



## Counselling The Near Death on the Frustration, Depression, Anxiety of an Uncompleted Career Before Death

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**Abstract:** This study focus on the Counselling The Near Death on the Frustration, the depression anxiety of an uncompleted career before death. Near death experience may include several perceptions, such as seeing a bright light, moving through a tunnel, positive emotions, meeting deceased relatives, communicating with a light, entering a new domain, reaching a point of no return, reviewing one's life, and out-of-body experiences, their phenomenology presumably stemming from the projection of beliefs and expectations of an afterlife. It is still not clear, however, how people suddenly finding themselves in critical conditions (e.g., cardiac arrest) might be aware of being near-death and have time enough to develop complex scenarios to suit their wishes. Spiritual and religious experiences are global human phenomena that have always occurred down the ages, while the trans-cultural features of near death experiences (whatever their meaning) appear to be an archetypal expression of the human mind. In counseling, the personal experiences that have been blocked or tasks that have been avoided because of feared emotional or interpersonal. people have an urge to complete unfinished business in order to achieve satisfaction and peace.

**Keywords:** *Counselling , Near death, Career, depression, Anxiety, Frustration.*

### Introduction

In an anthropological and philosophical sense, the fundamental challenge of a human being is to face existential anxiety derived from painful knowledge of mortality or the “threat of non-being” (Fortner et al., 1999; Tillich, 1952; Yalom, 2008). This “gift” can facilitate the appreciation of life, as in Seneca’s quotes (...) “all the days we have lived up to now are already in the hands of death.”, or this “burden” leads people to live life in the Epicurean way through avoiding pain and death. Freud (1925) claimed that death anxiety was the first manifestation of neurosis, but later, he (1936) prioritized castration anxiety. However, he agreed that both concepts are associated with the feeling of “a sense of loss.” Accordingly, a great deal of research indicated that death anxiety, fear of separation, and loss of

meaning and control, and feelings of insecurity were all found to be highly correlated (Caras, 1995; Maxfield et al., 2014; Menzies & Menzies, 2020; Noyes et al., 2002). To an extent, death anxiety is acceptable, and many resilient individuals cope even when they face death reminders in their daily lives. However, it may not be easy to adapt to stressful conditions for some people, especially in times of high stress. These individuals can display a maladaptive way of coping with the stressors or regulating their feelings, thus developing psychopathological symptoms. The perception of unfinished business may signal a problem with the sustained attachment to the deceased. Developed early in life, attachment style influences one's approach to relating throughout the lifespan, including reaction to the loss of a significant attachment figure (Bonanno et al.,

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2002; Stroebe, 2002; Van Doorn, Kasl, Beery, Jacobs, & Prigerson, 1998). Protracted, intense separation distress, a primary feature of prolonged grief, may indicate difficulties finding a functional, empowered sustained attachment to the loved one after death (Field & Filanosky, 2010; Field, Gao, & Paderna, 2005; Klass, Silverman, & Nickman, 1996). In an effort to expand on the existing body of work, the present study seeks to examine presence or absence of unfinished business and the degree of distress associated with it, as well as to identify commonly reported themes or types of unresolved issues with the deceased. The association between these components and prolonged grief symptoms, overall psychiatric distress, presence of guilt, sense made of the loss, and intensity of the continuing bond will then be examined.

#### **Analyzing the Fear of Death**

The association between the unfinished business variables (i.e., presence/absence of unfinished business, severity of distress related to unfinished business), demographic and background variables of interest (i.e., age, gender, ethnicity/race, educational attainment, relationship to the deceased, cause of death, and months since loss), and the outcome variables (i.e., prolonged grief symptoms, global psychiatric distress, feelings of guilt, meaning made of the loss, and intensity of the continuing bond). According to Effiom, B.E; Ebuara, M.O; Ekwok, M.L; Serah I.U; Julina N.O; Undie, A.A; Elizabeth G.A(2022), Significant life events can affect mental health, a sudden passing of loved one can trigger mental health risk.

#### **Counselling the Depression and the Anxiety of an Uncompleted Career Before Death**

Counseling for depression focuses more on present thoughts, feelings, and behaviors and how these things are affecting your life currently. Counselling is learning orientated process carried on by a professionally competent counsellor in relevant psychological skills and knowledge Effiom, B.E; Ekwok, M.L; Ebuara, M.O; Odo-simon Kelechi; Elizabeth G.A; Anthonia I.(2022). During counseling, the therapist will use “talk therapy” to help you understand and work through the issues that are impacting your life in negative ways. Their role is to listen, provide feedback, and work with you to develop strategies to cope. They will also evaluate your progress and adjust the sessions accordingly. You may be asked to do homework that extends the learning from the counseling sessions. Often, this is in the form

of tracking moods and feelings. Depression is a mood disorder that can take many forms: some days you may find it impossible to get out of bed, while other days you may feel more able to go about your normal daily tasks. Living with depression can be incredibly difficult, both for those suffering and those around them. Due to the nature of the condition, however, seeking help can often be delayed. Mental health is more than just being free from any type of mental disorder. It is an important aspect of a person’s overall well-being because if your mind is unhealthy, the rest of your body will be able to function well Effiom et al(2022).

