 J. Hum. Ecol., 20(2): 117-120 (2006)

The Implications of Rational Emotive Behaviour Therapy on Genitally Mutilated Females

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KEYWORDS Belief. Client. Philosophy. Life

ABSTRACT This paper examined the philosophies of Rational Emotive Behaviour Therapy. It thus explained that Rational Emotive Behaviour Therapy is to teach clients how to detect the irrational disturbances and how to dispute these beliefs, replacing them with beliefs constituting a more rational philosophy of life; It also advocated Rational Emotive Behaviour Therapy for genitally mutilated females so as to change their self-defeating outlook on life and assist them in acquiring tolerant and rational view of life.

INTRODUCTION

Rational Emotive Behaviour Therapy was propounded by Albert Ellis. The theory was borne based on Ellis readings of the ancient philosophers, particularly Epictetus and Shakespeare who believed that men are not disturbed by the views which they have of themselves but their thought make it so. His views also emanated from his experiences with his patients. Ellis believed that an individual's reactions were generated by his or her attitudes, beliefs and perception and these were cognitively created.

He was convinced that people persisted in irrational behaviour because they continually reindoctrinated themselves to do so. Ellis logical conclusion was that therapy must consist convincing people that they must stop indoctrinating themselves with old, irrational ideas and teaching them to think rationally about themselves and the world. Rational Emotive Behaviour Therapy as Ellis calls it seeks a deeper philosophic change in the client and is used whenever the client is capable of profiting from it.

An Overview of Rational Emotive Behaviour Therapy in Human Nature and Personality Development.

The fundamental tenet of Rational Emotive Behaviour Therapy is that human problems stem not from external events or situations but from people's views or belief about them. That is, peoples emotions stem from their belief, evaluations, interpretations, and philosophies about what happens to them and not from the events themselves (Gilliland, James and Bowman, 1994).

Ellis suggests that an individuals belief system may consist of both a set of rational belief and a set of irrational beliefs. The irrational beliefs are the principal origin of emotional disturbance, and the main therapeutic goal of Rational Emotive Behaviour Therapy is to change them. Through therapeutic process, client developed skills that allow them to first identify and then dispute their own irrational beliefs, a process they can apply to other problems areas in their lives. Effective therapy involves teaching clients to replace their problematic thinking and behaviour with vitally absorbing interests aimed at long range fulfillment rather than short range hedonism (Aluede and Maliki, 1999).

On personality development Ellis believed that the normal individual, develops in terms of personal desires, wishes, and preferences, therefore, each person is different from another person in many ways. However, humans are remarkably similar. Rational Emotive Behaviour Therapy proposes that humans teach themselves irrational beliefs and are biologically prone to do so; as characterized by such attributes as inertia, negativism, habituation, moodiness, comfort striving and excitement seeking, all of which interfere with productive thinking and planning, and result in errors of judgement and self-defeating behaviour.

COUNSELLING GOALS

Rational Emotive Behaviour Therapy sees

emotion as essential to human living, without strong feelings, people would surely not be happy and probably could not survive. Rational Emotive Behaviour Therapy is to lead clients to the realization that they do not have to live in a perfect world in order to be mentally healthy.

Another goal of the therapy is that it tries to divert clients of their inappropriate feelings such as anxiety, depression, despair or hostility and helps to achieve specific goals such as acceptance of self, responsibility, openness, commitment and acceptance of chance (Aluede and Maliki, 1999).

In the same vein, Shertzer and Stone (1976) states that the therapist does not only correct the clients specific illogical thinking but also demonstrates the main irrational ideas so that the client will not fall victim to one or more of them at a later time.

Female Genital Mutilation

Female genital mutilation is the collective name given to different traditional practices that involve the cutting in whole or part of the female genitalia. Female genital mutilation takes different forms. The practice of female genital mutilation is unique and different from most other common traditional practices because of its serious adverse health implications physically, socially and psychologically. It is also one of these practices that has persisted despite improvements in education, health and economic status of the communities where it is practiced. This can observed in the prevalence rate.

