

Acute Stress Disorder Syndrome Among Nigerian Students: Implications For Counselling

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Abstract

Nigerian student are confronted with challenges, among which is the rampant violence and mishaps that keep giving them emotional maladjustment. This paper therefore looked at acute disorder syndrome among Nigerian students, its causes, effects, prevalence and implications for counsellors. The paper uncovered that the biological processes, personalities, childhood experiences, social support systems, and cultural backgrounds are all causative factors that can predispose individuals to acute stress disorder. The review showed that acute stress disorder (ASD) was highly prevalent among learners and share the same causes and symptoms as Post Traumatic Stress Disorder (PTSD). However, the difference between ASD and PTSD is the duration. In fact ASD leads to PTSD when treatment or recovery fails within a month of the disorder. Therefore when PTSD is mentioned ASD is often implied. ASD adversely affects attention, memory, and executive functioning of learners which are key elements of learning and thereby dampens students' capacity to acquire new skills and abilities. This paper is mainly confirmatory in significance as it aims at creating more awareness on the causes, effects and prevalence of ASD among learners. The implications and recommendations were discussed as counsellors are seemingly needed to teach students to take preventive measures like avoiding as much as possible, areas that are prone to traumatic events. Similarly, counsellors have a role in teaching students how to employ emotional adjustment strategies in case of any accidental traumatic event. This is necessary because traumatic events cannot be totally predicted or avoided.

Keywords: Learning, Acute Stress Disorder, Syndrome, Students, Post Traumatic Stress Disorder

INTRODUCTION

In these days of violence all over the world, and particularly in Nigeria, trauma related disorders have continued to increase exponentially. To be more specific, acute stress disorder has consistently ruined the learning capacity and academic potentials of many Nigerian students. [1] listed acute stress disorder under stress disorders and clearly spelt out its symptoms which include: depersonalization, dissociation, derealization, memory loss, fear, anxiety and other related conditions. Unfortunately, most of these traumatic incidents and the negative psychological impact on people, specifically Nigerian students are under reported, making it more dangerous for the overall learning processes of these group of people in the land.

As a result of the incessant violence and traumatic impacts resulting in acute stress disorder the attention of researchers and professionals like. Doctors, counsellors, psychologists and educationists should be drawn to its prevalence. Stress, including acute Stress disorder is an agent of psychological challenges like loss of appetite, memory loss, absent-mindedness, depression, frustration, nervousness and high blood pressure. It is a predictor of depression,

restlessness, tensions, anxiety disorder, insomnia and other related emotional challenges. Acute stress disorder causes emotional maladjustment in students thereby creating attentional problems, memory loss and poor school adjustment which may culminate in high rate of school dropouts. Acute stress disorder is a comorbid of depression which may trigger suicidality in individuals living with it as the disorder heightens a sense of worthlessness and the need to put an end to life [2].

In spite of the fact that trauma events continue to increase in Nigeria, there are limited studies on acute stress disorder. Most of the literatures available on the subject matter look at posttraumatic stress disorder (PTSD) with little or no emphasis on acute stress disorder [3, 4, 5]. Furthermore, where case of trauma disorder is reported, the effects of it on learning and academic performance of secondary school students have not really formed the focal point. Researches beaming their search lights on the prevalence of acute stress disorder and its effects on learning processes and learning outcomes of students are needed to provide more literature. The two disorders are similar in terms of causes and symptoms. Individuals meet diagnostic criteria for

acute stress disorder if symptoms persist for one month. If the symptoms persist after one month then, the case is now a case of PTSD[5]. It is probably because of the similarities these disorders share that tend to make research attention to be focused more on PTSD which is the advanced or chronic form of acute stress disorder. Research also confirmed that 80% of cases of acute stress disorder graduate to PTSD [6].

Considering the devastating consequences of acute stress disorder, and its possibility of graduating to PTSD if not attended to on time, there is the need to draw the attention of researchers, educators, psychologists, and perhaps, most importantly the attention of counsellors to the prevalence of this disorder. Against this backdrop, this paper aimed at reviewing available literature on acute stress disorder with a view to pointing out its devastating impacts, influences or effects on learning processes of Nigerian students.