#### **Symptoms of depression**

If you have depression, you are likely to have at least five of the following symptoms:

- worthless
- like life isn’t worth living
- constantly anxious, tearful and worried
- like you can’t concentrate
- indecisive
- irritable and intolerant of others
- you are not getting enough enjoyment out of life
- you have a lack of self-esteem
- you have excessive and inappropriate guilt
- you have no motivation or interest in things you used to enjoy.

#### **You may experience:**

- changes in sleeping patterns - broken nights or oversleeping
- changes in eating patterns - loss of appetite or overeating
- tiredness and a loss of energy
- persistent headaches and/or stomach upsets
- chronic pain
- a slower speaking pattern than usual
- loss of libido
- changes to the menstrual cycle
- neglect hobbies and interests
- isolate yourself from friends and family
- take part in fewer social activities
- notice your productivity falling at work

In some circumstances, you might not even notice that you have developed depression, especially if it has been a gradual process over several weeks or months. Sometimes it takes a friend, a family member or a partner to point out that you may have a problem.

#### **Types of depression**



**There are several different forms of depression, including:**

**Mild depression** - When depression symptoms have a limited impact on daily life. Generally, sufferers of mild depression will experience a persistent low mood and spirit. They may find it difficult to motivate themselves to do things they normally enjoy.

**Major (clinical) depression** - A more severe form that can lead to hospital admission. Symptoms will be more prominent and interfere with daily life. They can affect eating habits, sleeping, and other day-to-day activities. Some sufferers may feel suicidal and that life is no longer worth living.

**Bipolar disorder** - A form of manic depression characterized by extreme highs and lows. For example, a period of hyperactivity where sufferers are excited and planning overambitious tasks is followed by a period of severe depression.

**Seasonal affective disorder (SAD)** - A form that's closely related to the length of days. It typically occurs in the autumn and winter months when the days are shorter. Symptoms tend to alleviate when the days get brighter and longer.

**Postnatal depression** - A condition that can develop in anyone who gives birth or their partner following childbirth.

**Anxiety**

Anxiety is described as a feeling of discomfort, uneasiness, dread or nervousness. Anxiety is a normal emotion in all people. Anxiety disorders are amplifications of these emotions at inappropriate situations or to a greater degree than would be expected. There are more than a dozen specific anxiety disorders defined. They are the most common mental health condition present in some estimates.

Anxiety disorders include Panic disorder, Post traumatic Stress disorder, Obsessive-Compulsive disorder and agoraphobia. They may be associated with medical disorders or be the consequence of severely stressful events. Many times, there is no definable provoking cause. The level of specific chemicals in the brain may change in people with anxiety disorders.

Anxiety disorders are usually treated with a combination of counseling techniques and anti-anxiety medications. Some of the newer anti-depressant medications are effective in certain anxiety disorders. The conditions tend to be more responsive to treatment if addressed early in the course of the disorder. Of course, this is the

time the condition is most difficult to recognize, may not be apparent to others and denial of the condition is common. The mental health is important for elimination of tension of the client, such trait, like anxiety, hostility, depression, feeling of inferiority, inadequacy, unhappiness and other emotional symptoms such be put under conscious control which involve internal and external environment Effiom et al(2022).

**Recognition of anxiety disorders**

Anxiety symptoms are also often not recognised by primary healthcare professionals because, once again, patients may not complain of them overtly (Tylee & Walters, 2007). Cases of anxiety are especially likely to be missed when people frequently attend with multiple symptoms, despite reassurance. Instead, these symptoms are often characterize as possible symptoms of cardiovascular, respiratory, gastrointestinal, neurological or musculoskeletal disease (Blashki *et al.*, 2007).

For many people with a common mental health disorder, stigma and avoidance may contribute to under-recognition of their condition. Pessimism about possible treatment outcomes may further contribute to this. However, GPs themselves can contribute to the under-recognition of these condition

