

**VIEWS OF SELECTED COVID 19 SURVIVORS ON THE NECESSITY OF
POST TRAUMA REHABILITATION COUNSELLING IN NDOLA DISTRICT,
ZAMBIA**

By

MAUREEN CHISENGA

720000113

SUPERVISOR: PROF. D. NDHLOVU

**A Dissertation Submitted to the University of Zambia in Partial Fulfillment of the
Requirements for the Award of the Degree of Master of Science in Counselling**

THE UNIVERSITY OF ZAMBIA

LUSAKA

2023

Copyright

All rights reserved. No part of this dissertation may be reproduced, stored in any retrieval system, transmitted in any form or any means, electronically, recording, mechanical, of Zambia.

@2023 By Maureen Chisenga

Declaration

I, MAUREEN CHISENGA declare that this dissertation is my original work and has not been presented for a degree anywhere. It has not been published with any university. Works drawn from other sources have been acknowledged.

Signature of author..... Date.....

Name.....

Certificate of approval

This dissertation by Maureen Chisenga has been approved as fulfilling the partial requirement of the award of Master of Science Degree in Counselling of the University of Zambia.

Examiner.....Date.....

Examiner.....Date.....

Examiner..... Date.....

Dedication

This dissertation is dedicated wholeheartedly to my beloved children Precious Zimba, Praise Zimba and Nathan Lubuto Zimba who have been my source of inspiration and accompanied me in this process in ensuring that my dream becomes reality. I would also like to extend my special thanks of gratitude to my family and many others for their support and encouragement and most of all, to our Almighty God the author of knowledge and wisdom who made this possible.

Acknowledgement

This dissertation is as a result of the help and cooperation of many people to whom I owe my gratitude. Most of all, I am fully indebted to Prof. Daniel Ndhlovu my supervisor for understanding, wisdom, patience, encouragement and for pushing me further than i thought i could go. He has greatly contributed to my successful submission of this dissertation.

I would like to extend my heartfelt gratitude to the health personnel at Main Masala, Ndola Teaching Hospital and Lubuto Clinic for their involvement, participation and commitment in ensuring that appropriate participants were allocated.

I salute my fellow course mates whom i consulted for their valuable input and support in helping me gather this information especially Mrs Charity Chulu and Mr Lighton Singogo.

I would like to thank Mr Christopher Katoyo for professional typing, editing and offering constructive critique. Finally, special appreciation goes to my family for their moral, spiritual and financial support during my studies.

Acronyms and Abbreviations

COVID - 19	Corona Virus Disease
SARS	Severe Acute Respiratory Syndrome
PSTD	Post Trauma Stress Disorder
EMDR	Eye Movement Desensitisation and Reprocessing.
PFA	Psycho-Social First Aid.
WHO	World Health Organisation
PPE	Personal Protective Equipment
VRT	Virtual Reality Treatment
APA	American Psychological Association.

Abstract

The purpose of the study was to get the views of selected covid-19 survivors on the necessity of post-trauma rehabilitation counselling in Ndola district on the Copperbelt province of Zambia. The objectives of the study were: to establish the types of traumas the COVID-19 survivors experienced, ascertain how the covid-19 traumatized survivors, establish how the survivors of COVID-19 were helped back to their usual routines and to establish views of survivors of COVID-19 on the necessity of Post-Trauma Rehabilitation Counselling in the management of COVID-19. The study adopted the qualitative approach in order to gain detailed understanding of the topic and to benefit from the first-hand experience of the respondents. The phenomenological research design was employed in this study. It helped to understand the experiences of the COVID-19 survivors. Data was collected from a sample of 10 respondents attained through data saturation from 3 medical facilities in Ndola district. The snowball and expert purposive sampling procedures were used to collect data from COVID-19 survivors and health personnel. The interview guide was used to collect data from participants. Thematic analysis of data was employed. The findings of the study revealed that the respondents whether covid-19 survivors or health personnel appreciated and recognised the necessity of post-trauma rehabilitation counselling. Based on the findings of the study it was concluded that post- trauma rehabilitation counselling for COVID-19 survivors was absolutely necessary and that it was imperative to introduce counselling programs to help them cope with whatever problems they may be facing. The study recommended the introduction of structured programs for COVID-19 rehabilitation counselling, integration of these programs into key clinical guidelines and into mainstream public health activities.

Table of Contents

Copyright	i
Declaration	ii
Certificate of approval	iii
Dedication	iv
Acknowledgement	v
Acronyms and Abbreviations	vi
Abstract	vii
CHAPTER ONE: INTRODUCTION	1
1.0 Overview.....	1
1.1 Background to the Study.....	1
1.2 Statement of the Problem.....	3
1.3 Purpose of Study.....	3
1.4 Research Objectives	4
1.5 Research Questions	4
1.6 Significance of the Study	4
1.7 Delimitations of the Study	4
1.8 Limitations of the Study	5
1.9 Theoretical Framework	5
1.10 Definition of Key Terms.....	6
1.11 Chapter Summary.....	6
CHAPTER TWO: LITERATURE REVIEW	7
2.0 Overview.....	7
2.1 Post-Traumatic Disorders and COVID 19.....	7
2.2 How survivors of COVID 19 can be helped.....	9
2.3 Devastating effects of COVID 19 on human life worldwide.....	11

2.4 The COVID 19 outbreak and the perceptions it created	14
2.5 COVID-19 and Mental health requiring counselling services	18
2.6 Challenges experienced by COVID 19 Survivors requiring Post-Trauma Counselling	20
2.7 Chapter Summary	21
CHAPTER THREE: RESEARCH METHODOLOGY.....	22
3.0 Overview.....	22
3.1 Research Design.....	22
3.2 Study Population.....	22
3.3 Sample Size.....	22
3.4 Sampling Techniques.....	23
3.5 Data Collection Instruments.....	23
3.6 Data Collection Procedure	23
3.7 Trustworthiness.....	23
3.9 Data analysis	24
3.9 Ethical consideration.....	24
3.10 Chapter Summary	25
CHAPTER FOUR: FINDINGS OF THE STUDY	26
4.0 Overview.....	26
4.1 Types of trauma experienced by survivors of COVID-19	26
4.2 How COVID-19 traumatized its survivors	27
4.3 How survivors of COVID-19 were helped back to their usual life routines.....	29
4.5 Chapter summary	31
CHAPTER FIVE: DISCUSSION OF FINDINGS	32
5.0 Overview.....	32
5.1 The types of trauma the COVID-19 survivors experienced.....	32

5.2 How the COVID-19 traumatised survivors	33
5.3 How survivors of COVID-19 were helped back to their usual life-routines	33
5.4 Views of survivors of COVID-19 on the necessity of Post-trauma rehabilitation.....	34
Counselling	34
5.5 Chapter summary	34
CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS	36
6.0 Overview	36
6.1 Conclusions.....	36
6.2 Recommendations.....	36
6.3 Future Research	37
REFERENCES	38
APPENDIX: INTERVIEW SCHEDULE FOR COVID-19 SURVIVORS	43

CHAPTER ONE: INTRODUCTION

1.0 Overview

The chapter presents the background of the study, research objectives, research questions, statement of the problem, purpose of the study, research objectives, significance of the study, delimitation and limitations of the study, theoretical framework, definition of the key terms, ethical considerations and summary.

1.1 Background to the Study

The necessity for post-trauma rehabilitation counseling has generated interest for research. As early as 2004, Benight and Bandura (2004) noted that millions of people went through traumatic experiences annually. These traumas took diverse forms, including criminal assaults, terrifying accidents, large-scale terrorist carnage, technological disasters, military combat, and mass destruction by natural disasters wrought by hurricanes, raging fire storms, flash floods, earthquakes, volcanic eruption. Acute distress was a normative response to trauma. The posttraumatic reactions were generalized across different spheres of functioning. They included re-experiencing of the traumatic event in flashbacks, recurrent nightmares and intrusive memories, hyper vigilant arousal, impaired concentration, depression, sleep disturbances, self-devaluation, avoidance of reminders of traumatic experiences, emotional detachment from others, and disengagement from aspects of life that provided meaning and self-fulfillment. In functional assessments these recurrent reactions seriously impaired intrapersonal, interpersonal, and occupational functioning (Benight& Bandura, 2004).Amidst varied traumatic events, this study focused on Corona Virus or COVID 19.

Corona virus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. The first known cases of Corona virus were discovered in December, 2019 in Wuhan, China, (CDC 2021). The original source of the viral transmission to humans still remains unclear. What was clear, however, was that the disease was everywhere all over the world and was declared a pandemic by the World Health Organization in March, 2020.

COVID-19 has spread to all countries in the world, in each of them threatening the long term livelihoods and well-being of millions. According to the International Labour Organizations (ILO; 2020) the COVID-19 pandemic has devastated the world of work affecting people's lives,

health and well-being and it has had a dramatic effect on enterprise, jobs and livelihoods. This public health crisis has generated massive economic and social disruption in every country. In this regard, governments have taken unprecedented measures to combat the spread of the virus and to protect people. Lockdown and other restrictive measures however, have had deep impact on economies, job markets and economies and the global economy has been negatively affected. Supply chains have disintegrated, economic factors collapsed, enterprises have closed and more and more workers have lost their incomes and livelihoods.

As COVID-19 is a new and known disease, there is much uncertainty about it and no readymade solutions. Governments across the world have used different approaches for dealing with the pandemic. What had been found to be common however, is that although most people with COVID-19 got better within weeks to months of illness, some did not. According to the Centre for Disease Control and Prevention (CDC; 2021) the term Post-COVID conditions is used to describe health issues that presented more than four weeks after being infected with the virus that causes COVID-19. There are a wide range of new, returning or ongoing problems people could experience. Those conditions could present as different types and combinations of health problems for different lengths of time.

