her partner respectively. Couples with stronger sense of positive communication style and marital sex are better in planning, resilience, innovation, accepted by the spouses’ member of the family and perhaps by the entire society. In addition, caring attitude like: mutual respect by way of recognizing the rights and privileges of each spouse alongside accentuating the positive values in their marital relationship are must implemented acts.

Even though marital sex that happens to be the most important means of communicating love between husband and wife can also be the major cause of marital instability because of sexual desire such as hyperactive sexual desire, sexual aversion, sexual arousal disorder, frigidity, orgasmic disorder that may occur as a result of emotional, psychological, physical involvement abnormality(Myther,2006). According to Collins (2005), sexual response cycle has four phases which are excitement, plateau, organism and resolution and none can be reached if one is traumatized and depressed. Therefore the vitality of sex as regards couples’ marital peace, fulfillment and stability cannot be over emphasized hence the Biblical injection against marital sex matters. Paul Apostle forewarned married couples against sexual denial (1Corinthians 7:3-6). Aside from marital sex being a source of happiness and which lack of it can damage or ruin one’s marriage in form of instability, sex itself has a symbolic position in one’s marriage union. Daniel and Daniel (2013) in an attempt to examine or explain marital sex in their book “Sex and happy home” corroborated Udofia’s finding by concluding that, sexual activities of a husband and a wife are significant practices in their marital relationship because safe sex is the sex with marriage license.

Sex is not just for procreation rather sex according to Hagee (2005) is the symphony of the soul for married couples as when properly applied, promote marital stability. Infact, sex is joyous and should not be hampered by traumatization/depression since that should be a time of striving and sharing. Succinctly speaking, sex is the payment of what is due. Hagee further explained this ideology when he illustrated payment on different ways. For him, when one buys a car, the car payment is the amount due, but when one gets married, sex is the payment of what is due. It therefore suffices to say that, since the greatest treasure in matrimonial life is the love and lovemaking a husband and a wife own each other, the traumatized and depressed must be sufficiently counseled in order to profit from this matrimonial treasure. In support to this, Hagee (2005) buttressed Onyeme (2002) that placed in his book “Twenty-six Things Every Husband and Wife Must Do to Ensure a Happy and Successful Marriage” sexual activities of husband and wife as a fundamental element in their relationship. Going by this findings so far, traumatization and depression can be taken for cankerworms that can thwart the occurrence of marital stability in so far as a

traumatized and depressed spouse can not actively communed sexually.

In like manner, marital sex and marital happiness could be seen as what mechanic normally call Five and Six (5&6) spanner because there always go together for marital stability to be attained. This may have been the justification for Landis and Landis(1997) findings that earlier analyzed the important of marital sex as regards marital happiness and satisfaction and opined that, it could be a highest level of irresponsibility for one (perhaps couples) to think of successful marriage without sexual satisfaction. Landis and Landis accepted that, sex and hunger are biological drive but differ when they added that, while food hunger can be satisfied by anybody, sex hunger, for marital stability sake must only be satisfied by the spouse else marital instability can be instigated if discovered. Relying on this premise, Williams(2013) asserted that, couples should avoid the situation where their sexual relationship goes sleeping because marital sex among couples cement love and promote marital stability. Williams added that, though sexual relationship for women (wives)is no big deal provided they (wives) are touched, kissed and romanced (nonsexual affection). But for men (Husbands), to give up sex is like asking them to give up eating and breathing. This is caused by atomic bomb called testosterone which God placed in a man’s body which does not take much to set a man ablaze by making him feel as if he has won a grand prize almost every day.

Even though Ekiran (1998) stipulated that, couples’ activeness depend on their age, educational level, more serious life commitment but on top of these, the negative effect of trauma and depression as far as sexual activities are concern surpass any other conditions thereby hinder marital stability. This assertion is on line with Lahaye (2002) that opined that, sexual act or married love making is the most thrilling experience a man and a women (couple) can experience on this earth when the act of marriage is built upon mutual love, climax of tender expressions of thoughtfulness and endearment. Else the symphony of emotional harmony that God intended for married couples will not be achieved because of lack of marital stability. This assertion is supported by (Udofia, 2005). To cap it all, since all forms, types, kinds and manner of sexual problems, whether that of Ageing according to Brue (2004), Sexual novelty, Klange (2003), Change in hormones and negative Self-concept, Hareniga,(2007) including nerves weakness, Gotman,(2006) can promote sexual hindrance hence impede marital stability, counselling becomes a necessity for the traumatized and depressed so as to overcome such menace then ginger marital stability therefore the urgent necessity of this research topic.

