

Traumatic Grief Reaction As Death Determinant Among The Aged

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Abstract

The purpose of this study was to find out common manifestations of traumatic grief, cultural variation of grief and what distinguishes normal behavior from traumatic grief among the aged. The research was carried out on the aged living at Good Samaritan Home in Calabar Metropolis of Cross River State, Nigeria. A survey questionnaire was administered on a sample size of twenty people from the Home in Calabar. A four point Likert-like rating scale was secured as the instrument for data collection and the questionnaire was first vetted and validated for data collection. The respondents indicated the extent of their agreement to the items based on the scale points; strongly agree, agree, disagree and strongly disagree. The responses are weighted against the options and the mean score was derived by summing the weighted scores and dividing it by total number of responses.

Keywords: traumatic, grief, old, age, death, year.

INTRODUCTION

The phobic and neurotic fear of age and death is understandable mainly because death is regarded as the next door neighbor to old age even though we believe that death can take life at any age. Normally human being is born, grow through childhood adolescent, adulthood, old age and dies. It is logical to begin to view death on the life's horizon as we age toward it.

Secondly human beings are worried about the certainty of death because the inevitable and natural transitions towards it cannot be reversed. Human instincts for survival are so active and sensitive that if it were possible to reverse death sentence passed on all human beings at birth this would have been done at all costs. The futility of our efforts in trying to reverse the aging process is quite uncertain in a world that is increasingly becoming youth-oriented.

As one of the above authors drove through a busy street in one of the Nigerian towns, he caught sight of a possibly 79 year-old woman mobilizing all her physical and mental resources to "race" across the street in order to escape death from dangerous traffic. Her best effort might add up to slow speed in practical terms, but it was still her best.

Most born-again Christians tend to adapt a different attitude towards the neurotic fear of aging and dying. They believe that once a person is born twice (born first in flesh but born-again in spirit) they will live eternally. This is true, of course. But just ask any sick 80 year old person regardless of his/her faith whether they want to die next year as a source of relief, the answer would emphatically be "No, thanks". Your candid advice for an old and sick person to die as a source of relief from troubles is very likely to be rejected.

Another reason why aging is dreaded by many is the string of losses that accompany aging. As we grow older, we begin to sustain losses in physical strength. Our youthful, vibrant and beautiful appearance begins to fade. Our aggressiveness in business and other forms of economic pursuits begins to wane. Our level of participation in social life declines. Our general "motor begins to slow down even against our better judgment. We begin to dread the final loss of our life itself.

A peep in the past may reflect a different perspective on aging. The aged were revered for the grayness of their hair, the age-association experience and the history events they could recount. The young waited on an old man with awed reverence felt dwarfed by the wisdom of the old great mind. His words were taken with a feeling of great privilege.

Today, the picture is most succinctly painted by Jonathan Swift, an English author who says "every man and woman desire to live long, but no man/woman wants to be old". Nobody seems to be impressed by the statement that wisdom replaces youth with all its attractiveness (Danger &Udo, 2002) [4].

If men and women do not want to grow old as evidenced in their mode of dressing, the rate at which they dye their gray hair and skin-cut their hair (age declaration), and walk so briskly to regress to a youthful stage, then the fear of aging is quite justifiable. Even an extra day of youth is a thrill and not a bore, though some people sometimes verbally express a wish to grow old and die. When the moment of truth comes, many of these people usually change their minds.

We are well aware that many graying adults have tried assorted things to slow down the rate of aging. Some have used prayers to God to renew their youth like the eagle's (Psalm 103:5, Isa. 40:31). Danger &Udo, (2002) [4] believed that some have placed their faith in yogurt, some have relied on mystical powers to continue to be young, and others have even subjected themselves to injections of goat and dog testicle extracts (Danger &Udo) [4] in order to remain young. Some have spent stupendous amount of money on life-rejuvenating drugs, and others have employed special dietary habits to slow down the aging process.

The number of years a person can expect to live, termed longevity, is jointly determined by genetic and environmental factors. Researchers distinguish between three types of longevity: average life expectancy, useful life expectancy and maximum life expectancy.