Being a new disease at pandemic level, there is so much that is not known about COVID-19 and there is a lot to learn from it. It is not surprising therefore that many studies are being conducted in many areas to ascertain the nature and extent of the disease, a virus which seems to be evolving by the day. In this regard this study has elected to look at the views of survivors of COVID-19 specifically on the necessity of Post-Trauma rehabilitation counselling.

Once a patient has recovered sufficiently from a traumatic illness and is well enough to leave hospital, he or she needs to improve mobility or function. Rehabilitation services aim to increase independence and physical function and to return to doing things as before, the patient is helped to cope with the situation in different ways. Post-trauma rehabilitation is therefore an important aspect of understanding the impact or effect of COVID-19.

Counselling is an important aspect of the rehabilitation process. According to Cole (2002) counselling is a process in which an individual uses a set of techniques or skills to help another individual take responsibility for and to manage their own decision making. It is a process that helps individuals to accept and use information and advice so that the individual can either solve his or her problem or cope with it successfully.

The Corona virus disease, COVID-19 is a serious global health problem that has had devastating impact on the world population. By mid-October 2021, 240 million people had contracted the virus with nearly 4.9 million dying from it. Moreover, millions of survivors are suffering from long-lasting symptoms that prevent a return to normal life (Mueller; 2021). It is the long-lasting symptoms that survivors suffer from that are of interest to this study, hence, looking at the possibility of rehabilitation counselling. It is against this background that this research sought to get the views of selected COVID-19 survivors in Ndola district on the necessity of post-trauma rehabilitation counselling. It is important to explore their views and experiences in order to determine the types of trauma experienced, ascertain how the survivors were affected and whether or not post-trauma rehabilitation counselling was necessary.

1.2 Statement of the Problem

After leading to unprecedented destruction and dislocation of people's lives in economic, social and health terms, COVID-19 still remains a serious public health challenge. Apart from dealing with the active side of the crisis, countries across the world are now entering the "post" COVID-19 phase. According to Niekerk (2022) many people who have suffered from effects of the disease might now be at risk of long-term impairment and disability. The extent of this impairment and disability is yet to be known but it is clear from research (Niekerk, 2022) that these patients are in need of rehabilitation. It was therefore important to explore the views of COVID-19 survivors in Ndola district on the necessity of post-trauma rehabilitation counselling.

1.3 Purpose of Study

The purpose of the study was to have an understanding of experiences of COVID-19 survivors on the necessity of going through rehabilitation counselling in order to rehabilitate them from post-traumatic disorders.

1.4 Research Objectives

The following research objectives guided the study:

- (i) To establish the type of trauma the COVID-19 survivors experienced
- (ii) To discover how the COVID-19 traumatized survivors
- (iii) To establish how the survivors of COVID-19 were helped back to their usual life routines
- (iv) To establish views of survivors of COVID-19 on the necessity of Post-Trauma Rehabilitation Counselling in the management of COVID-19

1.5 Research Questions

- (i) What type of trauma have the COVID-19 survivors experienced?
- (ii) How had the COVID-19 traumatized its survivors?
- (iii) How were the survivors of COVID-19 helped to get back to their usual routines?
- (iv) What were the views of survivors on the necessity of Post Trauma Rehabilitation Counselling in the management of COVID-19

1.6 Significance of the Study

In order to control and manage the COVID-19 pandemic and to effectively deal with Post-COVID trauma and other experiences, there are knowledge gaps that need to be addressed. This research was an effort to contribute to a comprehensive understanding of the experiences of COVID-19 survivors in relation to necessity of Post-Trauma Rehabilitation Counselling in the management of COVID-19. The data obtained from the study may provide a useful basis for possible policy and practical intervention by government and other stakeholders on the necessity of post-trauma rehabilitation counselling to COVID-19 survivors.

1.7 Delimitations of the Study

The study was focused on getting views of selected COVID-19 survivors on the necessity of Post-Trauma Rehabilitation Counselling. For that purpose, the study was narrowed to views of selected survivors of COVID-19 in Ndola district of Zambia. It was of utmost importance to get the views of those who survived the disease in order to appreciate their experiences post COVID. Nevertheless, it was still important to get the views of health personnel who were selected in

order to get an in-depth appreciation of the phenomenon The district was found appropriate because it was a big city with the adequate number of respondents.

1.8 Limitations of the Study

Since this was a qualitative study with phenomenological research design, its findings may be generalised with caution. The fact that the study investigated personal experiences of COVID 19 survivors, made it not easy to undertake. Assurances of privacy and confidentiality however, helped to get the necessary cooperation. Since the study sites were only in Ndola, one of the 116 districts in Zambia, it may not fully represent the experiences of COVID-19 survivors in all the districts.

1.9 Theoretical Framework

The Cognitive Behavioural Theory by Aaron T. Beck (1960) guided this study. He developed cognitive therapy based on Cognitive Behaving Theory with belief that a person's experiences result in cognitions or thoughts. These cognitions are connected with schemas, which are core beliefs developed from early life, to create our view of the world and determine our emotional states and behaviours. Beck believed disorders were maintained by negative attitudes and distorted thinking (Thomas, 2022). On the basis of the Cognitive Behavioural Theory, the Cognitive Behavioural Therapy was developed originally designed for the treatment of depression and later extended to treat other mental health disorders including anxiety, anorexia, bulimia, sexual dysfunction, body dimorphic disorder, post-traumatic stress disorder and substance abuse. It had been found useful as a short-term therapy and a long-term treatment model (Thomas, 2022).

The goal of Cognitive Behaviour Therapy (CBT) is to identify and alter our distorted or negative beliefs in order to improve our behaviours and lives. The CBT is thus a mixed methods approach to Rehabilitation Counselling which is a specific practice of counselling where counsellors work to help people who have mental, emotional and physical disabilities so that they are able to live independently. Prendes and Resco (2022) observe that CBT includes a range of approaches that have been shown to be efficacious in treating posttraumatic stress disorder (PTSD). In this study, CBT aspect of Rehabilitation Counselling was explored in

relation to views of survivors on the necessity of Post-Trauma Rehabilitation Counselling in the management of COVID-19. CBT could be an effective tool to help anyone learn how to better manage challenging or stressful life situations.

1. 10 Definition of Key Terms

- (a) COVID-19 – This is a highly contagious respiratory disease caused by severe acute respiratory syndrome (Corona virus, SAR-COV-2)

- (b) COVID-19 survivors – A survivor is one who remains alive and continues to function during and after overcoming a serious life threatening situation. In that case one who remains alive and continues to function during and after suffering from COVID-19 disease

- (c) Trauma – This is the response to deeply distressing or disturbing event that overwhelms an individual’s ability to cope, causes feelings of helplessness and diminishes their sense of self and ability to feel a full range of emotions and experience.

- (d) Rehabilitation – This is the action of returning someone to health or normal life after thorough training and therapy after illness, imprisonment, addiction and so on. It is a process of helping a person who has suffered an illness or injury or lost skills to regain self-sufficiency

- (e) Rehabilitation Counselling – A systematic talk therapy which assisted persons who has suffered illness and injury or traumatic experiences

- (f) Cognitive Behavioural Therapy – A common type of structured talk therapy which helps to overcome inaccurate or negative thinking; it helps an individual to view challenging situations more clearly and respond to them in a more effective way

1.11 Chapter Summary

This chapter presented the introduction and background of the study. The statement of the problem, purpose of study, study objectives, research questions, significance of study, delimitations and limitations of theoretical framework, definition of terms and summary had also been presented. The next chapter presents reviewed literature that was considered relevant to the study.

CHAPTER TWO: LITERATURE REVIEW

2.0 Overview

This chapter presents relevant literature reviewed on the necessity of post-trauma rehabilitation counselling in the management of COVID 19. In an attempt to do this, literature related to this study was reviewed under different sub-headings. This begins with literature on post-trauma disorders which are often associated with the effects of a traumatic experience which most COVID 19 survivors go through and calls for some levels of counselling after the experience as a coping mechanism. It proceeds to present types of trauma the COVID -19 survivors experience, how COVID -19 traumatises its survivors, how the survivors of COVID -19 were helped to get back to their life routines and views of survivors of COVID 19 on the necessity of post-trauma rehabilitation counselling in the management of COVID -19. The chapter ends with a summary.

2.1 Post-Traumatic Disorders and COVID 19

It should be mentioned that, after undergoing a traumatic event, many people experience a number of side effects that drastically affect their day-to-day lives. Some may have recurring negative memories or have trouble sleeping, while other symptoms may include jumpiness or problems maintaining relationships with family members and friends. Walters et al (2007) submitted that, if left untreated, these reactions to trauma may lead to Post Traumatic Stress Disorder. Post-Traumatic Stress Disorder (PTSD) is a mental health condition that affects millions of people each year, at great cost to those who are diagnosed. In fact, according to experts at Market watch, PTSD has one of the highest costs to treat of any disorder (Mellman *et al*, 2003).

Kang, (2020) argued that, post-traumatic stress disorder is a condition brought on by seeing or experiencing a shocking event of which is likely to be experienced by Covid 19 survivors. Although PTSD is typically associated with soldiers returning from military service, a PTSD diagnosis can happen to anyone who has experienced trauma. Symptoms of PTSD can include flashbacks, nightmares, severe anxiety, and repeated uncontrollable thoughts about the traumatic event, as well as other physical and mental complications. In the same vein, Khan et al. (2020) submitted that, among Covid 19 survivors, psychological trauma is a response to an event that a

person finds highly stressful. Examples include being in a war zone, a natural disaster, or an accident. Trauma can cause a wide range of physical and emotional symptoms. Not everyone however, who experiences a stressful event may develop trauma. There are also various types of trauma. Some people may develop symptoms that resolve after a few weeks, while others may have more long-term effects. With treatment and counselling, people can address the root cause of the trauma and find constructive ways to manage their symptoms.