Prevalence Rate of Female Genital Mutilation in African Countries

The practice of female circumcision is a highly complex issue that ties into traditional gender roles, superstition, local concepts on health and sexuality as well as several other social relations, as can be found in the prevalence rate of African Countries that practice this tradition in table 1.

Effects of Female Genital Mutilation

In the local context within which most female genital mutilation traditionally occurs several short-and-long-term complications have been reported. Most short-term complications occur because of unhealthy operation conditions,

Table 1: Prevalence rate and name of African Countries that practice female genital mutilation

Prevalence	*Country*
50%	Benin
70%	Burkina Faso
20%	Cameroon
43%	Central Africa Republic
60%	Chad
5%	Democratic Republic of Congo
43%	Cote d'iviore (Ivory cost)
98%	Djibouti
97%	Egypt
90%	Ethiopia
80%	Gambia
30%	Ghana
50%	Guinea
50%	Guinea Bissau
50%	Kenya
60%	Liberia
94%	Mali
25%	Mauritania
20%	Niger
60%	Nigeria
20%	Senegal
90%	Sierra Leone
98%	Somalia
89%	Sudan-North
18%	Tanzania
50%	Togo
5%	Uganda

Source: Toubia, N.: *Female Genital Mutilation: A call for Global Action.* Women Ink., New York (1995).

botched procedures by inexperienced circumcisers or inadequate medical services once complications occur.

However, Toubia (1999) presented some short-term and long-term complications as follows:

Ulcer*:* Vulva ulcers under the hood of skin of infibulated women have been reported. The condition may be caused by urea crystals precipitated from urine trapped under the hood forming small sores. General tenderness and sensitivity in vulva, perineum or vagina: - Excessive scaring of the vulva and perineum any cause chronic tenderness and general sensitivity. Some patients reported severe intercourse dyspareurina which interfered with sexual intercourse. The psychological and physical contributions to these conditions may never be ascertained.

Sebaceous and Inclusion (Dermoid) Cysts *:* Cysts resulting from embedding of a skin fold in the scar or a sebaceous cyst from the blockage of the sebaceous gland duct are one of the most common complications of all types of female genital mutilation.

Keloid*:* Many circumcised women have dark skin, which is known for its increased tendency to form Keloidal scar growth.

Neuroma*:* The clitoral nerve may get trapped in the fibrous tissue of the scar following clitoridectomy. This may result in an extremely sharp pain over the fibrous swelling anteriority. The pain may be aggravated by the rubbing of under wear or during intercourse.

Incontinence*:* Stress incontinence may be due to injury of the external urethra meatus. This could also result in urinary incontinence due to vesico vaginal fistula. VVF and VRF result from prolonged obstructed labour that may occur in some neglected cases of infibulation where a defibulation was not performed.

Vaginal Obstruction*:* Almost complete or semi-complete obstruction of the vaginal of infibulated women of vaginal stenosis from injury or a stone may be present with paravagianal hematoma or hematocolpus due to accumulated of menstrual flow. Cases of unmarried girls suspected to be pregnant because of amenorhea coupled with abdominal swelling have been reported and diagnosed as advance hematocolpus.

Infections*:* Women who were circumcised in an unhealthy sanitary environment are always infected, this could result in urinary tract or pelvic infections.

Urinary and Vaginal Stones*:* These are also caused by complications from infections during circumcision.

Menstrual Disorders: A high percentage of circumcised women report severe or intolerable dysmenorrhea with or without menstrual irregularity. Possible causes of menstrual disorders include an increase in pelvic congestion due to infection, pain or worry over the state of the genitals, sexuality or fertility.

Fertility Concerns: A possible presentation for women with circumcision, particularly those, who have suffered from infection, is primary or secondary infertility. Cases are documented where primary cause of infertility was failure of penetration due to very tight vaginal opening.

In the same vein, Leonard (1996) states that the immediate complications that could follow female genital mutilation include severe haemorrhage, which may result in shock. This is further aggravated by the excruciating pain of the procedure since no anaesthesia is used in most cases. Urinary retention could result due to excessive pain. Infection easily sets in and damages the urethra, bladder and anus by ways of tears and fistulae formation could be very agonizing and associated with psychosocial problems.