In this study, the researcher employed two theories which are the marital communication theory developed in 1956 by Bateson and Rational Emotive Behavior Therapy Theory (REBTT) which later in 1976 became proposed by Ellis Albert as cognitive behavior change therapy because they best fit this study since they have to do with one’s emotional

problems perhaps caused by one's behavior, thoughts, beliefs and attitudes and these are causer of traumatization and depression which can impede communication as well as marital sex being sub-variables understudied. Speaking concisely, the most pressing concern of these theories are treating of humans' disorder of any kind including traumatization and depression specifically as there relate to couples' unhappiness hence marital instability which is the crux of the study. This is so because the main focus of these theories is on the role of thinking and belief systems as the roots of personal problems. For the theorist, rational thinking and man's happiness should be promoted and encouraged rather than negative feelings, thoughts, and maladaptive beliefs since these in their nature are instrumental to unhealthy thinking and unhappiness thereby end up producing traumatized and depressed couples. The efficiency of these theories to this study especially that advanced by Ellis (1976) to assist clients rest on as far as REBT is concerned the fact that, for Ellis, counselling intends to:

1. Teach the clients straightening of his/her thinking so as to improve or better self-verbalizations for more efficient and logical well-beings.
2. Demonstrates to clients that self-verbalization can cause emotional disturbance.
3. Demonstrates to the clients that self-verbalization vise a vise the undesirable ones is illogical and irrational.

Irrespective of the fact that Ellis theory is broad base and eclectic in nature, the summary of it all is intention to show through demonstration the negative effects of one's irrational philosophies on the very person and by extension the society (marriage). These illustrations were not without methods like self-management and modelling strategies, active and directive teaching of logic, suggestions persuasions, confrontations, de-indoctrinations and prescriptions of behaviors to clients.

The significant of this study cannot be overemphasized as it is of not only important but of help as well to professional counsellors, the clergies, the students' counsellors, the government, families and even the traumatized and the depressed beings themselves. To the professional counsellors, having known through this research findings the extent of damage trauma and depression can cause, would be provoked to sensitize the citizenry through preventive counselling, the generational danger of trauma and depression and on the other hand, know how to go about should they happen to counsel a traumatized and depressed clients. To the clergies, this findings will bield their interest to include during sermon, talks as regards the negativeness of trauma and depression. For the students' counsellor, they will on top of knowing the negative effect of trauma and depression, avail themselves with the knowledge of the extent to which trauma and depression can destroy progress including families by promoting marital instability. The knowledge from this finding will boast their precautiousness and through this way,

increase marital stability. Government should having through the findings of this research come to know the negative effect a traumatized and depressed being have on the economic advancement and attainment of any country, sponsor activities in form of seminars, workshop and symposium that tilt towards minimizing if not eliminating trauma and depression. Family members as well as the traumatized and depressed should be counseled to practice positive self-verbalization and positive high self-esteem attitude.

In an empirical study, Bermon (2009) under sought the relationship between trauma and depression in southern Cameroon in respect to child bearing with 304 traumatized and depressed beings. Various instruments including Traumatized-Depressed Child-Bearing Indexes (TDCBI) were used to measure the economic attainment of couples. Using the (TDCBI), a Modified Couples Attitude Measure (MCAM) and sub-scales. A three stage regression procedure was used to test the model. For stages one and two, everyday stressors were the strongest predictor of

self-degradation. High self-degradation and control variables accounted for 43% of variance in traumatization symptoms. The third stage capitulated by sub-scale, only control variables of depression symptoms where the strongest predictor for the total MCAM which was 32% variance and the inappropriate emotional expectation sub-scale was 23%. This study relates to this present study because both discuss traumatized and depressed as it affects their economic attainment. Later in 2018, Louis and Lowrani conducted a research in Australia on problems encountered by traumatized and depressed as regards self-esteem. A sample of 110 traumatized and depressed beings were selected using snowball sampling technique.

The result of the study revealed that illogical and irrational thinking were the major stressors for a significant number of traumatized and depressed beings. These behaviors and practices affect negatively in no small measure the emotional life style of the traumatized and depressed beings. From the investigation according to their findings, most of the traumatized and depressed beings complained of loneliness as they often shy away from social gathering due to lack of confidence, security, hope and even help as they would envisage. This study relates with the present study because both discussed traumatized and depressed self-esteem which is the ground norms for ones kind of self-actualization. This study filled the gap created in literature reviewed by researching on how counselling the traumatized and depressed beings can ginger marital stability of couples of Akwa-Ibom State in South-South Nigeria.

