LOSS, BEREAVEMENT AND COUNSELING STRATEGIES: A CASE STUDY OF DANA 2012 AIR CRASH INCIDENT

[1]Sanbe, M.T., Ph.D, and [2]Badru, F.A. Ph.D
[1]Counselling Unit, Summit University Offa,
North Central, Nigeria, mustaphasanbe@gmail.com, 08023421891
[2]Department of Social Work, University of Lagos,
badrufat@yahoo.com, imamdebest@gmail.com, fbadru@unilag.edu.ng
08033270662

Abstract

Life comes with various forms of uncertainties. Homo sapiens are faced with extremities of experiences, bringing diverse forms of emotion which vary from wins and gains that come with joy, gladness and elation. Other times, loss and bereavement become inevitable leading to emotions of sadness, gloom and grief. In the face of loss and bereavement, there is the need for appropriate counselling intervention in order to rehabilitate the affected and the relations of the victims of such losses to effectively adjust to their new realities. This paper is anchored on the counselling intervention strategies on the clients and relations of the victims of Dana Air crash in 2012. Dana Air Flight 0992 crashed on the 3rd of June 2012 in Lagos, Nigeria, killing all 153 passengers on board and six on land. The ripple effect of this calamity has become a major psychological case for counseling psychologists and medical/psychiatric social workers in the bid to intervene by offering strategic and effective counseling services to the concerned. These include the families of the victims, the airline users, the service providers, and the members of the community who were traumatized with the shock of the sudden crash. The implication of the intervention and counseling strategies called for the need for group psycho-education, grief counselling, cognitive behavioural therapy and the imperativeness of deploying psychological services in disasters and traumatic situations.

[2] Corresponding author: Prof Fatai Adesina Badru, Department of Social Work, Faculty of Social Sciences, UNILAG badrufat@yahoo.com, 08033270662

INTRODUCTION

Human loss and grief can be dissected from cultural, eschatological, clinical, philosophical, and psychosocial diverse perspectives. Grief is influenced by type of loss, traumatic life events, socio-economic and cultural factors, individual personality and family functioning. The importance of understanding trauma and its relationship to grief and loss is crucial for psychologists and other healthcare professionals. Coping and resiliency in losses include prevention and management of anxiety, stress, burnout, and post-traumatic stress disorders as sequalae.

Deaths and losses, most of the time, happen at the least expected moments. In the case of death for the departed, the heart, at the moment of death, ceases to pump blood, pulse stops beating, the pupils are fixed and dilated, and the person ceases to respond to all forms of stimuli, and it is all over. But this biological phenomenon and development have psycho-social reverberations on the families, significant others and friends of the deceased. These can manifest as shock, denial, weeping, lamentations, denial, rationalization, depression, anger and even fatal and non-fatal deliberate self-harm beyond post-traumatic stress syndrome of nightmares later.

These launch the family and friends of the departed into a new form of life experience of adjustment to the ugly reality of their loss. The grieving process begins. Though there is no timetable for the duration of grief as it may last for as short as 6 months to as long as years depending on the nature of support system the bereaved individual could get (American Academy of Family 2019). American Cancer Society (2020) describes grief as a person's normal, supposedly healthy response to loss and it describes the emotions one elicits when one loses someone or something of importance.

The Dana Air Crash

On June 3, 2012, the Dana Air Flight 1992, the McDonnel Douglas MD. 83 aircraft had onboard 147 passengers, 6 crew members and was headed from Abuja to Lagos. The passengers included several individuals: 3 students of both secondary and tertiary institutions, spokesperson of the Nigeria National Petroleum Corporation (NNPC), director of the then Mainstreet Bank, and about 15 foreigners from nine countries, among others. The crash did not only claim the lives of those on board but also 6 more lives of individuals on ground as the plane crashed into a residential area obliterating three large buildings.

Forensic investigations and report had it that one of the engines of the plane failed about 17 minutes into the fight and the second one also downed as the aircraft was approaching its destination, the Murtala Mohammed International Airport in Lagos causing the crash in the residential area at Iju-Ishaga, Lagos.

The Psychology of Flight Anxiety

Flying on an airplane comes with its own tension and anxiety for a number of people. Christine Celio (2018) espoused the notion: flight anxiety, which she described as a fear of flying that is so profound that it can prevent a person from travelling by air, or causes great distress to a person when air travel is necessary. The symptoms of flight anxiety as opined by Legg (2017:12) include: sweating, palpitations, shortness of breath, shaking, nausea, dizziness, clouded thinking, and irritability, among others. These symptoms are strong enough to keep an individual away from travelling on an airplane and these may become traumatic if tied to an ugly experience of a near crash experience or account of death of a loved one in a plane crash. These can lead to morbid fears such as aerophobia-fear of flying, aviophobia-intense dislike for flying, dystychiphobia-fear of accidents, pteromerhanophobia-the extreme panic and fear of flying.