Average life expectancy (or median life expectancy) is the age at which half of the people born in a particular year will have died. Useful life expectancy is the number of years that a person is free from debilitating chronic disease and impairment. Ideally, useful life expectancy exactly matches the actual length of a person's life. However, medical technology sometimes enables people to live for years even though they may be unable to perform routine daily tasks. Accordingly, people are placing greater emphasis on useful life expectancy, rather than just the sheer number of years they may live, in making medical treatment decisions. Maximum life

expectancy is the oldest age to which any person lives. Currently, scientists estimated that the maximum limit for humans is around 120 years, mostly because the heart and other key organs systems are limited in how long they can last without replacement (Hayflick, 1998).[6]

Therefore, Mboto, W.A (2002)[8] opined that, the aged are those who have attained level of age as prescribed or set by the society in question. While in some societies a person is considered old when he reaches the retirement age set by the government (65 years for the USA), in some, a person is considered old when he is seen to have possessed certain physiological or biological and psychological features associated with aging. Notwithstanding, old age is defined by the social security Act of 1935 as the age of eligibility for social security benefits. The definition cannot be said to be culturally universal as there are some societies that have little or no social benefits that accrue to the people of a certain age group. In Nigeria, going by the retirement age of 60 years by birth, 35 years in service tended to be defined as those who have put in 35 years in service.

Mboto, 2002,[8] on the other hand, maintained that, an individual is considered old when he is 60 years. But recently prior to general Abacha's policy, the retirement age came to be shifted upwards from 35 years to 60 years. In this case, a person is considered old when he/she is 65 years by birth or service. In America the 65th year old age have become synonymous, in which case 65 years of age makes you an old man or woman. Although this is so, there exists nothing magical about turning 65 years. People do not get suddenly old in the morning of their 65th birthday. Old age therefore is society-relative. It is socially defined as that age in which prevailing social conditions set you aside from certain societal functioning. It is that age that transcends adolescence. Physically, one is considered old when one possesses certain observable features as gray hair, shrank skin, wrinkles etc. But physiologically, one ages continuously throughout the course of one's life time.

Purpose of the study

The purpose of the study was to find out the traumatic grief reaction among the aged and social security scheme in the Nigerian society. To determine whether it has been of any benefits so far and again find out the challenges against its effective implementation. The study is to reveal whether indeed the scheme is good enough preparation for the aging or aged before their death.

The scope of the study

The research was carried out on the aged living in Good Samaritan Home Calabar Metropolis of Cross River State Nigeria.

Theoretical Framework

Danga and Udo (2002),[4] opine that the aging process is better observed or experience than defined precisely. According to them, aging is viewed from biological /physiological, psychological and clinical perspectives. The natural stages of human growth and development are as follows: Childhood-from 0-12 years, Adolescent – from 13- 17 years, Adulthood (youth)-from 18-40 years, Middle age adults –from 41-55 years, old Adults – from 56-74 years and Gerontology- from 76 years and above.

The above stages provide at least a crude insight into the chronological divisions in human growth and development. The most worrisome age may depend on sex and the onset of certain biological reactions in the body. But generally women start worrying about aging from 36-40

years or so when it becomes clear for most women that chances of childbirth are becoming bleak. Men start worrying generally from the age of 55-60 years when retirement from active formal employment begins to ring bells.

The aging process is not uniform for everyone. It varies from person to person according to the state of health, body constitution, personal life-style, the type of routine activity in which a person is engaged, dietary habits, physical activities and so on. An overdose of tough physical activities tends to drain away energy and thus weakens the victim who then starts aging rapidly. But a moderate consumption of a balanced diet plus physical exercise tends to slow down aging.

Biologically, Austad (1997), [2] has defined aging as the slow deterioration of those portions of our system that allow us to respond adequately to stresses. Austad further regards the aging process as the progressive deterioration of virtually every bodily function over time. Aging has been described as a gradual decline in an organism's adaptation to its normal environment following the onset of productive (puberty in humans). This is known as chronological aging. It is also described as "biological process which causes increased susceptibility of an organism to disease (Comfort 1956) [3]. According to Olutayo(1996:n73) [10] the head of the family is the oldest man in the extended family trees and is treated with awe and reverence. Due to his age, he is assumed to have a wealth of experience about the environment. Thus, the older advises the young ones on the accepted ways of life. He is one of the many elders in the community all of who belong to the same age group and therefore, act in the same way and help to preserve the cultural value of the community.

Ogunbodede (1997),[9] noted that, because of the ties of extended family system, taking care of old age is not a problem in traditional societies where privileges are graded according to age and the age are thereby more privileged than the young and in turn provide guidance and direction for society from their store of knowledge and accumulated wisdom.

Szilard (1959) proposed that aging is due to random mutation (charges) which destroy genes in the chromosomes of post-mitotic cells ie, cells of the organism which have lost the property of cell division e.g brain and muscle cells. The probability that a chromosome of a somatic cell suffers such a hit unit time remains constant throughout life. So the number of somatic cells which have remained functional up to a given age decreases with age. According to Szilard (1959),[13] the reason why some individuals live longer than others is due to the differences in the number of faults they have inherited.