This paper therefore is mainly confirmatory as it is an attempt to provide the needed enlightenment for stakeholders within the Nigerian educational setting to see the impending danger on the academic progress of Nigerian students if acute stress disorder continues to be handled with levity. Therefore, this paper would contribute to literature on Acute Stress Disorder and support policy directives on curbing the prevalence of Acute Stress Disorder among learners in Nigeria.

Concept of Acute Stress Disorder

Acute stress disorder is a psychological condition in which fear and related symptoms are experienced soon after a traumatic event and last less than a month. A traumatic event is one in which a person is exposed to actual or threatened death, serious injury, or sexual violation [1]. These threatening situations include rape, death of dear one, earthquake, airplane crash, activities of insurgents, banditry, kidnapping, arm robbers' attacks or other similar traumatic events. If symptoms persist within 4 weeks of the trauma, then it is a case of acute stress disorder in line with the diagnostic criteria in DSM-5 [1]. However, if symptoms continue after one month, then diagnostic requirements for posttraumatic stress disorder (PTSD) are met. Available evidence from literature shows that about 80 percent of acute stress disorder cases upgrade to posttraumatic stress disorder in the long run [7].

Symptoms of acute stress disorder includes: thoughts, memories, dreams, or nightmares that are linked to a stressful event [1, 8]. Symptoms also include dissociation, depersonalization and derealization, difficulty with concentrating, sleep disorder, anxiety, anger, or depression and sense of guilt [9]. [10] found that low income earners are twice prone to develop

acute stress disorder than their richer individuals in the event of any exposure to traumatic events. This is because low income earners are exposed to many other risk factors which make them predisposed to more impact in the event of traumatic incidents. Natural and accidental disasters like earthquake, earth tremor or tsunami have been observed by researchers as possible triggers of acute stress disorder.

It has been reported that 3.5 percent of the population of America has one form of stress disorders, and that 7 to 9 percent experience any of the stress disorder in life time[11]. People who experience terrorism or torture may have the disorder [12]. Literatures have also shown that Women are twice predisposed to stress disorder than men. Researchers further stated that about 20 percent of women experienced stress disorder like acute stress disorders and PTSD when they encounter traumatic event as against 8 percent of men [13, 14].

Causes of Acute Stress Disorder

Stressful event or trauma may spark off acute stress disorder. Studies revealed that biological processes, personalities, childhood experiences, social support systems, and cultural backgrounds are all factors that can predispose individuals to acute stress disorder. Traumatic or stressful events cause physical changes in the brain and body which can trigger stress reaction and, likely trigger acute stress disorder[15]. Abnormal activity of the hormone cortisol and the neurotransmitter/hormone norepinephrine in the urine, blood, and saliva of combat soldiers, rape victims, concentration camp survivors, and survivors of other severe stresses have shown predisposition to stress reaction [16] has also provided evidence that acute stress disorder morbidity can be heightened by biochemical arousal which in turn, could lead to the damage of vital parts of the brain [15, 17].

People diagnosed with acute stress disorder who do not recover from the condition within one month meet diagnostic requirements for posttraumatic stress disorder (PTSD), a psychiatric condition that is also listed in APA diagnostic manual DSM-5 [1]. Acute stress disorder share similar symptoms with posttraumatic stress disorder. Acute Stress disorders is known by three areas of consistent symptoms: reliving the traumatic event, avoidance of situations and circumstances similar to the event, and increased hyper vigilance and anxiety. Post trauma disorders include; two types of stress disorder: acute stress disorder and posttraumatic stress disorder (PTSD). The major difference between the two is the timing and duration of symptoms.

The causes of acute stress disorder are very much with students in Nigeria with the recent heighten cases of violence and insecurity. Nigerian secondary school students are under siege of emotional

maladjustment which can be a good platform to precipitate acute stress disorder. Most available literature handle acute stress disorder and PTSD together as post trauma disorders with the emphasis on the length of time for each to be diagnosed as either acute disorder or PTSD, thereby making the difference between the two to be hinged on the chronicity of the prevalence [18].

Prevalence of Acute Stress Disorder

Acute stress disorder prevalence have been reported world over. It is important to reiterate that most available literature did not treat acute stress disorder in isolation, but handled the prevalence somewhat with PTSD. Acute stress disorder and PTSD share the same causes and symptoms. The difference is the duration. In fact acute stress disorder leads to PTSD when treatment or recovery fails within a month of the disorder. Therefore when PTSD is mentioned acute stress disorder is implied.