**Death Anxiety**

In an anthropological and philosophical sense, the fundamental challenge of a human being is to face existential anxiety derived from painful knowledge of mortality or the “threat of non-being” (Fortner et al., 1999; Tillich, 1952; Yalom, 2008). This “gift” can facilitate the appreciation of life, as in Seneca’s quotes (...) “all the days we have lived up to now are already in the hands of death.”, or this “burden” leads people to live life in the Epicurean way through avoiding pain and death. Freud (1925) claimed that death anxiety was the first manifestation of neurosis, but later, he (1936) prioritized castration anxiety. However, he agreed that both concepts are associated with the feeling of “a sense of loss.” Accordingly, a great deal of research indicated that death anxiety, fear of separation, ad loss of meaning and control, and feelings of insecurity were all found to be highly correlated (Caras, 1995; Maxfield et al., 2014; Menzies & Menzies, 2020; Noyes et al., 2002). To an extent, death anxiety is acceptable, and many resilient individuals cope even when they face death reminders in their daily lives. However, it may not be easy to adapt to



stressful conditions for some people, especially in times of high stress. These individuals can display a maladaptive way of coping with the stressors or regulating their feelings, thus developing psychopathological symptoms. In dealing with death anxiety, as a leading theory in psychology, terror management theory (TMT; Greenberg et al., 1986, 1990) suggests that people in every culture tend to use their cultural worldviews as a buffer due to avoiding death reminders or death-related thoughts. Thus, in a way, cultural standards, traditions, or beliefs transform into symbolic structures that provide some comfort and feelings of security. The death-denying function of the cultural worldviews while ignoring personal resilience factors, except for self-esteem, which reduces anxiety derived from the effect of mortality reminders (Pyszczynski et al., 2004). There are stress-buffer personality traits or resilience factors that have been shown to provide positive adaptation in the face of difficulty, anxiety, trauma, and threats (Bonanno, 2004; Dolcos et al., 2016; Herrman et al., 2011) and to reduce or attenuate the impact of mortality inductions, especially in cultural defenses (Greenberg et al., 1993; Iverach et al., 2014).

### **Meaning in Life**

A sense of a meaningful life plays a vital role in providing and protecting mental health. Meaning in life is defined as people's understanding of their own lives (consistent understanding of oneself, the world, and harmony) and having a purpose of pursuing in life (having an overarching set of goals or missions one is trying to achieve) (Steger et al., 2006). Even though there are debates on whether meaning in life can be constructed or discovered from life itself (see a review by Dursun & Alyagut, 2020), the sources of meaning can vary significantly across individuals, periods, and cultures (Baumeister, 1991). Nowadays, conceptually, it is distinguished into two interrelated but distinct dimensions; the presence of meaning (experiencing the meaning) and the search for meaning (seeking more meaning in life). Recent empirical studies have shown that the presence of meaning, which is regarded as a trait-like and relatively stable resource (Steger & Kashdan, 2007), was an indicator for promoting and maintaining physical health, based on neuroendocrine, immunological, and cardiovascular markers (Bower et al., 1998; Krause, 2004; O'Connor & Vallerand, 1998;

Smith & Zautra, 2004), as well as mental health in terms of greater happiness and life satisfaction, less depression, distress, anxiety, and loneliness (Ishida & Okada, 2006; Shiah et al., 2015; Steger & Frazier, 2005; Steger & Kashdan, 2007), and reductions in substance abuse (Nicholson et al., 1994) and smoking (Steger et al., 2009a, b). On the other hand, search for meaning correlates with ill-being indicators (Schulenberg et al., 2011; Steger & Park, 2012; Steger et al., 2008a, b). So far, there has been no study that examined the role of the presence or search for meaning in a sample of GAD subjects, but we expect that presence of meaning will be lower in the GAD sample than in the non-anxious control group. The meanings we attribute to death can have important implications for our well-being, determining our sense of meaning in life (Wong & Tomer, 2011). Death attitudes influence how people live; for instance, people are more likely to construct meanings on extreme materialistic or hedonistic habits consciously or unconsciously due to avoiding the pain of death awareness. Similarly, Heidegger (1953) argued that the unconscious existential anxiety (angst) arising from the reality of death defines how the being (dasein) is and to what extent it "falls into life," starts to live in a mode of "being-in-the-world" and gradually transforms into "everybody" and "worldliness." When death comes to the door, this inevitable reality begins to individuate the being (dasein). The being realizes its loneliness and starts listen to itself for the first time while "everyone" becomes silent. If it succeeds in individuating, it finally begins to transform into its "authentic potential." Thus, in a way, the person's response to the reality of death determines whether s/he will reach his/her authentic self, eudaimonic life. Furthermore, Tillich (1952) indicated that a lack of meaning and emptiness evokes existential anxiety or threat of "non-being." To create a meaningful life requires an act of courage. In support, Frank (1985) suggested that life is naturally full of meaning. Every person must discover the hidden meaning designed for him/her, but after facing and accepting mortality (see Dursun & Alyagut, 2020, for a review). Thus, meaning-making can be an antidote for the pain of immortality.