Statement of the Problem

In these 21st century, traumatized and depressed beings have become a case of rampant either by chance or by choice. In fact, the researchers observed that, as a way of practice, most couples in Nigeria operate on the culture of dependence in one way or the other. The practice goes thus: while the husbands

depend on their wives for major extent of care of house chores, children and family, whereas the wives depend on their husbands for major projects then economic provisions inclusive. By these, in the case of any natural, artificial or man-made disaster, such spouse/couples is bound to experience trauma and depression and immediately becomes traumatized and depressed. Traumatized and depressed couples may feel or experience unexplained and imaginable responsibilities of self emotionally and physically care taking, child(ren) training/rearing, settle bills, project positive self-esteem and even finding a new job or maintain the already obtained one. The traumatized and the depressed beings suffer amongst other consequences, poor communication mood and marital sexual activeness especially in marital union. In earnest, the problem of this study is the adverse effect on marital instability of traumatized and depressed couples in Akwa-Ibom State of South-South Nigeria.

Purpose of the study

The purpose of this study was to determine the impact of counselling on the traumatized and depressed marital stability. Specifically the study sought to:

1. Determine the influence of communication mood of the traumatized and depressed couples on their marital stability.
2. Determine the influence of marital sex involvement of the traumatized and depressed couples on their marital stability.

Research Questions:

1. How does communication mood of traumatized and depressed couple influence their marital stability?
2. How does marital sex of traumatized and depressed couple influence their marital stability?

Hypotheses

To conduct this research two null hypotheses were formulated and tested at 0.05 level of significance:

Ho1. There is no significant influence of communication mood of traumatized and depressed couples on their marital stability.

Ho2. There is no significant influence of marital sex involvement of traumatized and depressed couples on their marital stability.

II. METHODOLOGY

Since the researcher could not control trauma or depression nor able to manipulate the independent variables the researcher adopted ex-post facto design since the phenomenon studied had occurred and shall still be occurring.

The samples are civil servants across the entire state as the researcher picked samples from the state secretariat. The study was conducted in Akwa Ibom State which is named after Qua Ibo River, created by General Ibrahim Babangida on 23rd

September, 1987 out of Cross River State on behalf of the Nigerian Federal Government. Akwa Ibom State that has thirty-one (31) Local Government Areas with Uyo as the state capital lies between latitudes 4^o32' and 5^o33' North of Equator and longitudes 7^o25' and 8^o25' of the Greenwich Meridian. Akwa Ibom State's 6,900 square kilometer land area is bordered on the East by Cross River State, on the west by Abia State and Rivers State on the sandy coastal plain of Guinea. On the south, it is bordered by the Atlantic Ocean which spans a distance of 129 kilometers from Ikot Abasi in the west to Oron in the east. Rainfall is expected every month of the year. The indigenes are mainly civil servants with few traders and farmers. Akwa Ibom State has many educational and health government and private institutions. A sample of one thousand five hundred (1500) married civil servants as 25% from the target population of 6010 married civil servants were drawn with the help of purposive sampling technique for this study.

The researcher formulated a questionnaire for data collection for this research and titled it; Communication Mood and Marital Sex of Traumatized and Depressed Couple Questionnaire (CMMSTDCQ), The questionnaire had two sections of A and B, with a total of 30 items that became 20 after face validation of the instrument carried out by two experts from Departments of Guidance and Counseling, Tests and Measurement of the University of Calabar, Calabar. For reliability of the instrument sake, the questionnaire was trial-tested on 20 married civil servants in the secretariat who were denied opportunity to part-take in the main study. For purpose of determining the questionnaire reliability, Cronbach Reliability Method was used and 0.82 reliability coefficient was realized which according to Udoh and Joseph, (2005) a very high reliability index is.

Procedure for Data Collection

The researcher acquainted the married civil servants before the commencement of the exercise of the following facts that, the participation was voluntary, any information from them is only and solely for educational purpose and more so, shall remain confidential.

Method of Data Analysis

During data analysis, mean and standard deviation were used for answering the research questions, alongside with the independent t-test statistics for testing the hypotheses raised mean critical t-value of 1.96 at .05 alpha level of significance was fixed in answering the research questions. Sub-independent variable with mean more equal to the criterion mean were considered as influencing the dependent variable. In like manner, where the hypotheses calculated t-value became greater than the critical t-value, the null hypotheses became rejected.