In a study carried out by [5] among students in Bagdad, Iraq showed PTSD was noticed in 37.1% of students. PTSD was reported in high rates among children in Kurdistan, and Iraq. The researchers noted the rate (37.1%) is higher than the rate reported among university students in Baghdad (22.9%)⁶, among displaced people aged 18-27 years in Erbil (26.5%)¹⁶, and among youths aged 18-24 years in Mosul (22.1%)¹⁷. Research findings have shown that 45-84% of college students have been exposed to at least one traumatic event in their lifetime [2, 4].

Trauma reactions seen in children came mainly from exposure to violence—in the family, in the Boston community, in the native lands from which many recent immigrants had fled—and even from a parent fighting in the Iraq war. Studies of abused children showed high academic and other school challenges. These included a dropout risk two-and-a-half times higher than peers without abuse.

The commission by [19] also stated that Boston high school students exhibited a very high level of exposure to violence: 89% had experienced at least one type of violence in the past year, and 44% had been victims of violence. Up to 20% of this violence was encountered in the home. The survey revealed that greater exposure to violence was associated to lower grades and more truancy. The report concluded that traumatized children may become stubborn and defiant; the effect was withdrawal from learning and behavioural problems that could result in suspension or even expulsion.

Kalli and Shu [20] in a study of students of Ramat Polytechnic in Maiduguri, in northern part of Nigeria reported that the students developed nonchalant attitude towards their studies because of stress

emanating largely from the problem of Boko Haram insurgency in the area. Cases of trauma stresses resulting in acute stress disorder and posttraumatic stress disorders were reported.

Effects of Acute Stress Disorder on Learning

Acute stress disorder can impede students' learning greatly. Those who experience trauma can have changes in the prefrontal cortex [21]. The prefrontal cortex is linked with ability to perform executive function and the power to inhibit and sieve information and actions in order to focus attention on relevant information. Students with acute stress disorder or PTSD may have difficulties dealing with memories connected to the trauma such as flashbacks or nightmares. This situation hinders their capacity to maintain attention in the classroom. Investigations by [21] have also emerged that such students have reduced cerebellar volume, which influences how emotion and attention can be regulated.

Commodari [22], postulated that attention, memory, and executive functioning are key elements of learning, which manifests in students' capacity to acquire new skills and abilities. Skills and abilities, can only be acquired by a student who could focus on selected material, integrating useful information, and programming motor and behavioural responses while non-essential information is suppressed. Attentional impairment manifests when a student could not control incoming stimuli as a result of impairments in executive functioning.

Executive functioning is a collection of core components such as inhibition, working memory, planning, and problem solving [23]. It is the control mechanism which coordinates, regulates, and controls cognitive processes during cognitive tasks. Executive functioning helps student to control interference which is the ability to maintain performance while suppressing competing or distracting stimuli [24]. Students must restrain intruding thoughts and stimuli to retain attention on a task and store processed information in the working memory which is a temporary storage that converts knowledge to active consciousness until it is firmly encoded and stored in long-term memory for future retrieval or use [25]. Working memory has a limited ability to store, learn new information and perform well as learning task increases cognitive load [26].

Impairments in executive functioning, and memory will negatively impact the capacity to learn new information. Students with high stress which could be acute stress disorder or PTSD, or anxiety are occupied with stress related attentional resources which reduce the capacity of cognitive load and thereby hinder their abilities to process new information [26]. The effects of PTSD and acute stress disorder by implication, on learning or

academic performance according to the report could be related to problems of concentration or to retrieval of information. From the analysis it is important to note that acute stress disorder and PTSD can lead to impaired memory function due to intrusive thoughts which individuals exposed to these disorders lack inhibitive ability to deal with.

In Iraq, It was shown that accumulated trauma negatively affected school achievement among secondary school students [27]. Acute stress disorder or PTSD in children and adolescents predispose lifelong impairment because it restrains them from possessing the basic life skills needed to become independent and self-sufficient adults [24, 25, 26]. [27] reported high rate of PTSD among secondary school students, with a negative effects on learning or academic performance.