According to the American Psychological Association (APA) (2002), trauma is an emotional response to a terrible event like an accident, rape, or natural disaster. However, a person may experience trauma as a response to any event they find physically or emotionally threatening or harmful. A traumatized person can feel a range of emotions either immediately after the event or in the long term. They may feel overwhelmed, helpless, shocked, or have difficulty processing their experiences. Trauma can also cause physical symptoms. Trauma can have long-term effects on the person's well-being. If symptoms persist and do not decrease in severity, it can indicate that the trauma has developed into a mental health disorder called post-traumatic stress disorder (PTSD).

The statement above gives the definition of trauma and its related effects, the specific aspects of trauma regarding COVID 19 however, are still not conclusive and studies are still on-going. So it is difficult to say with certainty that COVID 19 trauma can lead to Post-traumatic stress disorder (PTSD). Also PTSD is not the only mental disorder that can follow a traumatic event. Other common post-traumatic conditions include depression, anxiety disorders (Cooper; 2020).

It is important to mention that there are several types of trauma, including: Acute trauma which results from a single stressful or dangerous event. Another one is chronic trauma which results from repeated and prolonged exposure to highly stressful events. Examples include cases of child abuse, bullying, or domestic violence and complex trauma which results from exposure to multiple traumatic events. Secondary trauma, or vicarious trauma, is another form of trauma. With this form of trauma, a person develops symptoms from close contact with someone who has experienced traumatic event. Family members, mental health professionals, and others who care for those who have experienced a traumatic event are at risk of vicarious trauma. The symptoms often mirror those of PTSD. Brewin et al (1996) outlines four types of PTSD symptoms that individuals can check for when suspecting to have PTSD. These symptoms may

also be found in COVID-19 survivors. These may include reliving the event in which individuals who experience traumatic events and may be characterised with nightmares, or flashbacks. Those with PTSD may also experience “triggering” events in their day-to-day life where sights, sounds, or smells remind them of their traumatic situation. Second type of symptom may be avoiding situations that remind an individual of the experience or event that is fearful or harmful. Those who have been through traumatic experience may try to avoid situations that remind them of the event. Individuals with PTSD may avoid crowds, driving or public transportation, certain movies or television shows, and keep busy to avoid talking to other people about the event. The third type involves negative changes in beliefs and feelings. Post-Traumatic Stress Disorder may have the potential to change the way you think about yourself and others, as a result of trauma. Individuals may experience negative feelings towards people they once loved, causing them to detach from important relationships in their life. In addition, individuals may have negative feelings toward the world in general, believing it to be a dangerous, untrustworthy place. Lastly, some experience hyper arousal. Those who have experienced trauma may be jittery, aroused, or constantly on the lookout for danger. Individuals may have a hard time sleeping, concentrating, and can be easily startled.

Campfield and Hills (2001) affirmed that, when left untreated, Post Trauma Stress Disorder (PTSD) has the potential to affect all aspects of a person’s life including their mental, emotional, and physical health. Additionally, extreme trauma has the potential to permanently disrupt or alter brain chemistry. Those who experience any of these symptoms consistently should seek help from a licensed therapist or mental health professional.

2.2 How survivors of COVID 19 can be helped

It is important to mention that, just like in post-trauma counselling, counsellors play an important role as the first responders in PTSD treatment. While individual treatment may vary from patient-to-patient, counsellors help individuals select an appropriate treatment that may help them recover from trauma (Bao et al, 2019). There are multiple types of treatment that counsellors can use to help their clients such as cognitive behavioural therapy, exposure therapy and virtual reality treatment. Cognitive behavioural therapy is one of the most effective types of counselling for PTSD. In cognitive-behavioural therapy, a counsellor helps clients to understand and change how they think about their trauma and its aftermath. The end goal is to help clients

understand how their thoughts about trauma make symptoms of PTSD worse and help them to identify toxic thoughts and feelings about the situation. Cognitive-behavioural therapy also helps clients cope with feelings such as anger, guilt, and fear.

Exposure therapy helps clients overcome the fear of the traumatic event. In this form of counselling, counsellors learn to teach clients how to gain control of their thoughts and feelings about the traumatic occurrence. By repeatedly talking about these stressful events, clients may feel less overwhelmed.

Virtual reality (VR) therapy has been an effective tool in helping clients overcome mental health issues. With the advent of Oculus Rift and HTC Vive, VR treatment was made more accessible.

Bo et al. (2020) submitted that, as it stands, Virtual Reality Treatment (VRT) as a form of post-trauma counselling is typically used for exposure therapy, which is a treatment that exposes patients to a simulated situation that would normally trigger their PTSD. Once exposed, counsellors can adequately help their clients master ways to overcome these issues. With this guidance, patients can grow accustomed to processing and overcoming their triggers.

Eye Movement Desensitization and Reprocessing: Eye Movement Desensitization and Reprocessing (EMDR) is a psychotherapy treatment that was begun in the 1980s and used to alleviate the distress associated with traumatic experiences. While it is widely assumed that severe emotional pain requires a large amount of time to recover from, EMDR treatment has proven that the opposite can be true.

According to the EMDR Institute, “EMDR therapy shows that the mind can in fact heal from psychological trauma much as the body recovers from physical trauma. When you cut your hand, your body works to close the wound. If a foreign object or repeated injury irritates the wound, it festers and causes pain. Once the block is removed, healing resumes. EMDR therapy demonstrates that a similar sequence of events occurs with mental processes.” Many studies indicate that 84 to 90 percent of trauma victims that seek EMDR treatment no longer have PTSD after just three 90 minute sessions. Greenberg et al. (2020) argued that, while the impact of trauma vary from patient-to-patient, many clients experience regular flashbacks, avoidance, triggers, and a number of other symptoms that prevent individuals from thriving in their day-to-

day lives. With help from a counsellor, clients can learn to overcome the negative experience, learn how to manage their PTSD and live a productive and healthy life.

2.3 Devastating effects of COVID 19 on human life worldwide

In December 2019, a new highly contagious respiratory illness was observed to have developed in the Wuhan province of China. Over the following weeks, a rapid spread across the globe was observed as a result of what is now known to be infection with the severe acute respiratory syndrome (SARS)-CoV-2 virus, also called the corona virus. Cui et al. (2020) submitted that the illness caused by the virus was labelled corona virus disease or COVID-19 by the World Health Organization (WHO) on 11 February 2020. The infection was labelled a pandemic by the WHO on the 11th of March 2020 and warned of the alarming level of inaction by various governments across the world that could further exacerbate the pandemic. Cui et al. (2020) adds that the disease presents with a broad clinical spectrum, with a majority (81%) of cases having either no symptoms or mild upper respiratory tract infection (symptoms of mild pneumonia). About 14% of cases had severe disease with dyspnoea, increased respiratory rate, hypoxia, and/or lung infiltrates within 24–48 hours. A small but significant minority (5%) develop critical disease with respiratory failure, septic shock, and/or multiple organ dysfunction/failure. The treatment is mainly symptomatic, while oxygen therapy represents the major treatment intervention for patients with severe infection. There is still no specific curative drug recommended for the disease. Mechanical ventilation may be necessary in cases of respiratory failure to non-invasive forms of respiratory support while hemodynamic support is essential for managing septic shock. A case fatality rate of about 4% has been reported from China. In the United Kingdom (UK), a 33% mortality rate has been reported for hospitalized COVID-19 patients. According to Sialubanje (2022). There has been a total of 325,248 confirmed cases of COVID-19 and 6451 deaths. Zambia initially experienced a rate of 1,23% but this increased considerably during the third wave (June to August 2021) attributed to the delta variant. Little is known about the clinical course of COVID-19 and how the disease affects the survivors overtime. Moreover, information on the long term health effects as well as associated risk factors is scanty. However, a study by Zulu et al (2022) indicated that a notable number of persons with SARS-Cov-2 infection in Zambia still had symptoms nearing to two months after their diagnosis

Phua, et al. (2020) posited that, the panic among most people in places such as the United Kingdom started when two Chinese nationals from the same family staying at a hotel were first reported. It was observed that subsequently, other UK patients with recent travel histories to affected regions tested positive to the virus. The first known case of a person infected within the UK was reported on the 29th of February, 2020. The first case fatality from the infection in the UK occurred on March 5th, 2020 in an elderly patient with underlying health conditions. Thus far in the UK, a total of 307,980 people tested positive to the virus, and 43,230 people died as of 26 June 2020 (Phua, et al., 2020).

Constantine, et al (2020) submitted that, it is difficult to ascertain if premorbid fitness and wellbeing have a direct impact on the clinical course of the disease. It has been observed that lifestyle-related diseases such as obesity, insulin resistance and diabetes are linked to an increased risk of hospitalization and mortality. This has prompted suggestions that high levels of cardio respiratory fitness might be protective to developing a severe case of COVID-19. These lifestyle-related diseases have a common linkage of sedentary behaviour, poor dietary habits, and a lack of physical exercise. They are also characterized by chronic low-grade inflammation that is readily ameliorated by the positive effect of moderate doses of exercise on some immune markers associated with these diseases. Elderly patients and those with underlying medical conditions appear to be the most vulnerable group at risk to COVID-19. Evidence also indicates a markedly higher mortality risk to COVID-19 among Black Asian and Minority Ethnic (BAME) groups. Similar adverse outcomes are seen for BAME patients in intensive care units and amongst medical staff and healthcare workers. The exact reasons for this increased risk and vulnerability from COVID-19 in BAME populations are not known.

Wu (2020) affirmed that, the planned response by the health authorities to the pandemic largely focused on the prevention of infection by limiting spread and ensuring that the acute care services, including intensive care units (ICUs), were able to cope with the care of patients with the disease. There has been very minimal discussion on the possible need for specialist rehabilitation services as part of the planning of the national response to COVID-19. Understandably, the disease has had a massive impact on health care services. Routine clinical activities have been disrupted as part of the emergency preparation for the expected surge in hospital bed utilization at the peak of infection. The disruption of clinical activities has had a

massive impact on specialist and community rehabilitation services. Many of the patients served by the specialist rehabilitation service fall within the vulnerable group, and some may require regular intervention procedures such as botulinum toxin injections to manage the residual deficits from their condition. Specialist rehabilitation services in England are classified on a three-tier structure as tertiary, secondary, and primary levels of healthcare services.

