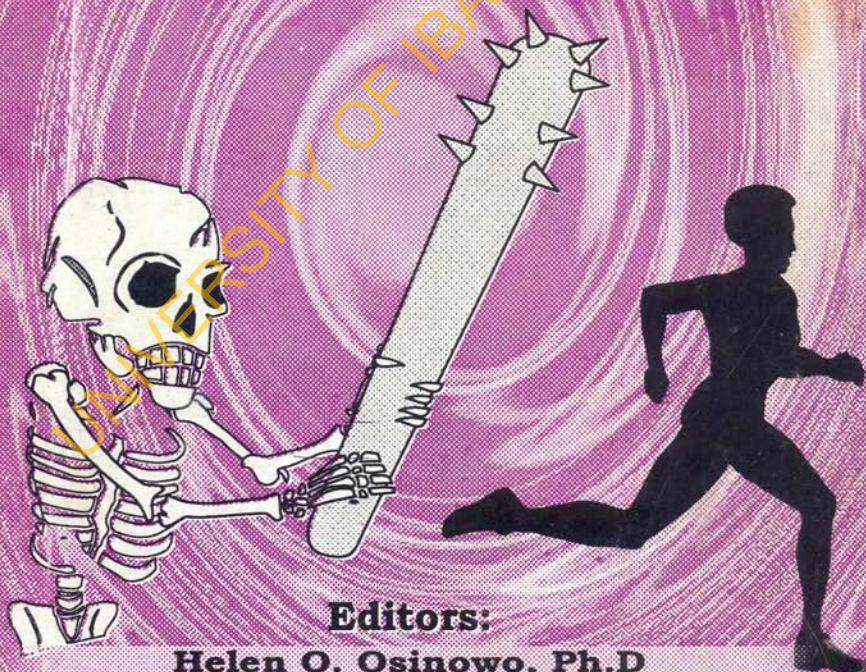


SUDDEN DEATH IN NIGERIA

PSYCHOLOGICAL PERSPECTIVE

Analysis of causes, grief processes and treatment



Editors:

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CHAPTER SIXTEEN

FEAR OF SUDDEN DEATH AND DYING AMONG RESIDENT POSTGRADUATE STUDENTS OF UNIVERSITY OF IBADAN

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Introduction

Death is the cessation of all life (metabolic) processes. It is inescapable among all living things (human beings inclusive). Death is a topic of importance to us all. The statistics on death are very convincing. Every human being, indeed every living thing, is bound to die. Owing to the fact that most people do not enjoy discussing death, most of us are poorly informed about a process that is as basic as birth. Death may involve the organism as a whole (somatic death) or may be confined to cells and tissues within the organism. The discontinuance of cardiac activity and respiration and the eventual death of all body cells from lack of oxygen characterize the death of an organism as a whole.

Death may come in two forms. Firstly, it may come suddenly, i.e. in a matter of minutes, hours or days; and secondly, it may be un-sudden. Whereas sudden death refers to abrupt, immediate, instantaneous or unexpected death, un-sudden death refers to a non-abrupt, gradual and expected death. Coon (1997) notes that sudden death may result from a severe reaction of the parasympathetic system. During intense fear, for example, the parasympathetic may overreact. This reaction is called a parasympathetic bound. When it is severe it can sometimes cause death. In the case of older person or those with heart problems, Coon (1997) writes that the

direct effects of sympathetic activation may be enough to bring about heart attack and collapse. Psychiatrist George Engel (1977) studied hundreds of sudden death occurrences and concluded that almost half of all sudden death are associated with the extremely traumatic disruption of a close relationship, such as the anniversary of the death of a loved one.

As opposed to sudden death, the process of un-sudden death is gradual and most times expected. Some people fall sick for three months or longer and die. Others experience terminal illness that lasts from a few days to three months or several years. They end up dying an un-sudden death. The non-abrupt, gradual and expected nature of un-sudden death stems from the fact that it sends signals or feelers pertaining to its occurrence. These feelers and signals are normally received by way of illness, injury or some other identified or unidentified cause(s). But unlike un-sudden death, sudden death does not give signals or send feelers of its impending occurrence to its victims by way of illness or injury. Even if and when signals or feelers are sent they are at least not known or received by the individual or victim. As it happens, many people never have time to deal with their own death in psychological terms. These are the people who die young or suddenly either from natural or accidental cause.

The fear of death and dying is universal. But fears of death are, according to Coon (1997), not so extensive as might be supposed. In a poll of 1500 adults, Kastenbaum and Aisenberg (1972) found that only about 4% of Americans showed evidence of directly fearing their own death. It might seem that as people grow older they would become more fearful of death. However, older persons have been found by Thorson and Powell (1992), to actually have less death fears than younger people. Older people more often fear the circumstances of dying, such as pain or helplessness, rather than death itself (Thorson & Powell, 1990). For many people, to die well is no less an accomplishment than to live well. A close look at findings of seeming general lack of death fears points to the very possibility that there is a deeply ingrained denial of death among humans. The mere fact that people find it difficult to freely discuss death suggests that underlying fears do exist (Oskamp, 1984).