III. DISCUSSIONS

From the finding on hypotheses one which is communication mood that revealed that communication mood of married civil servants has significant influence on their marital stability is not surprising because, it goes to support Koye, (2001) that postulated that, when husband and wife (married civil servants) can no longer communicate, a huge dam that can stop the flow of water of love springs up and by implication both spouses develop a strong inward thirst for their unmet needs and this sudden occurrence introduces multiple cracks throughout the relationship and by that, ginger marital instability. This finding result is also in line with the assertion of Anyamone, (2012) that says communication is the glue that cements relationship (marital union inclusive) together and failure of positive communication mood promotes crumbliness of such relationship (marital stability not excluded).

In fact, the research result is a corroboration of Uwe, (2017) that sees poor communication as a serious unhealthy factor in marital relationship. The truth is that, the authenticity of the research result cannot be doubted because as far back as 2001, Okoye had found out the usefulness of communication, though it takes a significant amount of time and also advises couples to focus on true and good communication for through such can better love and ultimate joy be realized. In short, one needs no prophecy to believe or rely on the result of research because researchers like Effiong and Denga, (2011) asserted that, couples' happiness depends more on pleasing and positive compliments and fewer negative communications, especially criticism. And going by the belligerent nature of traumatized and depressed couples, there is no way the communication mood of a traumatized or depressed spouse would have been better not to inhibit marital stability thereby ginger marital instability.

As regards the finding result of hypothesis two, which is the marital sex of the traumatized and depressed spouses. The result is not surprising because sexual matters had been highlighted many decades ago by researchers like Burgess and Williams in Udofia (2015) as having significant influence on marital stability. Put it straight, the result of this research that reveals that marital sexual matters significantly influence marital stability goes to support Effiong & Denga (2011) which asserted that, sex promotes marital happiness and satisfaction hence marital stability. Irrespective of the submission of the clergy that postulated that, marital union without marital sex can be likened to salvation without Christ (Udofia, 2015), Peter (2019) opined that, on top of other negative material and health factors/conditions, traumatization and depression can retard interest in marital sex from there,

hinder marital stability and as such increase marital instability rate.

Implications for Counselling

1. Due to the result of this research, the following counselling implications hold that:

Having come to know through empirical studies that, the traumatized and the depressed can negatively affect the economy of the globe, the government should be counseled on the importance of employing a seasoned counsellor into each ministries whose duty shall be to organize, periodically, group preventive/curative counselling session sui generis: on the causes, negative effect and of course remedies for trauma and depression.

2. Since the findings of this research reveals that, communication mood can embolden marital stability, counsellors whose primary responsibility is to assist people arrive successfully at the destination of choice by overcoming any kind/type of obstacles, as a matter of professional demand and proof of responsibility organize in churches during Mothers', Fathers', Youths', Valentine and of course family day celebrations preventive/curative counselling session on: causes, negative effects and remedies for traumatization and depressions as a wherewithal to marital stability.

IV. CONCLUSION

From the research result, it became concluded that communication mood can adversely affect the marital stability of traumatized and depressed beings. Moreso, the study further concluded that marital sex significantly influence marital stability of married civil servants in Akwa Ibom State of South-South Nigeria.

V. RECOMMENDATIONS

Relying on the bases of the research results, recommendations were inter alia:

1. Seasonal and professional counsellors should be employed by the government into each ministries for periodic group preventive/curative counselling session for entire civil servants.
2. That during Fathers', Family's, Mothers', Valentine's and Youths' day celebrations, professional seasoned counsellor(s) should organize counselling talks on the: cause, negative effects and remedies for traumatization and depression for all categories of human race

Tabled Results of the Findings

Table for Hypothesis 1

Results of Independent t-test Analysis on the Influence of Communication Mood on Marital Stability

Variable	Communication Mood	N	Mean	S.D	t-cal	t-crit	Decision at .05 alpha
Marital Stability	Negative	770	74.73	6.09	4.72	1.96	S
	Positive	630	76.68	8.75			

S=Significant at DF=138

Table for Hypothesis 2

Results of Independent t-test Analysis on the Influence of Attitude to Marital Sexual Matters on Marital Stability

Variable	Attitude Towards Marital Sexual Matters	N	Mean	S.D	t-cal	t-crit	Decision at .05alpha
Marital Stability	Negative	784	74.08	7.66	8.95	1.96	S
	Positive	616	77.54	6.75			

S=Significant at DF=138

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