Stevenson and Curtis (1961) and Curtis (1963)[12] found that irradiation of mice shortened their life span compared to the controls. Also chromosomal, aberrations in liver were higher in the former. The aberrations were counted after injecting carbon tetrachloride subcutaneously to destroy 65% of their liver. Regeneration started soon and the rate of mitosis reached a peak in 72 hours. Furthermore, livers were scored in two strains of mice having life spans of 600 days and 365 days, the frequency was significantly higher in the later. Therefore, those workers concluded that the abnormalities in the genes and these mutations were cumulative.

Smith (1962), distinguishes two phases after growths: aging and dying. The first is independent of temperature and the second is dependent of temperature. He proposed that during the later process some substances are destroyed more rapidly than they are

synthesized. However, if a dying individual is transferred to a lower temperature environment, the rate of synthesis becomes greater than the rate of destruction, and the animal recovers.

Hayflick (1965), studied human diploid cell (in vitro) and found that they had a definite life span. After a period of active multiplication, their generation time increases, mitotic activity decreases and then the cells degenerate. Only a limited number of multiplications occur in all types of cells after which degeneration occurs. These studies show that the life span of cells is finite and the number of times cells can multiply depends on the age of the donor. Hayflick (1965) therefore, believes that cell aging may be due to a genetic program. As time goes errors or mutations accumulate in the genes, resulting in loss of mitotic activity.

Burnet (1965), believes that somatic mutations which in some way diminish functional efficiency but are not lethal to cells accumulate throughout life. This may account for higher auto-immune response in old age in which antibody activity develops against changed cells of the body. Clones capable of minor attack on a variety of tissues may arise with greater frequency with advancing age. It may be relevant to mention here the application to thermodynamics to explain aging. DNA as an information store is irreplaceable and is not entirely stable. It has, therefore, a finite rate of decay at any temperature above absolute zero. So this species of irreplaceable information has negative entropy in a closed system (the cell), and must, therefore, decrease according to the second law of thermodynamics. So it is possible that the unavoidable cumulative loss of the vital information or organization with its resulting loss of function may be the basis of aging (Johnson, 1963) [7].

Prigerson and Jacobs (2001), [11] not everyone is able to cope with grief well and begin rebuilding a life. Sometimes the feeling of hurt, loneliness, and guilt are so overwhelming that they become the focus of the survivor's life to such an extent that there is never any closure and the grief continues to interfere indefinitely with one's ability to function. Thus, what distinguishes normal from traumatic grief is that traumatic grief involves: (a) Symptoms of separation distress such as preoccupation with the deceased to the point it interfere with everyday functioning, upsetting memories of the deceased, longing and searching for the deceased, loneliness following the loss, and (b) Symptoms of traumatic distress such as feeling disbelief about the death, mistrust, anger, and detachment from others as a result of death, feeling shocked by the death, and the experience of somatic symptoms of the deceased.

Anderson (1997), [1] says two common manifestations of traumatic grief are excessive guilt and self-blame. In some people, guilt result in a disruption of everyday routines and a diminished ability to function. People begin to make judgment errors, may reach a state of agitated depression, may experience problems sleeping or eating, and may have intense recurring thoughts about the deceased person. Many of these individuals either seek professional help voluntarily or are referred by concerned family members or friends. Anderson (1997), [1] says to identify traumatic grief is not always easy because there are cultural variations which establishes the process of grief that must be respected. Derman (2000), [5] opines that length of time after the loss is not good indicator, as grief can still be quite strong in years after a loss

Prigerson and John (2001), [11] report that the criteria listed earlier for traumatic grief can be used successfully to differentiate the typical grief of bereaved person, even when they are depressed, and traumatic grief

Table 1: Distribution of study population by gender

S/NO	Item	Male	Female	Total	%
1	Inmates	5	10	15	0.75
2	Workers	-	5	5	0.25
Total		5(0.25)	15(0.75)	20	1

Researchers Field Survey: 2015

Procedure for data collection

The researchers collected the data and organized them according to the research questions formulated for the study. The data was analyzed using the mean method after weights of 4,3,2 and 1, have been assigned to the options as against strongly agree, agree, disagree and strongly disagree respectively. Items that has a mean score of 3 points and above is regarded as agreed or accepted, whereas any item having a mean score below 3.00 points is considered as disagreed or rejected.

