

Bereavement Trauma and the Coping Ability of Widow/Ers: The Nigerian Experience

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ABSTRACT This study investigated the perception of death by the bereaved, the process of mourning and grief, the psychological and social malfunctioning which arise as a result of bereavement and the process of 'grief work' and the coping ability displayed by various victims of bereavement, particularly widow/ers. The study employed the instrumentation of quantitative and qualitative research strategy to gather relevant data from the study. The data were analysed using the appropriate statistical methods. Results obtained from the research study revealed major findings in support of the psychological and social dysfunctions that arise as a result of the loss of a spouse, but no significant difference existed between the coping strategies adopted by both middle aged and old aged widows. However a significant difference existed in the coping abilities of the middle age and old age widow/ers. Similarly, a significant gender variation was recorded in the coping abilities of the old age widow/ers. Widow/ers did express conviction that the coping strategy adopted by them actually worked and were therefore considered effective. Recommendations were made for further research activities in the study area.

INTRODUCTION AND BACKGROUND

The event that people look forward to least in life is death. Yet, what gives life its urgency is the fact that it does not go on forever. Although most people do not have to face death until their later years, it still can occur at any stage.

Death is an issue every individual has to confront one time or the other. Without death there probably would not be new life. The significance of death in the mental health of an individual becomes apparent when we see how individuals touched by death react to it. It is an issue of concern to every age of man's development, from early childhood to late adulthood. He that appears strong becomes feeble when death strikes. Death is a significant and universal family experience.

In the Nigerian society, religious, social and cultural dimensions are usually emphasized when death strikes while the psychological

dimensions of the loss on the bereaved is most often over looked. Religious inspirations are usually offered while the reality of the loss is not fully explored. Some of the bereaved do enjoy the co-operation and sympathy of others as they go through the funeral ceremonies and other rites regarding the disposal of their loved ones, but soon after they receive little or no help in planning for concrete long term strategies to cope with the loss. However, the most important aspect of death is its impact on the loved ones left behind since the dead are understood to have reached the end of their physical life but the bereaved left behind is saddled with the psychological trauma occasioned by the loss of a loved one especially when such a loss occurs suddenly.

The human society has come a long way in terms of natural, technological and most importantly social evolution. This has given new meaning to life, as we know it, we owe our friends, family and the society at large a certain degree of social responsibility. No normal individual lives in isolation of every other person – we are all dependent on some other people not only for our survival but for our stability and psychological well-being. This interdependence ultimately results in intimacy and consequent contagious feeling of loss when a loved one is lost to death. Much as we would rather have our family, friends, colleagues and other people dear to us within reach always, it is inevitable that at one time or the other we must lose them to death. To compound the problem is the fact that death does not always come at the ripe old age of above eighty (80) years. Healthy individuals have been known to lose their lives of in one mishap or the other in their prime. Some individuals even have their lives snuffed out before it really gets started. These sudden and unexpected deaths create a vacuum in the lives of those left behind by the dead people. Such vacuum to say the least is almost always painful

and difficult to fill. As a result, many victims do undergo psychological, physical, social, and financial trauma when they experience the loss of loved ones. They find it difficult to function well in their personal lives and in the society generally. Given that it is inevitable that every individual will definitely become bereaved at one point or the other in life, it is imperative to deal with the issue of bereavement, the stressors which arise as a result of it and most importantly the need to cope with the resultant stress.

Bereavement could be defined as the total response pattern displayed by an individual following the loss of a loved one. Researchers (Parkes, 1972; Averill, 1968) did think of this response as consisting of the two related, but analytically separate, paradigms of *Mourning* and *Grief Mourning*. Mourning represents the conventional bereavement behaviour established by the customs and laws of a culture. Every human culture prescribes some appropriate bereavement behaviour, which must be followed if a bereaved person is to avoid social censure.

According to Weiss (1969), cultures vary widely as to what is considered appropriate. In comparing cultures, he found that mourning rituals may begin at the time of death or some time later, they may last a short time or extend over a period of several years; and they may require a variety of behaviours for the relatives of the deceased person. In some societies, he found that widows in particular are expected to engage in uncontrolled displays of crying and weeping, even self-mutilation. Sometimes, she is expected to endure long periods of confinement following the death of her husband. The word 'quarantine' comes from the Italian word for forty days, the period of confinement prescribed for widows in that society. In other societies, for instance in the contemporary American society, the widow is not expected to socially isolate herself. Because of the wide diversity of mourning rituals found, it seems that they are designed as much to fulfill important social, religious, and other functions, as they are to meet the assumed immediate needs of the bereaved individual.