It is worth noting that all levels of rehabilitation service provision have been impacted upon by the disease burden. Many patients undergoing inpatient rehabilitation were hurriedly discharged from hospital as soon as medical stability was achieved for the continuation of their rehabilitation in the community. This was to create capacity within the acute services for an anticipated surge at the peak of pandemic. However, community specialist rehabilitation provision has been historically sparse across various parts of the UK, notably in our region (Yorkshire and Humberside), and there have been concerns that these community services would be quickly overwhelmed. Furthermore, the need to maintain guideline rules of social distancing and also for community-dwelling adults to only undertake essential travels has had significant impact on the services provided by the community therapy teams. The closures of gyms and leisure centers, as well as the temporary cessation of social prescribing networks and activities, have further limited access to other potential rehabilitation resources (Webster, 2020).

Chen et al (2020) observed that patients who recover from the infection, especially those that required ICU input, are likely to have on-going rehabilitation needs. In view of the novel nature of this disease, very little is known about the long-term residual deficits and the rehabilitation needs of this group of patients. While it is anticipated and expected that pulmonary rehabilitation (PR) will predominate during the acute episode with the need to improve oxygenation and facilitate the drainage of pulmonary secretions, the rehabilitation requirements following discharge is less known. It is assumed that those managed in the ICU may develop residual deficits such as critical illness neuropathy/myopathy and deconditioning commonly seen as part of critical care episodes.

Constantine et al (2020) argued that evidence from previous coronavirus-related respiratory tract viral infection epidemics such as the SARS, which swept the world in 2002–2003, and Middle East respiratory syndrome (MERS), which emerged in 2012, indicate the development of impairment of physical, mental, and social functioning brought about by respiratory compromise

and deconditioning. The patients developed neurological complications such as myopathy, neuropathy, and generalized deconditioning, which is often associated with prolonged stay within the intensive care environment. Patients also develop psychological and mood-related effects following severe illness.

In addition to all this is the pervasive anxiety that is apparent within clients during this pandemic episode. The psychological impact of the pandemic extends beyond the patients; it also affects the clinicians, therapists, and carers whose families, friends, and colleagues might be affected by the disease. The risk of contracting the infection by frontline health care workers and carers is heightened by the long hours and stressful work environment prevalent during the pandemic. This is further exacerbated by the difficulty in accessing appropriate personal protective equipment (PPE) such as high-quality face masks, gowns, and gloves in community care settings. Accelerated hospital discharge procedures for medically stable patients with COVID-19 might have contributed to the disease burden in the care home sector. Poor compliance with infection prevention and control measures may also have heightened the risk of providing care in the community (Duan and Zhu, 2020). However, it remains necessary to understand views of COVID-19 survivors on their need for post-trauma rehabilitation counselling.

2.4 The COVID 19 outbreak and the perceptions it created

COVID-19 has wreaked havoc worldwide, socially and economically. This pandemic has led to physical isolation, but also to an unprecedented removal of knowledge through the avalanche of fake news, misinformation and conspiracy theories. We have become more and more dependent on social media for information, but most of the time this information has nothing to do with the real situation, with the truth. Plato's allegory of the cave in the *Republic*, (Plato 2008) presented as a dialogue between Plato's brother Glaucon and his mentor Socrates, narrated by the latter, is a conceptual tool to help the reader distinguish between appearance and reality, highlighting the influence of ignorance on our nature. Plato presents a group of people who have lived all their lives locked in a cave with a high wall in front. They can see nothing but the stone wall in front of them. Behind the wall burns a fire that provides enough light to project bright images of external objects on the walls of the cave. Those shadows are the reality of the prisoners.

The current epidemic isolation has brought us to the situation where the ordinary individual cannot distinguish truth from falsehood by reason. We are caught in a contemporary version of Plato's allegorical cave, in which natural reality is distorted and darkened by the shadows cast by the media, Facebook and other social networks, which constantly mislead us. Projected visions take us further and further away from the real world. Another kind of Matrix, in which the senses no longer help the correct analysis or critique of information thus creating false perceptions without any connection with reality. And this trend is fuelled and even forced by leaders around the world (Wu and McGoogan, 2020).

According to Merzouk (2020), the shadows that the inhabitants of Plato's cave see projected on the wall are the weakest form of knowledge: opinion. Social media abounds with "experts" who offer their opinions. And people end up grouping themselves according to the opinions they consider true, often without any rational foundation, acting according to those opinions, sometimes against their own real interest. Moreover, such insulation is ideal for mass handling. And to induce emotions, and ultimately actions, for or against realities. In his allegory, Plato describes what would happen if one of the prisoners escaped from the cave. After being blinded by the bright light of the Sun, he would discover that reality is not what they thought it was. Like the fire that casts light on the cave walls, the human condition is always linked to the impressions received through the senses. And in the absence of direct senses due to isolation, the impressions offered by the media remain, be it social media or mass- media. Basically, Plato suggests, we cannot break away from the bonds of our human condition, just as the prisoners of the cave could not free themselves from chains. When (if) we still manage to escape from our cave, we will find a transformed world, which many of us will no longer understand - another "realm", the source of a higher reality than the one we knew. No one knows the actual number of people infected with corona virus.

In addition, there are asymptomatic, and even in symptomatic people the disease becomes visible only a few days after infection. So, any of us can be, at some point, a potential vector of the disease. And you can become a victim at any time without knowing it. From a philosophical point of view, you are in what theorists call decision-making in conditions of uncertainty. You can't estimate the odds of being sick or contagious - victim or vector. Justice theorist John Rawls used this model of decisional uncertainty as a thought experiment called the "veil of ignorance",

(Rawls 1999) a method of determining the morality of problems. It requires a decision-maker to choose on a social or moral issue and assumes that he has enough information to know the consequences of his possible decisions for everyone, but would not know or take into account that person. The theory holds that not knowing the final position in society would lead to the creation of a fair system, as the decision maker would not want to make decisions that benefit one group to the detriment of another, because the decision maker could theoretically reach any group.

The thinking experiment proposed by John Rawls states that people who make political decisions imagine that they know nothing about the talents, abilities, tastes, social class and positions they will have in a social order. When such parties select the principles for the distribution of rights, positions and resources in the society in which they will live, this "veil of ignorance" prevents them from knowing who will receive a certain distribution of rights, positions and resources in that society (Rawls 1999). According to Giuseppe et al (2020), the COVID pandemic can be considered a natural version of John Rawls' thought experiment: it puts a veil of ignorance on the state of infection. You know nothing about yourself, whether you are infected or not, or whether you will be infected. And you wonder, what principles would you accept in terms of physical distancing, wearing masks, allowing businesses to reopen or allowing crowds to gather, if you do not know your own situation about COVID infection?

In its continued devastation of the human population the Covid 19 outbreak sparked a wave of uncertainty and confusion which presents an ideal situation for post-trauma counselling to be offered on survivors who are looked by society with a scorn or considered as lepers. The World Health Organization has declared the outbreak of COVID-19 an urgent public health concern on 30 January 2020, and a pandemic on 11 March. (World Health Organization 2020) The pandemic has caused global social and economic disruption, the largest since the global recession triggered by the Great Depression and global famine that has affected 265 million people (WHO,2021).

Among the first reactions from the beginning of the pandemic was the search for culprits for its beginning and spread. This has exacerbated prejudice, xenophobia and racism towards people of Chinese descent (Burton 2020) and conspiracy theories. People in Italy (the first country in

Europe to experience a severe outbreak of COVID-19) also suffered from suspicion and xenophobia. (Nadeau 2020) Discrimination against Muslims in India has also escalated after Indian authorities identified a gathering of an Islamic mission group as a source of pandemic (Kolachalam 2020). In Paris, ethnic minorities complained of discriminatory police actions during quarantine. (Dodman 2020) In South Korea, the LGBTQ community has been blamed by some for the spread of the virus. (Thoreson, 2020) Even in China, xenophobia and racism against non-residents, especially people of colour, have increased during this period (Asiedu, 2020).

One of the most contested measures taken globally in the COVID-10 pandemic is social distancing (later called physical distancing to prevent the development of negative social associations). Methods of social distancing include quarantine; travel restrictions, closure of schools, workplaces, stadiums, theatres or shopping malls. (World Health Organization 2020) Non-cooperation with distance measures in some areas has contributed to the further spread of the pandemic. Opposition to social distancing also came from some heterodox epidemiologists (Farr, 2020).

It is important to mention that, the pandemic has also affected political systems in several countries, leading to the suspension of legislative activities (Tumilty, 2020) and the rescheduling of elections. (Corasaniti and Saul 2020). The measures taken to combat the pandemic have allowed an unusually large expansion of government power, many sociologists are concerned that the state will hardly give up, after the mitigation of the pandemic, this power; there are many historical precedents in this regard. In the opinion of Rocco Ronchi, (Foucault et al., 2020) the measures taken in the current pandemic confirm Foucault's thesis that the current power is bio political. He sees the virus as presenting the characteristic of an event, also possessing its "virtue" ("unlike simple facts, events possess a "virtue", a force, a property, a *vis*, that is, they do something"). The events are traumatic, producing transformations before taking place or even being possible. Thus, events generate the "real" possibility. It follows that the "virtue" of an event thus consists in making possible operational methods which "before" were simply impossible, unimaginable.