Concerning fears of or reactions to impending death Kuber-Ross (1975) wrote about emotional responses that take place in people. She found that dying persons tend to display several emotional reactions as they prepared for death. Five basic reactions described by Kuber-Ross (1975) are a) Denial and isolation, b) Anger, c) Bargaining, d) Depression, and e) Acceptance. Denial entails isolating oneself from information confirming that death is really going to occur. Anger refers to asking such questions-as "why me?" Bargaining involves such thoughts and acts as "just let me live a little longer, and I will do anything to earn it". The bargaining could be with God or some other concerned individuals. Depression

refers to feelings of futility, exhaustion, and deep depression that may set in as death draws near and the person begins to recognize that it cannot be prevented. Acceptance, (if death is not sudden) refers to the way people manage to come to terms with dying and accept it calmly. The person who accepts death is neither happy nor sad, but at peace with the inevitable. Acceptance usually signals that the struggle with death has been resolved. The need to talk about death ends and silent companionship from others is frequently all that is desired (Kuber-Ross, 1975).

A number of observations need be made concerning Kuber-Ross' list of reactions to impending death. Firstly, it does not apply to sudden deaths, which give no time for the said reactions to take place. Secondly, not all terminally ill persons display all these reactions nor do they always occur in this order. Thirdly, individual styles of dying vary greatly according to emotional maturity, religious belief, age, education, the attitudes of relatives and so forth. Generally, there does tend to be a movement from initial shock, denial, and anger toward eventual acceptance of the situation.

The study of sudden death and the emotional and psychological processes that come with it is a difficult task. Unlike it is with terminally ill people (who have time to contemplate their own dying), people who die suddenly can hardly ever be known or identified before their death. They do not have the time to contemplate their dying. For that reason, it becomes difficult to know which kind of emotional reaction took place within them just before they died (Kuber-Ross, 1975). Given this difficulty, sudden death researchers have resorted to the use of

people who have had near-death experiences as well as those who have not had near-death experiences but still express fears of death and dying. Irrespective of whether people with or without near death experiences are involved, the knowledge, thought or mention of sudden death evokes a number of fears. Morgan (1987) looks at these fears as generally involving fear of separation from one's family, concern about one's relationship with God and fellow human beings and concern about not fulfilling one's life ambitions.

The present study set out to investigate fear of death and dying among resident postgraduate students of the University of Ibadan. Over the years, nations have suffered great economic, social and psychological losses arising from death of their (nations) productive citizens. In Nigeria, obituary announcements in the newspapers, over the radio, and on television (among other media) are received everyday. Descriptions and causes normally assigned to such deaths include "brief illness", "untimely death", "cardiac arrest", "shocking death", and of course "sudden death", among others. A close look at this trend in sudden death leaves no one in doubt that there is need to find out the kind of fears people have about sudden death, especially among the youths and middle aged, as well as what can be done to cushion the negative effects of the trend, or if possible end the phenomenon itself.

Methods

Setting: The setting of this study was a postgraduate residential hall of the University of Ibadan, known and called the Tafawa Balewa Postgraduate Hall.

Design: The design of the study was survey. Specifically, a focused group discussion (FGD) provided the basis for data collection and analysis. The topic of discussion was fear of sudden death and dying. Data analysis was qualitatively done using themes and their frequencies of appearance.

Subjects: These were postgraduate students of the University of Ibadan. Aged between 22 and 49, they comprised of 20 males and 20 females. 12 of the males were single while 8 were married; 14 of the females were single and 6 were married. 16 of the subjects were M.Phil/Ph.D students while the remaining 24 were Masters students, and they cut across different disciplines. Selection of subjects was based on subjects' response to an earlier notice on the hall's notice board inviting interested hall members to come and participate in a discussion on death and dying. In all, subjects cut across nine different ethnic groups in Nigeria with only two subjects being foreigners (1 Ghanaian and 1 Senegalese). The Nigerian ethnic groups which provided more subjects were Yoruba, 6; Ibo, 3 and Urhorobo, 3.

Instruments: Tape recorder, paper and pencil, discussion facilitating photographs of accident victims, bereaved people as well as newspaper cuttings of obituaries. Also there was a discussion guide used.