Objectives of the paper are to:
- Identify the wide range of people affected by the incident of the Dana Air Crash flight 0992
- Examine the psychological intervention strategies used to rehabilitate the bereaved and affected individuals of the crash.
- Enquire whether the beneficiaries of the psychological intervention strategies go through bereavement process without breaking down with psychopathology.

Empirical Researches on Plane Crash

To an average individual, there are more fatalities caused by plane crashes than survivors. However, in a report analyzing airline accidents from 1983 to 2000, the National Transportation Safety Board (NTSB) found that survival rate of crashes was at 95.7%; the NTSB also found out that even in serious accidents where fire and substantial damage occurred, 76.6% of passengers still survive; also 40% of fatalities that occur happened in crashes that were survivable and that close to half of all airplane crash fatalities might have been prevented had passengers taken proper action (NTSB 2017). According to Wikipedia, (2022). KLM Flight 4805 and Pan Am Flight 1736 that occurred in March 27, 1977 recorded the deadliest plane crash with 583 people dead.

Grief and Grieving

Although people often experience emotional distress in response to the loss of anything significant to them (for example, a career, a relationship, one's feelings of safety, or a house), grieving is most commonly associated with the death of a loved one. Many researchers, however, see grieving associated with loss to a reaction to events beyond the death of a loved one which could also include the loss of physical or cognitive ability, as well as the loss of a routine in one's life, such as a work.

Types of Grief

Psychologists have put together some observable types of grief which shall be briefly discussed below considering the works of Liz Kelly (2021) and Eliz Authors (2019):

i.   **Normal Grief**: This is the ability of an individual to move towards the acceptance of their loss. Such individual is able to continue to function in his/her basic daily activities. It is characterized by *four main reactions*: i. *physical reactions*: weakness, nausea, restlessness, tearfulness, ii. *behavioural reactions*: forgetfulness, confusion, absent-mindedness; iii. *emotional reactions:* anger, shock, denial, numbness, loneliness, irritability and iv. *social reactions*: unusual dependency on others, withdrawal from friends, relationship difficulties, avoiding family and friends, increased substance abuse, self-neglect.

ii. **Anticipatory Grie**f: The feeling of loss one begins to feel when a significant person to one gets a debilitating disease leading to a significant diagnosis and the health begins to deteriorate. The

person anticipating the loss may begin to prepare for the impending loss. Many people believe this is advantageous as it gives the individual opportunity to prepare for the loss thereby enabling them to sort all issues with the ailing family member, say goodbye and "I love you" before the eventuality occurs.

iii. **Complicated Grief:** It is the type that happens when the emotional reaction to the loss gets severe and prolonged beyond the expected duration for an individual to cope and thus significantly impairs their ability to function. Complicated grief typically requires help from a mental health professional. Self-destructive behaviour, deep and persistent feelings of guilt, low self-esteem, suicidal thoughts, violent outbursts, or dramatic lifestyle changes are some warning indications that someone is suffering from complicated grief.

iv. **Chronic Grief:** It is characterized by hopelessness, extremely intense reactions, a sense of disbelief that the loss is real, loss of life meaning, suicidal thoughts, and difficulty making significant progress towards healing the grief.

v. **Distorted Grief**: This is an outrageous reaction to a loss which can present with anger, lashing out to self or others, extreme feeling of guilt, or self-destructive behaviours.

vi. **Exaggerated Grief:** The intensification of reactions than expected in a normal grief which worsens overtime. It is characterized by self-destructive behavior, suicidal thoughts, nightmares, substance abuse, or even the emergence of underlying psychiatric disorders.

vii. **Secondary Loss:** This occurs when a loss (primary loss) affects multiple areas of an individual's life.

viii. **Masked Grief:** It can take the shape of bodily symptoms or other out-of-character behaviours. It occurs when a person is unable to realize that certain symptoms or behaviours are linked to a loss.

ix. **Disenfranchised Grief**: This happens when people feel that others do not validate or agree with the importance of their loss e.g. a parent may be discouraged by the society from grieving a child who died as a result of abortion or suicide.

x. **Collective Grief**: When a disaster strikes a whole community or a large number of people, this is known as a "mass casualty." It is common during wartime and after large natural disasters with long-term consequences. Other instances when we experience collective grief include when a respected public person dies, or when a terrorist attack occurs, or when a mass casualty occurs, or when a national disaster occurs.

xi. **Inhibited Grief:** This is when an individual fail to show any outward signs that are typical of grieving. Inhibited grief can lead to failure to be able to effectively deal with the grief.