Farr (2020) submitted that, men have become so used to living in conditions of permanent crisis and emergency that they do not seem to notice that their lives have been reduced to a purely

biological condition, one that has lost not only any social and political dimension, but even any compassionate and emotional one. A society that lives in a permanent state of emergency cannot be a free one. We effectively live in a society that has sacrificed freedom to so-called “security reasons and as a consequence has condemned itself to living in a permanent state of fear and insecurity. According to Agamben (2019), we have come to talk about the virus in terms of war. A war against an invisible enemy. The enemy isn’t somewhere outside, it’s inside us. In a question, Giorgio Agamben returns with an approach to “social distancing” as the new principle of organizing society, decreeing that “a norm that affirms that we must renounce the good to save the good is just as false and contradictory as that which, to protect freedom, orders us to renounce freedom.

In new reflections, Dean (2020), states that, with this forced isolation, we live a new totalitarianism. It is always dangerous to entrust doctors and scientists with decisions that are ultimately ethical and political. In *Medicine as Religion*, Agamben (2020) states that in the modern West coexist three major belief systems: Christianity, capitalism and science, which sometimes intersect. The novelty consists in the fact that between science and the other two faiths, without noticing, an underground and relentless conflict was triggered, with successful results for science. In science, medicine occupies a special place, being characterized by does not need a special dogma, but is limited to borrowing its fundamental concepts from biology - there is a god or evil principle, namely disease, whose specific agents are bacteria and viruses, and a beneficent god or principle that is not health, but recovery, whose cultic agents are drugs and therapies

2.5 COVID-19 and Mental health requiring counselling services

It is important to mention that, the novel corona virus disease (COVID-19) epidemic was considered to be the worst and complex virus outbreak, which caused 56,985 deaths as of April 22, 2020 already. The epidemic infectious may cause mental health crisis. Meanwhile, little is known about the specific psychological status of the COVID-19 survivors but it calls for post trauma-counselling services. Ciu et al (2019) posited that, The World Health Organization has expressed its concern over the impact of the global pandemic on the mental health and psycho-social concerns of people. It is speculated that safety measures like self-isolation and quarantine have affected usual activities, routines and livelihood of people that may lead to increased

loneliness, anxiety, depression, insomnia, harmful alcohol or drug use, and self-harm or suicidal behaviour (World Health Organization, 2020). The lockdowns around the world have also led to an increase in domestic violence cases as victims of violence are restricted to stay in the same place as their perpetrators, with no escape. Stigma and discrimination against person(s) who have tested positive for COVID-19 is another major source of distress for them, in addition to the already existing physical and mental health issues. A recent survey by the Indian Psychiatric Society indicated a twenty percent increase in mental illnesses in the country since the corona virus outbreak.

It is understandable that at times like this, people may be feeling afraid, worried and overwhelmed with the constantly changing alerts and media coverage regarding the spread of the virus. Chen et al(2020) argued that, psychosocial interventions are therefore important; to keep the population informed and assist them in following mental health tips and strategies to look after themselves as well as others in the community. Post- trauma counselling and psychosocial interventions refer to strategies that target excessive, uncontrollable stress, concern and persistent excessive arousal. Mental health professionals like psychologists, psychiatrists and psychiatric social workers help the patients and larger community understand the potential impact of the virus and help patients, societies and families deal with the potential threat on physical and mental health. Psychological assistance services, including telephone, internet and application-based counselling or intervention, have been widely deployed by local and national mental health institutions in a response to the COVID-19 outbreak as the availability of transparent appropriate, and timely information is vital for the emotional restraint of family members and for keeping the general population calm.

Mark et al. (2009) submitted that, being isolated and quarantined, the COVID-19 patients face a myriad range of anxieties and worries pertaining to their own health including uncertainty of recovery, co-morbidity, health and welfare of their near and dear ones, financial security etc. which lead to feelings of loneliness, hopelessness and frustration. The objective of post –trauma counselling or intervention is to offer basic psychosocial support to people who have tested positive for COVID-19, through telephonic counselling ‘compassionate talking’ by qualified and experienced counsellors. Such compassionate talking or counselling entails specific components of Psychosocial First Aid (PFA) such as: listening non-judgmentally; giving re-assurance and

general information; and encouraging self-help and other support strategies being conducted from a remote place, such counselling does not entail any psychological assessment or treatment. It is not intended to fulfil the objectives of conventional psycho-social counselling such as: providing practical assistance for meeting immediate needs; helping establish social supports; and providing linkages with referral services. This intervention is unique and is one of its kind in the country as it is a kind of a ‘reverse’ helpline whereby people testing positive for Covid 19 do not call up the helpline but are instead called up for checking on their psychosocial state and providing some relief in the form of counselling.

Most of the times people testing positive are relieved to get such a call where the caller promises to hear out their problems and thought processes and keep everything confidential. In addition, De Carolis and Massimo (2020) posited that a new study found that more than half of patients who were hospitalized for COVID-19 meet the diagnostic criteria for at least one mental health disorder. Researchers believe that the high rates of mental health conditions in these patients may be linked to the inflammation that severe cases of COVID-19 can cause. The most common disorders found in these survivors included: Depression, Anxiety and Post-Traumatic Stress Disorder (PTSD) and Obsessive-Compulsive Disorder (OCD). It has been realized that, if one was hospitalized with COVID-19, it’s important to get screened for these conditions. Expert mental health care providers can assess the mental health and find ways to help those experiencing those mental conditions as part of post-trauma counselling. It should be remembered that, mental health conditions are serious and even life-threatening.

2.6 Challenges experienced by COVID 19 Survivors requiring Post-Trauma Counselling

COVID-19 survivors sometimes face mental health challenges when they speak to other people about what they went through and even lingering symptoms. For example, when other people write COVID-19 off as “no big deal” or even a hoax, this can emotionally hurt survivors. Although you know that the virus is real and serious, you may feel understandably hurt when people doubt the suffering you have endured. Yao et al(2020) contended that, sometimes this doubt becomes gas lighting. The term “gas lighting” means manipulating another person into questioning their own experiences and sanity. Some people gaslight COVID-19 survivors by saying they do not believe it was really so bad.

Furthermore, some COVID-19 survivors have lingering symptoms for months. If this is one of the post-COVID 19 experience, it is vital seek for survivors to undergo post-trauma rehabilitation. Whether the symptoms are bothering you due to mental illness or physical illness, they are real. For example, fatigue could be a lingering effect of COVID-19 or a symptom of depression. Either way, you deserve to be believed and treated with respect. Foucault et al. (2020) affirmed that, while most people survive COVID-19, many do not. For those who have contracted and survived the virus, knowing that others have not been as lucky can be difficult to grapple with and this may require post-trauma counselling services. Some COVID 19 survivors may ask themselves why they survived and someone else did not. This feeling is known as survivor's guilt, and it can be particularly intense if someone personally knows someone who died from COVID-19 and triggers guilt feelings that will need therapy which can help COVID 19 survivors to cope with this intense, normal, and difficult feeling.

COVID-19 being a relatively new disease has brought with it significant challenges for research. Despite numerous researches that are on-going on COVID-19 it still brings about a significant knowledge gap especially in developing countries like Zambia with limited capability and resources.

2.7 Chapter Summary

It is important to note that, a global pandemic of a new highly contagious disease called COVID-19 resulting from corona virus (severe acute respiratory syndrome (SARS)-Cov-2) infection was declared in February 2020. Though primarily transmitted through the respiratory system, other organ systems in the body can be affected. Twenty percent of those affected require hospitalization with mechanical ventilation in severe cases. About half of the disease survivors have residual functional deficits that require multidisciplinary specialist rehabilitation and one of those interventions is post-trauma counselling. In this direction, some countries such as China, Italy and India, they have started offering tele-counselling or Tele-Rehabilitation (using the phone) to help Covid 19 survivors to cope with challenges they encounter after recovering from traumatic effects of the Corona virus. It is believed that, survivors experience several effects of the disease. However, little or no research has been conducted worldwide and maybe due to inadequate information, there is little documented literature on the provision of post-trauma

counselling to Covid 19 survivors. It is therefore necessary to conduct a study of this nature to establish experiences of survivors of COVID 19 on the necessity of post trauma rehabilitation counselling in the management of COVID 19 in Zambia.

CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Overview

The chapter presents the methodology used. It outlines research design, population, sample size, sampling procedure, research instruments, data collection procedure, data analysis and ends with a summary.

3.1 Research Design

The qualitative approach was used in this study in order to gain detailed understanding of the topic used on first-hand experience by respondents. This aimed to establish what the respondents think and why they thought so. According to Taylor et al (2011) qualitative methods involve inquiry in which the researcher collects data on a face-to-face basis implying that the researcher was to be availed the chance to get the opinion of the respondents on the spot. The phenomenological research design was used to investigate the experiences of COVID 19 survivors. The design was employed to interpret the participant feelings and perceptions to clarify the essence of the phenomenon under investigation.

3.2 Study Population

The study population was a selected group of COVID-19 survivors from Ndola district. These were chosen because they had the required experience the COVID-19 in terms of necessity of post-trauma rehabilitation counselling.

3.3 Sample Size

A sample size of 10 participants who survived from COVID-19 was attained through data saturation. Data saturation is the point in a research process where no new data emerges. As any further data collection may not produce value added insights.

3.4 Sampling Techniques

This study used typical case purposive and snowball sampling techniques. Typical case sampling procedure was used to select typical cases of those that survived from COVID-19. Snowball sampling technique was helped to locate the COVID-19 survivors as one participant led to the other until saturation was reached.

3.5 Data Collection Instruments

A structured interview guide was used to collect data from the COVID-19 survivors. An interview guide enabled the researcher to ask follow up questions and have in-depth understanding about the experiences of COVID-19 survivors in terms of necessity of post-trauma rehabilitation counselling

3.6 Data Collection Procedure

Semi structured interviews were carried out with the COVID-19 survivors. This was done face – to-face so that rapport could be created with the participants. Each participant was assured of their anonymity and confidentiality of the information given. This study used letters and numbers. The letter H was used for all 10 participants with corresponding numbers from 1 to 10 to show the sequence the interviews occurred in. For example, participant H 1 referred to the first participant interviewed while H2 referred to the second participant interviewed.