Procedure: The subjects were divided into four groups of 10 members each. There were two groups each of same gender. Each group was met at different times but all discussions took place in the common room of the hall. Each discussion lasted for about one hour and fifteen minutes. The researchers served as the recorder and the moderators. Subjects answered questions on such areas as

general concerns about death, concerns about spouse and dependants, concerns about dying without a child and concerns about not succeeding in life before dying. The moderator ensured full participation of all members and through courteous and diplomatic promptings made sure that no one person or group of persons hijacked the discussion. Subjects' responses were recorded under such demographic and thematic sub-headings as gender, marital status, number of children, if any and fears and concern about sudden death.

Results

The results were actually categorized into themes according to the characteristics of the subjects and these are presented below:

Concern applicable to all subjects:

- fear of separation from family
- desire to maximally enjoy one's life
- concern about one's relationship with fellow men and women
- concern about on-going project
- concern about unfulfilled ambitions.

Concern applicable to married subjects alone:

- concern about offsprings/dependents to be left behind
- concern about not bearing children before dying
- fear of subjecting one's spouse to psychological trauma
- concern about another man/woman coming to enjoy one's spouse
- concern about spouse's relationship with deceased relatives

Concern applicable to single subjects alone:

- concern about dying without a spouse
- concern about dying without a child
- concern about one's parents to be left behind
- concern about one's boy/girlfriend or fiancé/fiancée
- unhappiness about cessation of life's pleasures

Concern applicable to male subjects alone:

- displeasure over not succeeding before dying
- concern about premature quitting/relinquishing of one's role in the society
- fear of not being able to love and be loved again
- jealous feelings towards lucky males who will be alive and continue to enjoy life

Concern applicable to female subjects alone:

- worry over an end to one's love life
- painful departure from one's friends and loved ones
- fear of an abrupt end to a beauty-conscious life
- worry over people's concern about cause of one's death

Discussion

It can be deduced from the above findings that people generally have fears for sudden death. These fears, concerns and anxieties may stem from various experiences and understanding that they have seen people who are bereaved, especially, through sudden death go

through in this society of ours. For example, we have seen wives who were rendered homeless by their late husbands' relatives; we have heard of wives being given to the junior brothers of dead husbands as inheritance, and so on.

The general concern of respondents was about the loved ones they would leave behind, which is similar to the findings of Morgan (1987). An excerpt from the discussion read thus: "*I feel cold imagining that I will die suddenly and leave my loved ones who depend on me*". One can say that marital status, gender and socialization of groups might lead to variations in the way individuals and groups perceive death. For example, single subjects were more concerned with not having spouses before dying or dying childless, whereas, the married subjects were concerned with the spouse and children that would be left behind.

Another important finding of the study was the revelation about people not wanting to cease enjoying the pleasures of life. Despite the negative experiences of some people in life, it is still believed that it is better to stay alive with the hope that, there maybe an improvement someday.

It is logical enough to reason that since there exist variations in the fears people have about death, there may also be variations in the way people react when they actually come in contact with death or prepare for it. The implications of these findings for the prevention of sudden death or how to cope with the realization of the inevitable i.e. death, is that people need to be counseled on those areas of their fears. The counseling would help in reducing the anxieties and stress associated with the fears, which could be psychologically paralyzing in itself.

There is need to educate people on their individualities and similarities so that they would appreciate these and develop behavioral patterns that suit their different environments. Sudden death can also be averted if people are taught to appreciate and manage some certain basic and inevitable life problems or difficulties. Quite reasonably, many of the difficulties that dependants of sudden death victims face these days are known to result from the deceased's inability to accept the realities of life and death when they were alive. For after all, even the Holy books in reference to the inevitability and sometimes-sudden nature of death warn us to "be prepared".

Summary

Death is an inescapable phenomenon for all living things. This can come in two forms. i.e. sudden or gradual (expected). The realization of this among human beings comes with certain concerns and anxieties. These concerns and anxieties vary from one person to the other, depending on certain social characteristics and the expectations attached to them.

Using a Focus Group Discussion (FGD) involving 20 male and 20 female graduate students of the University of Ibadan whose ages ranged from 26 to 42 years ($\bar{X}=27.5$) 18 married and 22 singles, the following concerns were reported among the participants: Married subjects were concerned about dependants to be left behind, subjecting one's spouse to psychological trauma, and type of relationship with in-laws; while single participants were more concerned with dying without a spouse and children, and cessation of life's pleasure among others. Male subjects

were more concerned with displeasure without succeeding in life before dying, jealous feelings about other males who would be alive to continue the enjoyment of life; while females were worried about an end to one's love life and fear of an abrupt end to a beauty-conscious life. However, all the participants showed fear of separation from ones family, concern about on-going projects and unfulfilled ambitions and concern over what others left behind would think of them.

It was observed that concern over the fate of loved ones and pleasures of life were the major concerns these set of people have over sudden death experience. It was therefore suggested that in order to enable people to stop worrying about death, which must come, need to be counseled on coping with the inevitability of death.

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