In a similar vein, many empirical studies have demonstrated that a meaningful life is negatively correlated with death anxiety. For instance, Tang et al. (2002) found that a meaningful life is positively associated with death acceptance, decreasing death anxiety scores in Chinese university students. Similarly,



Routledge and Juhl (2010) revealed that death reminders selectively increased death anxiety in individuals with lower meaning in life, whereas individuals with higher meaning did not report aggravated death anxiety. The findings of Zhang et al. (2019) displayed that the sub dimensions of meaning in life, i.e. presence of meaning and search for meaning, were negatively correlated with death anxiety in Chinese older adults. On the other hand, Lyke (2013) revealed that only the search for meaning in life was significantly associated with fear of death in a community sample of participants.

#### **The Anxiety of an Uncompleted Career Before Death :**

A career can be defined as the combination of roles played in a sequence by a person during lifetime, it individual drive through education, work and other features of life Effiom, B.E(2022). Unfinished business has been conceptualized as a construct that taps into cognitive processes that involve appraising the relationship with the deceased as lacking closure or resolution. Possible emotional responses to unfinished business may include a number of reactions, including regret, anger, guilt, or remorse (Holland, Klingspon, & Neimeyer, 2014). Regret is frequently discussed in the bereavement literature and represents one possible response to the perception of unfinished Career (Holland et al., 2014; Torges, Stewart, & Nolen-Hoeksema, 2008). Regret is typically conceptualized as an emotional response to a situation in which the outcome of one's decision(s) is unfavorable (Gilovich & Medvec, 1995; Landman, 1987; Roese et al., 2009; Zeelenberg, van Dijk, Manstead, & der Pligt, 1998).

The perception of uncompleted Career may signal a problem with the sustained attachment to the deceased. Developed early in life, attachment style influences one's approach to relating throughout the lifespan, including reaction to the loss of a significant attachment figure (Bonanno et al., 2002; Stroebe, 2002; Van Doorn, Kasl, Beery, Jacobs, & Prigerson, 1998). Protracted, intense separation distress, a primary feature of prolonged grief, may indicate difficulties finding a functional, empowered sustained attachment to the loved one after death (Field & Filanosky, 2010; Field, Gao, & Paderna, 2005; Klass, Silverman, & Nickman, 1996). These continuing bonds to the deceased are thought to be dynamic in nature, in that they are negotiated and renegotiated over time at levels ranging from the individual's own sense of attachment to its validation by the social system (Klass et al., 1996; Neimeyer, Klass, &

Dennis, 2014). Such bonds can serve as an adaptive or benign means for staying connected with the deceased, or can take the form of unhelpful rumination and/or “clinging” to the lost relationship (Field, 2006), a form of attachment anxiety that has been linked empirically to more complicated grief responses (Meier, Carr, Currier & Neimeyer, 2013). The experience of uncompleted Career is thought to be one possible manifestation of difficulties in the continuing bond, which may be manifested by an intense and ruminative clinging to the lost relationship. Discrimination as a result of stigma can have a negative effect on mental health. A person who has been stigmatized may put up with physical or verbal abuse and experiences low self-esteem or feeling of fear guilt and shame and become socially isolated Effiom et al(2020). Stigmatization occurs when people hold negative beliefs or attitude about individual who are members of certain group or communities, individual who are the object of stigma may experience negative attitude Effiom et al(2020).

#### **Conclusion**

Psychologists specialize in the science of behaviors, emotions, and thoughts. They work in places like private offices, hospitals, or schools. Psychologists treat a range of issues, from relationship problems to mental illnesses, through counseling. Depression is a serious, chronic medical condition that can affect every aspect of a person's life. When it causes suicidal thoughts, it can be fatal. People cannot think their way out of depression. Depression is not a personal failing or a sign of weakness. It is treatable, and seeking treatment early may increase the chances of recovery. Because depression can be challenging to treat, it is important for a person to see a doctor with expertise in depression and to be willing to try several different treatments. Often, a combination of therapy and medication offers the best results. Discussion of unfinished business as a risk factor for poorer outcomes and as a target of intervention highlights the importance of conducting additional research regarding this construct. unfinished Career is a robust and unique predictor of bereavement outcome adds to the current body .This study is also limited by its cross-sectional design. Although in the present study unfinished business-related problems were conceptualized as preceding negative bereavement outcomes (e.g., more severe prolonged grief symptoms, less meaning made of the loss), it is possible that the sequence is reversed. For instance, prolonged grief



symptoms may provide the catalyst for a person to reflect on their relationship with the deceased in a more negative fashion, which could increase the likelihood of experiencing unfinished business. Indeed, there is some evidence to suggest that recollections of the quality of the relationship with a deceased loved one are fluid in nature and change over. Further, distress regarding unfinished business may be a manifestation of general distress, distress related to other psychiatric issues, or the distress may be related to a third variable, such as a personality trait (e.g. neuroticism). Future studies would do well to examine the temporal relations between unfinished Career and bereavement outcomes using a longitudinal design..

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