However, grief which is an emotional personal reaction to the loss of a loved one (in contrast to culturally defined mourning rituals) is the major concern of the works of Bowlby (1963) Lorenz (1952) and Averill (1968). Grief they discovered,

seems to be physiologically determined. Although, cultures determine the occasions of grief, that is, which relationships we value most and whose loss we feel especially – but not the content of grief. The emotions and behaviours that accompany grief do not vary from culture to culture, but are universal to all humans. They have even been observed among other social animals, especially the higher primates such as gorillas and chimpanzees.

From the reports of Glick et al. (1974), the initial stage of grief consists of a period of shock and disbelief. Most of the grieving individual's thoughts and actions are focused on the departed individual. Commonly, this stage is marked by a degree of denial that the departed individual is actually dead. For instance, widows sometimes refuse to stop setting a place at the dinner table for their dead husbands, thinking that they are not really gone. People experiencing the first state of grief often do report that they could still feel the presence of the departed individual, as if in the same room but out of sight, or think that they can catch glimpses of the deceased out of the corners of their eyes.

In the second stage of grief, apathy and despondency set in, as the person comes to realize that the dead person is indeed gone. Often the grieving individual will become withdrawn and apathetic and report suffering from somatic complaints, sleeplessness, and other problems. Less often, grieving individuals will compulsively relive in their minds their experiences with their lost loved ones, particularly the last days of events. According to Glick et al. (1974) the purpose of the obsessional thinking at this stage seems to be an attempt to emotionally and cognitively answer to the question, why should somebody I love so much be taken away from me forever? As the bereaved come to answer this question, they pass into the third phase of grief, which is the acceptance of the death as a personal loss. If answers are not forthcoming, they may continue to use denial and other defense mechanisms to deal with the loss.

Freud (1925) in his early writings on mourning referred to the total process described above as grief work. It is an appropriate term, because it emphasizes that reconciliation with the loss of a loved one is not simply a matter of passage of time, as indicated by some of our folk wisdom on the subject. Time is important, but it does not

in itself 'heal all wounds'. A grieving individual must work at coming to understand the loss of a loved one.

The key to dealing with the social problem of bereavement is to recognize that grief work is a necessary and natural way in which loss is understood. Bowlby (1963) uses an analogy of physical healing to make this point. The loss of a loved one is like a physical injury. Grief is the process of healing. Attempts at intervention must be aimed at letting the grief work occur more smoothly. To reduce or eliminate grief work is to prevent the injury from healing. He however, condemned the use of drugs, which are often prescribed to help reduce the physical symptoms of grief. He referred to them as misguided attempts, which put the bereaved in a state of mind in which it is impossible to complete the grief work.

Here in Nigeria there has recently been a rather widespread criticism of the mortuary business. The point of this criticism is that individuals are taken advantage of for monetary gain when they can least resist such pressure. Morticians the argument goes; are becoming wealthy at the expense of grieving families (*Third eye newspaper*, Nov. 14 1998). Interestingly, bereaved families do not seem to feel that they have been maltreated by their morticians. Most, are on the contrary, appreciative of the services rendered and often mention especially considerate acts of kindness.

This study explored the psychological state of the bereaved, the various stressors which arise as a result of the loss particularly the dysfunctions in one's social activities and the way the individual eventually comes to term with the loss and learns to cope with it. Therefore the following hypotheses were tested in the study

Hypothesis

- a. Psychological and social dysfunction are significantly evident in the post bereavement behaviours of Nigerian widowers as a result of the loss of their spouse.
- b. No significant difference will exist between the coping ability of old-age and middle age widowers.
- c. There will be no significant difference in the coping ability of old age and middle age widows.

- d. No significant difference will be found in the coping ability of old age widow and widowers.
- e. Widow and widowers will find the coping strategies adopted significantly effective in enhancing post bereavement adjustment.

METHODOLOGY

The survey design adopted for data collection in this study however was informed by the need to describe a pattern and mode of coping based on the dimensions of gender and age levels. The data gathered were analysed both qualitatively and quantitatively.

Samples: Widows and widowers who have not remarried and who are in a state of mind considered helpful to the course of this study come far in between, hence the reason for a small sample size of Ninety (90) both male (N = 42) and Female (N = 48). Samples were drawn from Ile-Ife and Osogbo which are both urban centres.

Research Instrument: An in depth interview was conducted with the aid of an author – designed questionnaire tagged Ife Bereavement Effect Questionnaire (IBEQ). There are five sections in the questionnaire. Lettered sections A – E, which investigated bio-data, personal information, socio-environmental information, post bereavement behaviours and coping strategies respectively. Psychometric properties using a pilot sample of 40 male and female subjects, were established for the study through an inter rater method in which a coefficient of $r = 0.80$ was recorded for validity and a two week test retest reliability was established at a coefficient level of $r = 0.86$.