The responses are weighed against the options and the mean score is derived by summing the weighed scores and diving by total number of response.

$$\text{Mean score} = \frac{(R1 \times 4) + (R2 \times 3) + (R3 \times 2) + (R4 \times 1)}{\text{Total No of responses}}$$

Table 2: Respondents view on the responsibility of the government for social security of the aged and their preparation for death.

S/N	ITEMS	SA	A	DA	SDA	TOTAL	X	REMARKS
1	The social security scheme in Nigeria is virtually non existent and effective.	5	3	11	1	20	2.55	Disagree
2	The social security scheme is not a far reaching and comprehensive welfare system for the poor and needy.	4	10	4	2	20	2.8	Disagree
3	Government support for multiple forms of social assistance program including the establishment of reinforcement homes, public and paupers graveyard have not been properly implemented.	1	5	7	7	20	2	Disagree
4	Your right to social security has been realized in Nigeria	2	3	13	2	20	2.25	Disagree
5	The social security scheme in Nigeria has not represented the primary source of financial support for retirement of most citizens.	8	12	-	-	20	3.4	Agree
6	There is no adequate protection made by the government against the loss of job and against poverty ridden old age	8	4	5	3	20	2.85	Disagree
7	Social legislature provides protection against sickness, unemployment, death of wage-earners, aged disability, dependency and accident which an individual cannot be expected to protect himself.	2	4	6	8	20	2	Disagree
8	The economic needs of the elderly are most often interwoven in social needs. The elderly need a high income that will be measured with the cost of living in the society.	5	14	1	-	20	3.2	Agree
9	Lack of transportation is one of the most pressing problems of older adult.	4	14	1	1	20	3.05	Agree

10	The elderly have lower income than the younger people. Most of the elderly received a little token in form of pensions; they are often deprived from their privileges.	9	7	1	3	20	3.1	Agree
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Researchers Field Survey 2015

The first item in the Table 2 has the mean score of 2.55. This shows that the respondents disagree with the fact that the social security scheme in Nigeria is virtually non-existent and ineffective. Item 2 has the mean score of 2.8, this shows that the respondents disagree with the fact that the social security scheme is not a far-reaching and comprehensive welfare system for the poor and needy. Item 3 has the mean score of 2, this shows that the respondents disagree that government support for multiple forms of social assistance program including the establishment of reinforcement homes, public and paupers graveyard have not been properly implemented. Item 4 has the mean score of 2.25, this shows that the respondent disagrees that their right to social security has been realized. Item 5 has the mean score of 3.4, this shows that the respondents agree with the fact that the social security scheme in Nigeria has not represented the primary source of financial support for retirement of most Nigerian citizens. Item 6 has the mean score of 2.85, this shows that the respondents disagree that there is no adequate protection made by the government against the loss of job and against poverty-ridden old age. Item 7 has the mean score of 2, this indicates that the respondents disagree with the fact that social legislature provides protection against sickness, unemployment, death of wage-earners, aged disability, dependency and accident which an individual cannot be expected to protect himself. Item 8 has the mean score of 3.2, this shows that the respondents agree with the fact that the economic needs of the elderly are most often interwoven in social needs. The elderly need a high income that will be measured with the cost of living in the society. Item 9 has the mean score of 3.05, this shows that the respondents agree with the fact that lack of transportation is one of the most pressing problems of older adults. Item 10 has the mean score of 3.1, this shows that the respondents agree with the fact that the elderly have lower income than the younger people. Most of the elderly received a little token in form of pensions; they are often deprived of their privileges.

Table 3: Derivation Responses mean scores

Item	Mean score
1	2.55
2	2.8
3	2
4	2.25
5	3.4
6	2.85
7	2
8	3.2
9	3.05
10	3.1

Researchers Field Survey 2015

Summary of findings and conclusion

Prigerson and Jacobs (2001), [11] maintained that not everyone is able to cope with grief well and begin rebuilding a life. Sometimes the feeling of hurt, loneliness, and guilt are so overwhelming that they become the focus of the survivor's life to such an extent that there is never any closure and grief continues to interfere indefinitely with one's ability to function. Thus, what distinguishes normal from traumatic grief is that traumatic grief involves: (a)

Symptoms of separation distress such as preoccupation with the deceased to the point it interfere with everyday functioning, upsetting memories of the deceased, longing and searching for the deceased, loneliness following the loss, and (b) Symptoms of traumatic distress such as feeling disbelief about the death, mistrust, anger, and detachment from others as a result of death, feeling shocked by the death, and the experience of somatic symptoms of the deceased.

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