3.7 Trustworthiness

This refers to the degree of confidence in data, interpretation and methods used to ensure the quality of a study. The criteria used to ensure trustworthiness includes credibility, dependability, confirmability and transferability. Credibility is how confident the researcher is in the truth of the research study's findings. To ensure credibility a detailed review of literature was conducted on the views of COVID-19 survivors on the necessity of post- trauma was conducted in addition the interview guide was used to ask questions which were clear and precise thereby giving the respondent an opportunity to give clear and precise answers. Dependability is the extent that the study could be repeated by other researchers and that the findings would be consistent. This study ensured dependability by being logical, traceable and documenting research work clearly. Confirmability is the neutrality in the research findings which occurs when the findings are based

on participants' responses and not any potential bias and personal motivations of the researcher. In order for a study to meet the requirement of confirmability it had to achieve credibility, dependability and transferability. This study endeavoured to meet all these requirements. Transferability is how the researcher demonstrates that the findings of the study are applicable to similar situations, populations and phenomena. Every effort was made in this study to ensure the likelihood of transferability of findings. Snowball and purposive sampling techniques were used to maximise specific data relative to the context in which it was collected.

3.9 Data analysis

Data analysis was done in order to come up with clear and understandable data aimed at achieving the objectives of research. The goal of data analysis was to achieve an understanding of patterns of meanings from data on the subjective experiences of participants who were COVID-19 survivors.

Thematic analysis of qualitative data was employed. In order to do thematic analysis, the researcher closely examined the data to identify common themes. The process that was employed involved a six step process; familiarization, coding, generating themes, reviewing themes, defining and naming themes and write up.

This analysis which was part of content analysis was used to deduce the meaning of words participants used. This involved reading through a data set (such as transcripts from in depth interviews) and identifying, analysing and reporting repeated patterns in meaning across data to derive themes. This was accomplished by discovering the repeating themes in the text. The themes revealed key insights into data. The researcher endeavoured to organize and construct a composite of all the themes and patterns into an informative package that answered the questions of the research or study as experienced by the participants.

3.9 Ethical consideration

Given the sensitivity of the research it was necessary to get the informed consent of participant of the study. It was also imperative that the participants voluntarily take part in the study and not be coerced because the success of the study was owed to them. It was also important to assure the participant of their anonymity and confidentiality in the information they provided.

3.10 Chapter Summary

The chapter outlined the methods that were used in the study. The chapter gave details on the research design, target population, sample size, sampling procedure, research instruments, data collection procedure and data analysis.

CHAPTER FOUR: FINDINGS OF THE STUDY

4.0 Overview

This chapter presents the findings of the study conducted in Ndola district in selected hospitals which aimed at getting views of survivors of COVID-19 on the necessity of post-trauma rehabilitation counselling. The findings are presented according to the study questions which were:

- (i) What type of trauma did the COVID-19 survivors experience?
- (ii) How had the COVID-19 traumatized its survivors?
- (iii) How were the survivors of COVID-19 helped to get back to their usual routines?
- (iv) What are the views of survivors on the necessity of post-trauma rehabilitation counselling in the management of COVID-19?

4.1 Types of trauma experienced by survivors of COVID-19

Findings show that survivors who were not medical personnel could not technically explain what trauma is. Nevertheless, they were able to share their views which indicated that some of them were still experiencing COVID related physiological, psychological and social problems. Health personnel were able to identify some type of trauma that generally manifest after traumatic experiences which included post-trauma stress disorder (PTSD).

The COVID-19 survivors who expressed ignorance of the term trauma had this to say,

“I don’t know anything about Traumas so I don’t even know the types.” (H1).

Another participant H2 commented that,

“I have not just been myself since suffering from COVID-19. Am still experiencing fatigue, headache and chest pains. I know nothing about trauma.” (H2).

Health personnel whom were also COVID-19 survivors were able to identify some specific types of trauma they had experienced. To this effect, participant H7 explained that,

“I had experienced psychological trauma. As such I had problems such as depression, fear and anxiety” (H7)

In addition, participant H8 said,

“I experienced physical trauma. I had problems such as fatigue, shortness of breath, sleep disorder and chest pains. I recall how I was treated in the community. I was stigmatised and I had financial problems because of COVID-19.” (H8)

Another COVID 19 survivor H10 who was also a medical doctor said,

Post-Trauma Stress Disorder is the most common among corona virus disease patients including myself. A significant number of COVID-19 survivors were suffering from physical or mental distress to varying degrees at 6 months post-discharge. Such people including myself experienced persistent respiratory symptoms, sleep difficulty, anxiety and decreased quality of life.

From the experiences narrated by the COVID-19 survivors, the trauma experienced can generally be categorised as physiological, psychological and social.

4.2 How COVID-19 traumatized its survivors

Findings show that COVID-19 traumatised its survivors through short, medium and long-term traumas. It is also clear that whilst some COVID-19 patients came out without traumas others experienced affliction which resulted in short, medium and long-term traumas. Thus, results indicated a range of responses from those who stated that they were not traumatized to those who felt that COVID-19 had significantly traumatized them.

Responses from those who stated that they were not traumatized include the following; Participant H1 had this to say,

“I contracted COVID-19 virus despite observing all the necessary precautions. I am glad that I recovered and have no problems with any health”. (H1)

Another participant H2 added that,

“My health has been ok from the time I suffered from COVID-19. Of course I still suffer from the usual sickness which affect other people as well.” (H2)

Responses from those who stated that they were traumatized also include how they were traumatised by COVID-19.

One of the participants H4 said that,

“I suffered from COVID-19 twice and up to now I still have fatigue and my body does not feel as well as before. I hope the situation will improve.” (H4)

One of the COVID-19 survivors (H5) who was 65 years of age when asked about how he felt post-COVID-19 treatment said the following,

I already had a problem of high blood pressure and diabetes. So COVID-19 made my condition worse. My pressure and blood sugar have been consistently high since I suffered from COVID-19. I am now continuously in and out of hospital for observations. (H5)

Another COVID-19 survivor (H6) aged 52 also complained of post COVID-19 afflictions as follows;

“After recovering from COVID-19, I still have health problems which were not there before. I can’t breathe properly as I used to in the past. I have been going to the hospital for check-up and treatment.” (H6)

Yet another survivor of COVID-19 (H7) recounted how almost his entire family succumbed to the disease.

Apart from some of the young ones my family contracted COVID-19. My wife and I were severely ill as well as my 85-year-old father who was staying with us. Unfortunately, the old man couldn’t make it. He passed away. My wife and I are still struggling with health issues up to today. We were told by medical personnel that the problems we are facing will go away but these problems have continued. (H7)

4.3 How survivors of COVID-19 were helped back to their usual life routines

Regarding how survivors of COVID-19 were helped back to their usual life routine, the findings of this study were that programmes for post-COVID rehabilitation counselling were absent. The emphasis was just on treatment and vaccination. Thus when asked whether they were being helped back to their usual routines, the participants were unanimous in their responses that they were not receiving any other support apart from medication. Participant H1 said the following,

“Unfortunately we are not being helped to return to our usual routine activities. There is no support from anywhere.” (H1)

Another participant H7 added that,

“No one has ever visited us to find out the problems we are facing. It seems our community has left us alone. At least if they provided us with counselling it could be of help.” (H7)

One of the participants H2 also commented that,

“I am still not myself. I still have nightmares when I remember how sick I was. We are not receiving any help such as counselling” (H2)

Another participant H10 who was also a medical doctor had this to say:

Many patients may leave the hospital with scarring damaged or inflammation that still needs to heal in the lungs, heart and kidneys, liver or other organs. This can cause a range of problems including urinary and metabolism issues. There are also problems of shortness of breath, cough that does not go away, muscle weakness and many other problems. For people to return to the usual life routines they need to be counselled and supported. Unfortunately, our health system has not developed capacity to handle this task in the communities. (H10)

4.4 Views of survivors of COVID-19 on the necessity of post-trauma rehabilitation counselling

Rehabilitation counselling is focused on helping people who have experienced trauma to achieve their personal independent living goals through a counselling process. Findings show that the participants in the study recognised the necessity of post-trauma rehabilitation counselling to COVID-19 survivors. However, in terms of knowledge about rehabilitation counselling it ranged from lack of knowledge to fairly good knowledge of rehabilitation counselling.

One of the participants H1 had this to say:

“I don’t know anything about rehabilitation counselling. But if it can help to overcome the traumas caused by COVID-19, it is necessary.” (H1)

Another participant H2 also said,

“I really don’t know about rehabilitation counselling. People don’t talk about such things. But if it helps people to overcome their problems then it is necessary” (H2)

“One of the participants H4 said,

“I do not know anyone who has received rehabilitation counselling before. But if it helps people to overcome their problems then it is necessary.” (H4)

Some of the participants who had some idea about what rehabilitation counselling is appreciated the need for it. One of them (H3) had this to say:

“I have not heard of anyone receiving post–COVID19 trauma rehabilitation counselling but it will make me feel better, then it is necessary.” (H3)

Another participant H5 added that,

“It will be good to have someone to listen to my problems and provide counselling.” (H5)

Some participants who had good knowledge of what rehabilitation in general and rehabilitation counselling in particular was all about also appreciated its necessity to COVID-19 survivors.