Procedure: The questionnaire was administered on individual respondents one at a time. This was to enhance the in-depth interview methodology adopted for data gathering. Respondents who required further explanation of terms or needed to be explained to in Yoruba Language were so indulged. Most respondents were visited at home. Except for a very few who were still emotionally distraught, all the others cooperated with the researcher and permitted the use of a tape recorder.

Analysis of Data: One way, ANOVA and percentages were the statistical methods employed in analyzing the data collected in this study.

RESULTS

In testing the first hypothesis which stated that psychological and social dysfunction will be evident among Nigerian widowers as a result of the loss of their spouse. Data analysis revealed that forty two (42) respondents used “heartbreaking” while twenty three (23) used the word “dazed”. The remaining three used the word “shattered”. Fifty five (55) of the respondents (26 M; 29) were in this initial state of mind for less than a week twelve (12) 6M 6F between ten and fifteen days while the rest were in this state for more than fifteen days.

‘Boredom’, ‘apathy’, ‘sadness’, ‘withdrawal’, ‘grief-stricken’, ‘easily irritated’, ‘solemn countenance’ and ‘quick tears’ were words used by respondents to describe specific reactions following the initial reactions. Other difficulties like finance (Ten respondents), loneliness (all respondents). Neglect (Seventeen respondents), fear (thirty two respondents) were reported as characterizing the early stages of “grief work”. Apart from loneliness, none of these difficulties were present at the time of this research because none of the respondents has been bereaved for less than three years. From the fore-going report of overwhelming feeling of sadness and incapacitation, the first hypothesis is confirmed.

In testing whether a significant difference exists between the coping ability of old age and middle age male widowers, a one way ANOVA statistical method was employed and the results are illustrated in table 1.

Table 1: Coping ability of old age and middle age widowers

Source	D.f.	Sum of squares	Mean of squares	F. Ratio	F. Prob.
Between Groups	2	8.5714	8.5714	2.4194	.1509
Within Groups	40	35.4286	3.5429		
Total	42	44.0000			

Not Significant

In view of the fact that the difference between the two groups is not significant as shown above, the second hypothesis is confirmed.

The third hypothesis, which was stated in the direction that no significant difference will

be found in the coping ability of the two female categories i.e. old age female and middle age female widow was tested and a significant relationship, was found as shown in table 2.

Table 2: Coping ability of old age and middle age widows

Source	D.f.	Sum of squares	Mean of squares	F. Ratio	F. Prob.
Between Groups	2	68.0556	68.0556	7.3353	.0155
Within Group	46	48.444	9.2778		
Total	48	216.5070			

Significant

On the strength of the fact that the difference that exists between these two groups is found to be significant, the third hypothesis is rejected.

Hypothesis 4 also seeks to find a gender variation in the coping ability of old age male and old age female widowers. The hypothesis was stated in the null but the result obtained from the analysis of data was found to be otherwise. This is graphically illustrated in table 3.

Table 3: Gender variation in the coping ability of old age widow/ers

Source	D.f.	Sum of squares	Mean of squares	F. Ratio	F. Prob.
Between Group	2	63.6482	63.6482	8.6239	.0066
Within Group	46	206.6518	7.3804		
Total	48	270.300			

Significant

As the outcome of the data analysis carried out is significant, the hypothesis is rejected.

In an attempt to discover whether the coping strategies adopted was considered effective by the respondents, hypothesis four, which was stated in this direction, was tested. Score categories, which ranged from 1 (ineffective) to 5 (highly effective) provided the data presented in percentages as shown in table 4.

TABLE 4: PERCENTAGE ANALYSIS OF THE EFFECTIVENESS OF COPING STRATEGIES ADOPTED BY SUBJECTS

Value	Frequency	Percentage	Valid percent	Cum. percent
2	2	6.7	6.7	6.7
2	2	6.7	6.7	13.3
4	3	10.0	10.0	23.3
5	23	76.7	76.7	100.0

Seventy six (76%) percent of respondents considered the coping strategies adopted as highly effective while only a negligible nineteen percent (19%) considered the method adopted by them anything but highly successful. With this outcome the fifth hypothesis is confirmed.

DISCUSSION OF FINDINGS

Findings of this study supported the hypothesis that psychological and social dysfunction are significantly evident among Nigerian widowers as a result of the loss of their spouse. To this extent a distinctive similarity exist between the outcome of this study and the one carried out by Glick et al. (1974) in which they reported three distinct phases of post bereavement behaviour. The first phase, according to them, is characterized by shock, disbelief and a degree of denial. That the second phase is marked by apathy and despondency, as the bereaved comes to the realization that the deceased person is actually gone, while the third phase is marked by acceptance of the death and a feeling of personal loss. Even though these three phases are not distinctly spelt out in the instrument used for data collection in this study, responses given are in congruence with the general directions of the three phases mentioned above. Importantly this result is not unanticipated given the heavy reverence culturally remitted to the dead in the African tradition. The Yoruba enclave where this study was carried out has a cultural norm that reflects a deep respect stereotype for the dead that borders on fear. The dead is believed to become a deity immediately after cessation of life in any given victim of death. He is also believed to lurk around and his spirit could be invoked in times of trouble for support. It will not be far fetched if one ascribes the relative speeded post-bereavement adjustment to the psychological impetus warranted by the feeling that the dead has gained

more in quality and power being dead than when alive. And where a loving relationship existed before death, his spirit is always invoked by the supposedly helpless loving ones that are left behind.