Trauma as the “exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: directly experiencing the traumatic event(s); witnessing, in person, the traumatic event(s) as it occurred to others; learning that the traumatic event(s) as it occurred to a close family member or close friend (in case of actual or threatened death of a family member or friend, event(s) must have been violent or accidental); or experiencing repeated or extreme exposure to aversive details of the traumatic event(s)” (p. 271). It should be clear therefore that when cases of PTSD is mentioned, acute stress disorder is somewhat implied since they share quite a lot in common.

Furthermore, a research carried out by [18] examined the relationship between posttraumatic stress reaction on school adjustment among primary school pupils living in conflict areas of Wukari, Taraba State. The study made use of ex post facto design revealed a negative correlation between posttraumatic stress reaction and school adjustment among pupils within the conflict area. There is evidence from the study that the traumatic events which could have led to acute stress disorder or PTSD teaching and learning processes of the pupils within the Wukari Local Government Area, Taraba State in the North-east part of Nigeria where the study was conducted since researcher revealed low adjustment among the pupils. Although the research used pupils in primary schools as research subjects, it is relevant because the study has given us the possibility of learning challenges of secondary schools students within the area when the violence was on.

In a review study carried out by [28], they investigated the development of posttraumatic stress disorder among secondary school student of Borno State, Nigeria. It was revealed that continued exposure to trauma events as a result of the war created room

for the development of many difficulties like Post-Traumatic Stress Disorder among school children. The review was carried out to critically analyze the effects of the insurgency on the community based on several related studies. The researchers reported from the literature review the prevalence of PTSD, which implied the prevalence of acute stress disorder among the students in the area researches were conducted. They further revealed that school pupils and students were seriously affected psychologically as they went through stressful events. The study concentrated on the influence of Boko Haram conflict in causing psychological trauma among Secondary School students and the effects on them generally, including learning.

The prevalence of acute stress disorder in Nigeria has produced an avalanche of learning difficulties, school adjustment problems; and have caused a major setback in Nigerian students’ academic progress. The effects of trauma is likely to be more in the North-east part of the country where insurgency has made serious incursion leaving trails of trauma and weakened academic structure.

IMPLICATIONS FOR COUNSELLING

Having looked at the causes and prevalence of acute stress disorder, the exercise would not be completed without reference to the implications of these facts to counselling. A counsellor is an expert in talk therapy. In carrying out his noble work as a helper, he needs to be armed with requisite knowledge so as to be in a position to help students. Looking at the facts revealed so far in this paper, it will suffice to say the counsellors need to be proactive to be able to help students under their custodies to overcome the danger of acute stress disorder.

Preventive measures like teaching students to be conscious of their environments may be helpful. Students are to avoid as much as possible areas that are prone traumatic events. Similarly, counsellors have to teach students emotional adjustment strategies in case of any accidental traumatic event. This is necessary because traumatic events cannot be totally predicted or avoided.

Students who are going through acute stress disorder should be helped as quickly as possible before it crosses the border line to PTSD. Rational Emotive Behavioural Therapy (REBT) or Cognitive Behavioural Therapy (CBT) can be helpful. Counsellors can make use of bibliotherapy to foster emotional intelligence or emotional adjustment to help students with symptoms of the disorder. Counsellors should not hesitate to make use of his referral service key when the case of acute stress disorder is complex and beyond his capacity.

RECOMMENDATIONS

The following recommendations were made on the study:

- 1) Government at all levels should prioritize safe and peaceful environment to avoid traumatic events. The security architecture of the country should be tailored towards safe school initiatives.
- 2) Teachers should stop traumatizing students through flogging or other means and should realize the implications of that to students' emotional stability. Capital punishment is archaic and not in tandem with modern teaching practices.
- 3) Researchers should consider investing time in studies on acute stress disorder to provide more literature on the prevalence and effects on students' learning. Research is what provides the guiding light in the academia. More empirical studies on acute stress disorder and its effects on learning would be laudable achievement and contribution to knowledge

CONCLUSIONS

This paper discussed the causes, prevalence and effects of acute stress disorder among Nigerian students. Literature related to the subject matter were reviewed and presented to lay credence to the fact that acute stress disorder is prevalent in the Nigeria and its negative effects are glaring and devastating. Counselling implications were presented in order to spur counselors to play their part in the crusade against acute stress disorder. Recommendations touching the need of all tiers of governments to prioritize the security and peaceful atmosphere to protect students and learning processes was addressed.

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