One of them (H6) had this to say,

“Counselling is an important process which helps people recover from whatever problems they are facing or prepare them to cope with situations. It is definitely necessary.” (H6)

Another participant H 7 added that,

“Counselling is helpful. It is important to have someone to talk to. Someone who can help in solving health problems until someone is able to cope on their own. Specifically, for COVID-19 survivors rehabilitation counselling is very necessary.” (H7)

Another participant H9 also commented that,

“Patients are likely to suffer from post-COVID syndrome. In addition to physical limitations, fatigue and depression anxiety disorders. Rehabilitation counselling and other coping strategies are absolutely necessary and can be of great benefits to the survivors.” (H9)

One of the participants H10 also added his voice and said,

From the time COVID-19 broke out in Zambia in 2020 emphasis has just been on treatment and recently on vaccination. Post-COVID-19 rehabilitation programmes in public health are still largely absent. Implementation of such programmes including counselling would improve quality of life in post COVID-19 survivors and increase the probability of returning to usual life routines. (H10)

4.5 Chapter summary

In summary, regarding types of trauma experienced by survivors of COVID-19 most of the symptoms they were describing they could be categorised as physical, psychological and social traumas. Findings also showed that COVID-19 traumatised its survivors through short, medium and long-term traumas. Regarding how survivors of COVID-19 were helped back to their usual routine, it was found that despite the importance of post COVID-19 rehabilitation counselling in public health and communities, support programmes such as counselling were largely absent. Apart from medical interventions survivors were left to struggle on their own. Lastly on the views of survivors of COVID-19 on the necessity of post-trauma rehabilitation counselling, it was found that some survivors lacked knowledge of the process of rehabilitation itself but were of the view that it was necessary if it could help restore their normal functioning. Those who had knowledge of what rehabilitation counselling was all about clearly stated that it was absolutely necessary.

CHAPTER FIVE: DISCUSSION OF FINDINGS

5.0 Overview

The purpose of this study was to get the views of COVID -19 survivors on the necessity of post-trauma rehabilitation counselling. This chapter is a discussion of the findings based on the research objectives. Thematic analysis of qualitative data derived through interviews was done under each of the research objectives of the study which were; to establish the types of trauma the COVID-19 survivors experienced, to establish how the survivors of COVID-19 were helped back to their usual life routines, to ascertain how COVID-19 traumatized survivors, to establish views of survivors of COVID-19 on the necessity of past-trauma rehabilitation counselling in the management of COVID-19.

5.1 The types of trauma the COVID-19 survivors experienced

According to past studies COVID-19 obviously does have post-treatment consequences which manifest lightly in some people and seriously in others. Some people feel better within a few days or weeks of their first symptoms and make a full recovery within 12 weeks, for some people, symptoms can last longer.

The World Health Organisation (WHO) assessed that most people who develop COVID-19 fully recover, but current evidence suggested that approximately, 10% - 20% of people experience a variety of mid to long term effects after they recover from their initial illness (WHO; 2021). This study revealed the similar trends in the participants/COVID-19 survivors.

Results further reveal that from the description participants gave, the trauma experienced could be categorised as physiological, psychological and social. This is in line with observation made by Khan et al (2020) who submitted that COVID-19 survivors may experience psychological trauma which is a response to an event that a person finds highly stressful. The American Psychological Association (APA) (2002) also observed that a person may experience trauma as a response to any event they find physically or emotionally threatening or harmful.

Similarly, Saladino (2020) stated that COVID-19 pandemic has had significant psychological, physiological and social effects on the population. The study highlighted the impact of COVID-19 on the well-being of the people who are more likely to develop post-traumatic stress disorder, anxiety, depression and prolonged ill health.

5.2 How the COVID-19 traumatised survivors

The findings of this study indicated that the degree and extent of trauma the survivors experienced varied depending on the degree and extent to which they were afflicted by the disease. Some survivors were able to recover without post-treatment traumatic experiences whilst others experienced debilitating post-traumatic afflictions. This aligns with a study conducted by Taggart (2021) who observed that although some COVID-19 survivors recovered fully, some survivors had increased risk of chronic physical health conditions such as respiratory conditions. Underlying health conditions were also linked to elevated risk of the most serious forms of COVID-19 and subsequent mid to long-term afflictions. Psychologically, survivors were at the increased risk of a range of mental health problems including depression, anxiety disorders, psychosis, bipolar and post-traumatic stress disorder. Similarly, Zulu et al (2022) indicated that a notable number of persons with SARS-Cov-2 infection in Zambia still had symptoms nearing to two months after their diagnosis

According to Belluck (2021) hundreds of thousands of seriously ill corona virus patients who survive and leave hospital are facing a new and difficult challenge. Many are struggling to overcome a range of residual symptoms and some problems may persist for months, years and even the rest of their lives. In this study the findings showed that COVID-19 survivors to a very large extent were also associated with physical health problems.

5.3 How survivors of COVID-19 were helped back to their usual life-routines

The findings of this study show that there was no evidence of any support programme such as counselling for COVID-19 survivors who were experiencing post-traumas. The participants were all unanimous in stating that apart from medication for those with continued afflictions after COVID-19 treatment, there was nothing else being provided. To the contrary, Bao et al. (2019) suggested that while individual treatment may vary from patient-to-patient, counsellors can help individuals to select an appropriate help including rehabilitation counselling that may

help them recover from trauma. Indeed, this study found that there was absence of structured programmes such as counselling to provide post-treatment interventions. The survivors were left to struggle on their own to deal with mid and long-term COVID-19 afflictions.

5.4 Views of survivors of COVID-19 on the necessity of Post-trauma rehabilitation Counselling

Findings of this study show that The COVID-19 survivors interviewed generally had a positive view on the necessity of post-trauma rehabilitation counselling despite most of them lacking technical knowledge of what the process entailed. Thus, there is a strong case for post-trauma rehabilitation not only for COVID-19 but for all trauma. According to Wellknox (2022) post-trauma rehabilitation programmes are the professionally designed interventions to improve mobility and independence for patients who have survived traumatic experiences. It is a vital programme to provide the necessary treatment to the patients to aid their transition and recovery and help them regain the physical, mental and emotional functions that were limited after traumatic experience. Providing expert care for the traumatized is essential to achieve improved outcomes with the aim of helping the patients regain as much of the previous strength and functionality as possible. In this same vain the necessity of post-trauma rehabilitation counselling cannot therefore be overemphasised. Counselling provided by trained professionals can make a profound impact on the lives of individuals. It helps people navigate difficult life situations by providing the tools and insights to manage issues thereby empowering people to lead healthy and fulfilling lives.

5.5 Chapter summary

This study sought to get the views of survivors of COVID-19 on the necessity of post-trauma rehabilitation counselling in Ndola district of Zambia. Although some of the respondents did not have technical knowledge of the rehabilitation counselling, the outcome of the study clearly indicated that there was appreciation and agreement in all of them on the necessity of post-trauma rehabilitation counselling.

Given the extent of the outbreak in Africa, the COVID-19 pandemic could create health problems for years to come. Government, the Zambian Government need to establish care models for post-acute COVID-19 care. This study established that such care models including

post trauma rehabilitation counselling were still absent. A structured program of rehabilitation counselling for survivors of COVID-19 in Zambia would therefore go a long way in dealing with after effects of traumatic experiences. It would aid and ultimately help survivors to go back to their usual life routines.

CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

6.0 Overview

This chapter presents the conclusion and recommendations of this study whose purpose was to get the views of COVID-19 survivors on the necessity of post-trauma rehabilitation counselling in Ndola district.

6.1 Conclusions

Based on the findings of this study, it can be concluded that just like other past epidemics and pandemics COVID-19 has mid and long term consequences which cause disruption of people's daily routines. It is therefore important to understand the experiences of COVID-19 survivors in order to know how to better support them. It can also be concluded that although there are many specific types of traumas experienced by COVID-19 survivors post treatment, they can generally be categorised as physiological, psychological and social. It is also clear from past studies as well as this study that COVID-19 is a significant stressor which in many cases leaves its victims traumatised in various degrees, some mildly and others severely. Finally, this study has concluded that post-trauma rehabilitation counselling for COVID-19 survivors is absolutely necessary because counselling programmes may greatly help the survivors cope with the problems they may be facing post-treatment.

The COVID-19 surge has left a large cohort of post-COVID patients vulnerable to afflictions and complications. Post-trauma rehabilitation counselling would therefore help alleviate the substantial physical and psychosocial impact COVID-19 has on its survivors. In the long term post-trauma rehabilitation counselling and other interventions would provide a framework to improve the quality of health care delivery.

6.2 Recommendations

Based on the findings of this study, the following recommendations were made:-

1. The government and the private sector could introduce post-trauma rehabilitation counselling to help COVID-19 survivors to cope with post-traumas.

2. The government could consider integrating post-COVID 19 rehabilitation counselling as one of the key health care supportive measure and develop standard line rehabilitation resources
3. Each hospital should have a section manned by personnel trained to handle Post-COVID 19 Rehabilitation Counselling over and above their normal duties.

6.3 Future Research

For future research, the following can be possible areas;

1. Provision of post-trauma rehabilitation counselling services to COVID-19 survivors
2. Evolving key policy guidelines for post-COVID-19 trauma rehabilitation counselling
3. Integration of post-COVID-19 trauma rehabilitation counselling in mainstream public health activities

REFERENCES

- A.Gamben, Giorgio.(2020). COVID 19 aftermath and mental state of survivors, *Philosophical Transactions of the Royal Society of London. Series B, Biological Sciences* 372 (1719).
- American Psychological Association.(2002). Ethical principles and code of conduct. *American Psychologist*, 57, 1060–1073.
- Anderson, Roy M., Hans Heesterbeek, Don Klinkenberg, and T. Déirdre Hollingsworth. (2020). “How Will Country-Based Mitigation Measures Influence the Course of the COVID-19 Epidemic?” *The Lancet* 395 (10228): 931–34.
- Asiedu, Kwasi Gyamfi (2020). “After Enduring Months of Lockdown, Africans in China Are Being Targeted and Evicted from Apartments.” *Quartz Africa*. 2020.<https://qz.com/africa/1836510/africans-in-china-being-evicted-from-homes-After-lockdown-ends/>.
- Bao Y, Sun Y, Meng S, Shi J, Lu L.(2020) 2019-nCoV epidemic: address mental health care to empower society. *The Lancet.*; 395(10224):e37-e38.
- Belluck, P (2021) Here is What Recovery from COVID-19 Looks like for Many Survivors: <https://www.nytimes.com>
- Bless C and Achola P (1988) *Fundamentals of Social Research Methods; an African Perspective, Lusaka: Government Printers*
- Bo HX, Li W, Yang Y, et al(2020) Posttraumatic stress symptoms and attitude toward crisis mental health services among clinically stable patients with COVID–19 in China. *Psychol Med.*:1–7.
- Burton, Nylah.(2020).“The Coronavirus Exposes the History of Racism and ‘Cleanliness.’”Vox.February 7,2020. [Htts/www.vox.com/2020/2/7/21126758/coronavirus-xenophobia-racism-china-asian](https://www.vox.com/2020/2/7/21126758/coronavirus-xenophobia-racism-china-asian)

Chen Q, Liang M, Li Y, et al(2020). Mental health care for medical staff in China during the COVID–19 outbreak. *The lancet Psychiatry*. 7(4):e15-e16.