The second hypothesis was upheld in favour of the fact that no significant difference could be identified in the coping abilities of both middle age and old age widowers. The reason for this may not be unconnected with the fact that at middle age, the male more than the female is likely to have settled on a job and as a result must have squarely undertaken bread winning responsibilities. He is also likely to have mastered the male cultural stereotypes that he may not jettison even at old age when he must have retired. Where there exists a pronounced social support network, healthy interpersonal interactions with family members as well as friends, the Nigerian male whether old age or middle age is likely to cope admirably and in a comparatively similar way with bereavement.

Research studies (Raphael et al., 1975; Lopata, 1973; Insel, 1976) did show that decrease or lack of social support in family and work environment is related to increase in psychological maladjustment after a major stressful event. This perhaps, explains the reason why the coping abilities of middle age widows is significantly different from those of old age widows (Hypothesis 3). Middle age widows cope better than old age widows because the former is likely to be actively involved in a regular job that would probably provide the required social support network and means of sustenance immediately after bereavement. These opportunities in most cases do not avail themselves to old age widows who are retired and are mostly lonely as the children are away from home. And unlike the widowers who could while away the time playing in door games with few remaining friends in the vicinity of his home, the African social stereotype does not accord similar privileges to widows.

Gender variation actually exists in the coping ability of old age widows and widowers (hypothesis 4). This finding is supported by African cultural sex stereotype (Elegbeleye, 1994) in which contradistinctive social roles and family responsibilities are assigned to women as differentiated from men. Being a highly gender sensitive culture, the African cultural sex stereotype ascribes certain mourning rites to the

females that do not apply to males. This alone becomes a strong factor likely to be responsible for a significant difference in the post-bereavement coping ability of both widow and widowers. Whereas old mothers can live on a permanent basis with their married daughters or sons after the loss of their (mothers) spouse, old fathers may not. This constitutes another serious minus for the post bereavement coping buoyancy of the old age widower. Also while an old age widower has the social privilege of frequenting his club house as a means of post bereavement coping ability, an old age widow may not. All of these reasons are probably responsible for the significant difference observed in the coping ability of both old age widows and widowers.

Certain social mechanisms are entrenched in the African family system that allow for speeded post bereavement adjustment. In the traditional African culture, middle aged widows are absorbed into marriage immediately after the loss of her spouse. The surviving junior brother, nephew or cousin inherits the bereaved widow and makes her a wife. This practice is actually fading with the advent of civilization, but in a way it is a post bereavement coping mechanism, which has a modern day corollary of a free choice for the widow or widower to remarry. The extended family syndrome also provides the much needed social support network for post bereavement adjustment. For example, social support system in the African culture could actually mean donation of money, free supply of food etc. Since the cultural endowment of extended family interconnection is still very much in place in Africa, it will not be unexpected for widow/ers to find any post bereavement coping strategy adopted quite effective (Hypothesis 5)

CONCLUSION AND RECOMMENDATION

There is no doubting the fact that the loss of a loved spouse could be extremely traumatic. Traumatic to a level where it could result into a major psychosocial dysfunction. Where elaborate social support network is lacking and the sorrowing spouse is a dependant on the deceased, the resulting maladjustment may trigger psychiatric imbalance. To alleviate this, the findings of this study come handy. The social support system that feeds on the extended family interconnection network should not be discouraged. An extreme nuclear family type

patterned after the Western Europe system if adopted in Africa may hamper the free flow of the ready support and the feeling of warmth offered when a widow could live with her married son or daughter without shame.

A regimented home for the old may not be strictly in compliance with the way an average African hopes to live his last days. No African would like to die away from his home. If there is anything this study has achieved, it is to sensitize individuals, scholars and policy makers to the fact that rather than discourage the rallying social support available to the bereaved from family members, cultural groups, friends and grown children as the social policy makers appear to be contemplating, the African Family networking should be encouraged and effectively supported. Much less energy should be wasted on the borrowed idea of the depersonalized government welfare scheme and the building of homes for the old away from their homes and loved ones. Government's assistance when directed at enhancing the African heritage could only be a welcome supplement as opposed to a deliberate intention to supplant.

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