xii. **Abbreviated Grief**: When the bereaved is soon able to fill the void created by the loss of the partner, such a person had experienced abbreviated grief. Such an individual is able to easily accept the original loss and "move on".

xiii. **Absent Grief**: This is when someone does not acknowledge the loss or show any sign of grief, this may be seen as though the person is yet to experience the loss at all. It can be as a result of shock or total denial due to the unexpected nature of the loss.

xiv. **Cumulative Grief**: It happens when an individual experiences a second loss shortly after (or while still processing grief from) a first loss. It can also be referred to as compounding loss, grief overload or bereavement overload and it can be one of the most difficult types of grief to recover from.

xv. **Traumatic Grief**: This is a frequent side effect of attempting to process grief when there is additional trauma, such as a shocking, unexpected loss or a violent death. It might make it difficult for someone to operate in one's regular life.

Theoretical Framework
The Five Stages of Grief theory as presented by Elisabeth Kubler-Ross in her 1969 book titled: '*On Death and Dying*' shall be presented to uphold this study.

Elisabeth Kubler-Ross' Five Stages of Grief (1970):
Kubler-Ross (1970) divides grieving process into five different stages:
Stage 1: Denial - This is when the bereaved is not ready to come to terms with the reality of the loss, they may say words like: "this can't be happening", "it can't be the plane my daughter boarded that crashed". It is a defense mechanism to help cope with the immediacy of the news with the extreme emotions of grief.
Stage 2: Anger -The bereaved may feel angry at the system that may be responsible for the loss, maybe the airline operators (in the case of the Dana air crash), God, oneself, or even at the loved one for leaving.

Stage 3: Bargaining - The bereaved may begin to bargain through prayers or wishes that the loved one's life would be spared in exchange for something such as "if God could spare his life, I will continue to serve you all my life", "if the Doctor would just ask for any amount, I would pay in exchange for her life". Though logically, the negotiation cannot happen but the love for the deceased would want to be displayed by transacting their lives for anything.

Stage 4: Depression - When the reality of the loss settles, the bereaved begins to feel all sense of painful emotion of sadness and sorrow. The grief may be characterized by feelings of hopelessness, loss of appetite, suicidal thoughts etc.

Stage 5: Acceptance - This is the final stage of grief. It does not necessarily mean the person has forgotten about the loss but that he has come to the reality of the new life without the individual. Acceptance comes when the individual has worked through dreadful facts and the difficult reality that he/she has lost a piece of the person's life. It's a continuous process that an individual goes through as the person uncovers new ways to appreciate life.

Bereavement (Empirical Studies)

First Orlando Counseling (2020) admitted that there is a slight difference between grief and bereavement. They described bereavement as "grief that involves the death of a loved one" while they see grief as "a variety of feelings that go along with the process of moving on from a significant change or loss." Dictionary.com described bereavement as a period of mourning after a loss, especially after the death of a loved one.

Mohammed (2020:23), in his study of *'the Psychosocial Needs of Bereaved Spouses in Nigeria: Implication for grief counselling intervention'* found out that majority (69.4%) of bereaved spouses in Nigeria have high priority for psychosocial needs. Egbeleye and Oyedeji (2018:18) observe that middle age bereaved spouses cope well than old age bereaved spouses because the former are 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. Other researches show that widows are ostracized and lack social protection, and so urged for psychological techniques to assess their needs and assist them in overcoming material and moral obstacles. As a result, they will be able to expand their options and choices, as well as invest their funds. Possibilities to enhance their living conditions and the quality of their life are legion and we only need to tap into it through appropriate psychosocial strategies.

Elias (1985:32) discovered that the bereaved persons need the presence of supporting relationships which will help them to cope successfully with bereavement crisis and recover quickly from it. She then concluded that adequate social support is essential for or crucial to successful coping with bereavement crisis and rapid recovery from it.

McDaid et.al (2008:16) identified eight controlled studies of grief and psychosocial intervention, delivered mostly in a family or group context. Six interventions showed some evidence of effectiveness on at least one outcome measure such as reduced anxiety or depression and less maladaptive grief reactions. Three systematic reviews conducted to date found some evidence of effectiveness of interventions (Treml et.al, 2017).

Counselling Strategies for the Bereaved

The concept of grief counseling or bereavement therapy is a form of therapy intended to help clients cope with losses like the death of a partner, family member, friend or colleague (Gupta 2021). Gupta listed several techniques to be used for grief counselling: Acceptance and Commitment Therapy (ACT), Cognitive Behaviour Therapy (CBT), Group Therapy, Art Therapy and Play Therapy. She believes that when used appropriately, several benefits can be derived from them such as: fewer physical and emotional symptoms; development of coping skills; improved self-awareness; acceptance of loss, among others.