Furthermore, Webb (1995) posited that in places where female genital mutilation is practiced, children are often in a state of anxiety for fear of the procedure and its sequel.

Difficulty of sexual intercourse and sexual dysfunction with resultant sexual dissatisfaction especially in the female could result in marital disharmony, reactive depression and in most cases psychosis (Carr, 1997).

Implications for Counselling the Genital Mutilated Female

Rational Emotive Behaviour Therapy is based on logical, rational and intellectual approaches of counseling. It follows the medical approach to treatment-analysis, synthesis, diagnosis, prognosis, counseling or treatment and follow-up. In other words, it is a logical approach to solving human neurotic problems and it is suitable for counseling the genitally mutilated female. Rational Emotive Behaviour Therapy is a prescriptive approach, which presents the counselor as essentially an elder who merely applies to rational problem-solving process in an individual. Olayinka (1993) pointed out that this approach is very similar to the younger people in any African Cultural setting but it is better than the casual guidance of the elders because it is based on logical problem-solving.

In Rational Emotive Behaviour Therapy, the goal of therapy is to eliminate the clients self-defeating outlook on life and assist her in acquiring a more tolerant and rational view of life. Genitally mutilated females suffer from immediate complications such as severe haemorrhage, urinary retention, damages to the urethra, bladder and anus by way of tears and fistulae formation that could be very agonizing and associated with psychosocial problems. It is the responsibility of the counselor to inculcate more positive and adaptive behaviours in the genitally mutilated females to change their self-defeating behaviours.

Genitally mutilated females suffer from emotional disturbance, they develop distorted

views on life, particularly when they suffer from difficulty of sexual intercourse and sexual dysfunction with resultant sexual dissatisfaction which could result in marital disharmony, reactive depression and in some cases psychosis. By applying Rational Emotive Behaviour Therapy the counselor may restore sanity unto the behaviours of the genitally mutilated females. Corey (1977), posited that the client is assisted to gain insight into her problem and then must practice actively to develop rational views on life in other to be emotionally stable.

In terms of therapeutic technique, Rational Emotive Behaviour Therapy is very relevant to our culture because the therapist uses diverse procedures such as teaching, reading, assignment and applying logical, scientific methods for solving problems. Such techniques are designed to engage the client in a critical evaluation of a particular philosophy of life. A specific diagnosis is made and the therapist interprets, questions, probes, challenges, and confronts the clients in the teaching-learning relationship, the client is helped to develop a better insight into solving her problems particularly those problems related to female genital mutilation.

The African culture is replete with superstitious beliefs, which serve like cog in the wheel of our scientific development. The use of Rational Emotive Behaviour Therapy will enable our elders to develop more logical thinking and discard beliefs and traditional practices which make them unproductive and unprogressive particularly in the area of female genital mutilation.

Corey (1977) sees this model as didatic and directive, and therapy as a process of re-education. The therapy is cognitive, behaviour and action oriented and stress, thinking, judging, analyzing, doing and re-deciding. Thus, the basic philosophy of Rational Emotive Behaviour Therapy sees man as having ability to organize himself and maximize the utilization of his own potentialities. But it does not stop at that. Rather it further sees man, despite his potentialities as going to the wrong direction due to external influence, and when such is persistent, becomes unhappy and not fully functioning. As a result the therapists makes a conscious effort at re-directing, re-educating and exposing the individual in order to become more fully functional. That is counselors can apply Rational Emotive Behaviour Therapy in re-directing, re-educating and exposing to the people practicing this custom that it is a horrible practice, fraught with ordeal and danger that affects the health of the mutilated female and that it should be eradicated completely.

Conclusively, Rational Emotive Behaviour Therapy is psychotherapy uniquely designed to enable the individual to observe, to understand, and to persistently attack irrational grandiose, perfectionistic shoulds, oughts, musts. Thus, the outcome of therapy is the acquisition of a new, more logical and scientific approach to life so that clients learn, not think, feel, and act differently toward their unpleasant circum-stances but also to apply these principles to their new and different situation that may occur in the future. (Aluede and Maliki, 1999).

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