Cole GA (2002) *Personnel and Human Resource Management*. London, Book Power.

Corasaniti, Nick, and Stephanie Saul(2020).“16 States Have Postponed Primaries During the Pandemic. Here’s a List.” *The New York Times*, August 10, 2020, sec. U.S.

Constantine, M., Kagialis, A., &Karekla, M. (2020). Is science failing to pass its message to people? Reasons and risks behind conspiracy theories and myths regarding COVID-19.*Reasons and risks behind conspiracy theories and myths regarding COVID-19*.

Cooper J. *Diagnosis and treatment of post – traumatic stress disorder during the COVID – 19 pandemic*. Australian Journal of General Practice. 2020 Vol 49. Issue 12

Coronaviruses.”*NatureReviewsMicrobiology*17(3):18192..<https://www.nytimes.com/article/2020-campaign-primary-calendar-coronavirus.html>.

Cui, Jie, Fang Li, and Zheng-Li Shi. (2019).“Origin and Evolution of Pathogenic 13.

Cui L, Wang X, Wang H(2020). Challenges facing corona virus disease 2019: psychiatric services for patients with mental disorders. [*Epub ahead of print*].*Psychiatry clinical neurosciences*.

De Carolis & Massimo(2020). “*The Threat of Contagion*.”*The Anarchist Library*.

<https://theanarchistlibrary.org/library/massimo-de-carolis-the-threat-of-contagion>.

Dean, E.; Jones, A.; Yu, H.P.-M.; Gosselink, R.; Skinner, M(2020). Translating COVID-19 Evidence to Maximize Physical Therapists’ Impact and Public Health Response. *Phys. Ther.*, 100, 1458–1464.

Dodman, Benjamin(2020).“*Violence Flares in Tense Paris Suburbs as Heavy-Handed Lockdown Stirs ‘Explosive Cocktail*.’” France 24. April 21, 2020.<https://www.france24.com/en/20200421-violence-flares-in-tense-paris-suburbs-as-heavyhanded-lockdown-stirs-explosive-cocktail>.

Duan L & Zhu G(2020). *Psychological interventions for people affected by the COVID-19 epidemic*. *The Lancet Psychiatry*.;7(4):300–302.

Farr, Christina(2020).“*Sweden Kept Its Country Relatively Open during the Coronavirus Pandemic, but Its Elderly Paid a Price.*” *CNBC*. July 17, 2020.<https://www.cnbc.com/2020/07/17/how-sweden-fought-coronavirus-and-what-wentwrong.html>.

Foucault, M., G. Agamben, and S. Benevento.(2020).“*Coronavirus and Philosophers | EuropeanJournalofPsychoanalysis.*”<https://www.journal-psychoanalysis.eu/coronavirusand-philosophers/>.

Guo, M (2022) Listening to COVID-19 Survivors. *International Journal of Qualitative Studies on Health and Well-being* Vol.17, Issue 1

Giuseppe Lippi, Brandon M. Henry, Chiara Bovo and Fabian Sanchis-Gomar (2019). *Health risks and potential remedies during prolonged lockdowns for coronavirus disease 2019 (COVID-19)* <https://doi.org/10.1515/dx-2020-0041>

Greenberg, L.S. (2002). *Emotion-focused therapy: coaching clients to work through their feelings*. Virginia: American Psychological Association.

Khan S, Ali A, Siddique R, Nabi G(2020). *Novel coronavirus is putting the whole world on alert*. *J Hosp Infect*;104(3):252–253.

Kolachalam, Namrata (2020).“*Indian Muslims Are Being Scapegoated for the Coronavirus.*” *Slate Magazine*. April 9, 2020.<https://slate.com/news-and-politics/2020/04/tablighi-jamaatindia-muslims-coronavirus.html>.

Mak IWC, Chu CM, Pan PC, Yiu MGC, Chan VL (2009). *Long-term psychiatric morbidities among SARS survivors*. *GenHospPsychiatry*.31(4):318–326.

Mellman TA, Clark RE, Peacock WJ (2003). *Prescribing patterns for patients with posttraumatic stress disorder*. *Psychiatr Serv*;54:1618–1621.

Merzouk, Sayf (2020). “*Plato’s Allegorical Cave, COVID-19, and the Infodemic.*” *Medium*. April 12, 2020. <https://medium.com/@sayf.merzouk/platos-allegorical-cave-covid-19-and-theinfodemic-634fafecf40>.

Mueller M (2021). *The Health Impact of COVID-19*.<https://www.oecd-Library.org>.

Niekerk W (2022) *COVID-19;Post-Acute*.<https://www.pysiopedia.com>.

Paley, J. (2017). *Phenomenology as qualitative research: a critical analysis of meaning attribution*. London: Routledge.

Parker, M M and Campbell. A (2022) *Psychological Impact of COVID-19*:
<https://www.sciencedirect.com>

Phua, J., Weng, L., Ling, L., Egi, M., Lim, C. M., Divatia, J. V. & Nishimura, M.(2020). *Intensive care management of coronavirus disease 2019 (COVID-19): challenges and recommendations. The Lancet Respiratory Medicine*.

Plato. (2008). *The Republic*. Cosimo, Inc.

Rawls, John. (1999). *A Theory of Justice*.Oxford University Press.

Rose S, Bisson J, WesselyS(2005). *Psychological debriefing for preventing post traumatic stress disorder (PTSD) (Cochrane review)*.In: *Cochrane Library*. Chichester: John Wiley.

Saladino, V (2020) *The Psychological and Social Impact of COVID-19*:<https://www.frontiers.org>

Sialubanje C (2022) *Assessing the short, intermediate and long term effects of COVID – 19 on survivors in Zambia* <https://www.bijopen.bmj>.

Taggart D. (2021) *Trauma, Mental Health and the COVID-10 Crisis; are we really all in it together?* Journal of Mental Health

Taylor B., Sinha G., Ghoshal T. (2011). *Research Methodology; A Guide for Researchers in Management and Social Sciences*. New Delhi. PHI learning private limited.

ThomasS(2022)*AaronBeck&CognitiveTherapy;TheoryandConcept*.<https://www.study.com>.

Thoreson, Ryan(2020).“*Covid-19 Backlash Targets LGBT People in South Korea.*”*Human Rights Watch*May 13, 2020.<https://www.hrw.org/news/2020/05/13/covid-19-backlash-targets-lgbt-people-south-korea>.

Tumilty, Ryan (2020). “*Federal Government Announces Aggressive Measures to Battle COVID-19 as Parliament Suspended until April.*” *National Post*.2020.<https://nationalpost.com/news/canada/canadian-parliament-suspended-until-april-due-to-corona-virus-crisis>.

Walters JTR, Bisson JI, Shepherd JP(2007). Predicting posttraumatic stress disorder: validation of the Trauma Screening Questionnaire in victims of assault. *PsycholMed* ;37: 143–150.

Webster P.(2020). Virtual health care in the era of COVID–19. *Lancet Infect Dis*. 395(10231):1180–1181.

World Health Organization (2020). *The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines*. Geneva: World Health Organization

Wellknox (2022) *Post Trauma Rehabilitation* <https://wellnox.com/media/rehabilitation>

World Health Organization (2021). *Expanding our Understanding of Post-COVID-19 Condition: Report of a WHO Webinar*; World Health Organization: Geneva, Switzerland.

Wu Z &McGoogan JM (2020). *Characteristics of and important lessons from the coronavirus disease 2019 (COVID-19) outbreak in China: summary of a report of 72 314 cases from the Chinese Center for Disease Control and Prevention*. *JAMA*. Published online February 24, 2020.[doi:10.1001](https://doi.org/10.1001).

Yao H, Chen JH, XuYF(2020). *Patients with mental health disorders in the COVID–19 epidemic*. *The Lancet Psychiatry*. 7(4):e21.

APPENDIX: INTERVIEW SCHEDULE FOR COVID-19 SURVIVORS

I am a postgraduate student at the University of Zambia collecting information on the necessity of post-trauma rehabilitation counselling for COVID-19 survivors. The information is being collected in Ndola district. The information provided will be used for academic purposes.

This interview shall only take a few minutes of your time.

1. What has been your experience in general from the time were infected by COVID-19?
2. What problems or trauma are you facing physically and mentally after having COVID-19?
3. Do you still have health concerns pos-treatment? If so have you received any attention from the medical care providers?
4. Are you experiencing any stress or distress post-treatment?
5. Did you have any difficulties resuming normal daily activities and life in general?
6. Do you think it is necessary for medical care providers to continue providing post-treatment services to those who need them?
7. Do you think it is necessary to have counselling services for COVID-19 survivors?
8. What are the most common problems or trauma affecting COVID-19 survivors post-treatment?
9. Do you think COVID-19 survivors have adequate access to care as they recover from the effects of the pandemic?
10. Are there any extra support/care packages in place for post-treatment?
11. In your view is it necessary to have post-trauma rehabilitation counselling in the management of COVID-19?

Thank you for participating