The Nigerian Leadership Initiative (NLI) initiated the Psycho-education session by sending invitations to the researchers and members of the families of the deceased in the plane crash. The researchers were introduced to the participants as Professional Psychologists. Others on the Panel included: A Psychiatrist; A Pilot and Aero-Engineer and A Lawyer of the Queen's Counsel (Q.C) status from the United Kingdom.

The researchers set out to achieve the following goals:

To take the participants through the grief process and how to successfully navigate the grief phenomenon in order to avoid breakdown with psychopathology such as depression and post-traumatic stress syndromes.

Counselling intervention applied was Group psychotherapy for the Psycho-education. At the end of the group session, some individuals entered into individual therapy. Upon commencement of individual therapy, a young female Law Student, daughter of one of the deceased was for needs and therapy. She lamented how to cope with her life and studies since she had lost her father and financier of her education. She was exposed to

coping strategies and positive help-seeking behaviours with assignments to prove the efficacy of the strategies and techniques.

The second was a female, 35years old, Author\Publisher, married to one of the deceased for over ten (10) years (now widowed) without any child in the marriage whilst the relatives of the husband were trying to take over family belongings. She was taken through relaxation techniques and referred to the Legal practitioner to be able to navigate the relationship and family dynamics with legal standpoint since she claimed that they were married in the Court.

The Law Student was followed up from her second year till she graduated. She graduated with a Second Class Upper Division. She claimed that she would be travelling for her postgraduate training in International Law in a United Kingdom University. Upon follow up with the widow, she became a member of an Advocacy Group for Safer-Skies and supported for child adoption through the Lagos State Government.

CONCLUSION AND RECOMMENDATION

It is indubitable that deaths from air crash can be sudden and devastating for relations of the victims. Grief and bereavements should, therefore, be carefully handled by professionals. Psychosocial interventions could serve as confidence building and ameliorating balm at times of loss, bereavement and productive resolution of otherwise perceived hopeless situation. Counselling, and clinical Psychologists, medical and psychiatric social workers are needed as professionals to offer palliative services to give succour to people experiencing losses and bereavement.

REFERENCES

Barrera, M., D'Agostino, N., Spencer, L., Schneiderman, G., Tallett, S., Spencer, L., &

Jovcevska, V. (2007). Patterns of Parental Bereavement following the loss of Child and Related Factors. *OMEGA, Vol. 55*(2) 145-167.

Bonanno, G. A., & Klatman, S. (1999). Toward an Integrative Perspective on Bereavement. *Psychological Bulletin, 125,* 760-776.

Bowlby, J. (1980). Loss: Sadness and Depression (Vol. 3). London: Pimlico.

Carr, D., Nesse, R. M., & Wortman, C. B. (2006). *Spousal Bereavement in Late Life*. New York: Springer

Cleiren, M. (1993). *Bereavement and Adaptation: A Comparative Study of the Aftermath of Death.* Washington, DC: Hemisphere.

Davies, R. (2004). New understandings of Parental Grief: Literature review. *Journal of Advanced Nursing, 46,* 506-513.

Dickenson, D & Johnson, M. (Eds.). (1999). Death, Dying & Bereavement. London SAGE Publications.

Elias, N (1985). The Loneliness of Dying Oxford: Basil Backwell

Graham Scambler (2003). Sociology as Applied to Medicine. London, Elsevier Science Limited.

Keeran D (2019). Loss and Grief Counselling Skills: The Practical Wording of Therapeutic Statements and Processes, Research Gate

Kubler-Ross, E (1970). On Death and Dying London: Tavistock

Linde,K., Treml, J., Steinig, J.,Nagl, M. and Kesting,A.(2017). Grief Interventions for People bereaved by Suicide: a Systematic Review. PLoS One .2017; 12:e 0179496. https://doi.org/10.1371/journal.pone.0169496.

McDaid,C., Trowman, R., Folder,S., Howtan, K. and Sowden,A.(2008). Interventions for People Bereaved Through Suicide: Systematic Review: Br J Psychiatry.2008;193:438-43.

2020 First Orlando Counselling National Trns Safety Board, 2017.

The Johana Briggs Institute (2006). Literature Review on Bereavement and Bereavement Core, Joanna Briggs. Collaborating Centre for Evidence – based Multi-Professional Practice

Olurode, L & Omololu Soyombo,(2003). Sociology for Beginners. 3rd Impression Department of Sociology. University of Lagos. John West Publications. Read Chp 12 'Sociology of Health & Illness Relations' Pp326-355

Scambler, G (ed) Sociology as Applied to Medicine – Fifth Edition New York: W.B. Saunders Company

Seale, C. (2000). Changing Patterns of Death and Dying. Social Science & Medicine 51 (2000) 917-930.

Strauss, G.B (1965) Awareness of Dying Chicago, IL, Aldine