

CASE REPORT

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Continued nurturing of dead child by mother consequent upon spirituality and family dysfunction: A case report

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ABSTRACT

Introduction: Spirituality has many important positive influences on human health, and a good family functioning contributes to the healthy development and well-being of individual family members. However, there are instances in which spirituality exerts a negative influence on health. Similarly, poor family functioning can adversely impact the ability of members to cope with stressful life events. **Case Report:** We present a case of a 37-year-old female whose family was dysfunctional. For five days after the death of her five-year-old son she continued to nurture and care for the corpse until it started to stink on the claim that God had told her the child was alive. **Conclusion:** Medical professionals need to be cognizant of these adverse consequences of spirituality and family dysfunction in order to adopt a holistic approach that mitigates them.

Keywords: Family dysfunction, Nigeria, Ogbomoso, Spirituality, Stressful life event

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INTRODUCTION

Spirituality, defined as a personal affirmation of a transcendent connectedness in the universe, has become a subject of interest in health care with increasing emphasis placed on it as a factor contributing to patients' well-being. Many studies have demonstrated a positive association between spirituality and health, but some researchers have drawn attention to its negative effects on health. Studies have documented a number of positive attributes of spirituality during stressful life events but some other studies have detected negative effects [1].

Good family functioning contributes to the healthy development and well-being of individual family members [2]. A well-functioning family is also crucial for individuals undergoing stressful life events. Good family functioning, which is characterized by open communication, expression of feelings and thoughts and cohesion among family members, facilitates adaptive adjustment to loss [3]. Asking for help, or finding emotional support from family members or friends, can be an effective way of maintaining emotional health during a stressful period. There is evidence that supportive interactions among

people are protective against the health consequences of life stress and social support can protect people in crisis from a wide variety of pathological states by mechanisms that involve the facilitation of coping and adaptation [4]. Furthermore, social support may reduce the amount of medication required, accelerate recovery, and facilitate compliance with prescribed medical regimens [4].

We present a case of 37-year-old female who had separated from her husband, and for five days after the death of her son she continued to nurture and care for his dead body until it was forcefully taken from her for burial by relatives when the body started to stink.

CASE REPORT

An unemployed 37-year-old Para 2 Christian woman who had separated from but had not formally divorced her husband. She had an elder brother who provided the history. She was forcefully brought to our emergency room around 8 a.m. by her relatives who thought that her irrational behavior and speech following the death of her son five days earlier was due to a psychotic illness. The deceased five-year-old son had died of cerebral malaria following two-day history of fever with multiple episodes of convulsions and about 24 hours of hospital admission at her bedside. She was said to have obstinately delayed in bringing the child to the hospital on the claim that God would heal him of the high grade fever.

Following the child's death, the patient claimed that God told her he was alive and she castigated the doctors who certified the child dead and condemned her relatives and church members as faithless, "spiritually blind" people when they attempted to help her accept the fact of the child's death. She admitted her child was sick but she explained away the exudation of foul-smelling fluid from his decomposing body as "divine intervention" to evacuate the "spiritual poison" that made him sick, following her fervent prayers for his healing.

Claiming the child was breathing and moving the limbs, she kept backing and nurturing the corpse in a separate apartment of their family house where she isolated herself behind locked doors. Her brother reported she was overheard both day and night saying loud prayers for the child's healing and vilifying whoever intruded. She continued all these in spite of the offensive odor and obvious decomposition of the corpse until her distraught relatives forcefully took it from her for burial in a public burial ground as she was being brought to the hospital. She had been married to a man who pretended to be single but was actually living with wife and children in another town. When she got to know about the other wife after some years of marriage, a misunderstanding broke out between husband and her, culminating in their separation about four years earlier. Following the separation, she resigned her employment and returned to her hometown to live with her parents and a married

elder brother in the family house, being supported financially by her siblings. Her first son was taken to her mother-in-law while she kept the second (deceased) son. When informed of the child's death, her husband had threatened to have her arrested by the police if his son was not produced alive.

The patient had neither constitutional nor systemic symptoms and there was no past history of psychiatric illness or past medical history. She neither took alcohol nor abused any other drug. She denied suicidal intent, saying her relationship with God would not permit that. The informant described her as fond of children and that she was attached to her late son, seeing him as her only reward from the broken marriage. She had also become quite religious since she returned to her parents, being an active member of a Baptist church, dutifully attending the church's programmes but fasting more often than the clergy suggested. She did not have any close adult friend and her brother said she would not readily yield to counsel. Physical examination findings were essentially normal.

When she was informed that the child had been buried and was asked if she would fight those that buried him, she responded that she would take it calmly with them and leave everything in God's hands. At this point, she admitted that her son had died. She then requested to have her bath and change her clothes. She had a mild sedative administered orally and kept on observation in the hospital. A psychiatrist was invited to assess her but psychiatric evaluation revealed no remarkable abnormality and she was adjudged to have insight. After about 12 hours of hospital stay, her relatives who had been previously counseled to support her felt more confident to take her home, and her request for discharged was obliged. She was then followed-up with clinic and home visits through the next one year. With support from her parents, siblings and church community, She got over the stressful event in less than six months, and by the first anniversary of her son's death, she had been fully reintegrated into her family and church community.

DISCUSSION

Following the separation from her husband, our patient displayed what Ellison and Levin [5] describe as stressor response (mediator) model of affectation of health by spirituality and religion, in which a stressor (e.g., bereavement, family problems) leads to increased spirituality and religiosity, including increased church attendance, prayer, reading of religious materials more often than they did before, or reliance on religious faith in the coping process. This was protective as it prevented her from lapsing into depression or adopting harmful lifestyle practices like promiscuity. Nevertheless, some negative effects of spirituality are highlighted by her case. Firstly, her late son was brought late to the hospital

because she, initially relying on faith healing, rebuffed the advice to take the child to the hospital following the first episode of convulsion on the first day of his illness. Previous researchers have documented that parents' reliance on faith healing instead of appropriate medical care has led to negative outcomes and death for many children [1].

Secondly, after the child died, our patient refused to allow the corpse to be buried until it started to stink claiming that God had told her the child was still alive. This is a harmful practice that has the potential to adversely affect not only her own mental and physical health but also that of the community where she lived. This action in our patient mimics the denial stage of Kübbler-Ross' stage model which identifies the stages of denial, anger, bargaining, depression, and acceptance [6]. However, the obvious involvement of spiritual/religious explanation for the actions made labeling them as "denial stage" arguable. Previous researchers have raised concerns about cases like this in which patients assume unrealistic expectations of their religion and adopt a sort of magical thinking that God will solve all their problems or even grant all their wishes [7]. The patients may, therefore, ignore reality and make little attempt to use practical methods to address their psychological or social issues.

Thirdly, her relatives were perplexed by her behavior which they thought was the onset of a psychotic illness that could stigmatize the family. Differentiating between spiritual experiences and psychotic disorders with religious content is currently an interesting and important theme in mental health. Behavior related to spirituality such as reported contact with spirits or commands from God may be misdiagnosed as psychiatric disturbances [7]. It has, however, been observed that these psychotic (or dissociative) experiences with religious content are not necessarily symptoms of mental disorders, and that certain additional features such as lack of functional impairment, absence of co-morbidities, control over the experience, etc. may suggest a non-pathological basis for the experience [7]. The absence of psychotic symptoms in our patient throughout the period of follow-up lends credence to this observation.

The negative impact of poor family functioning on parents' coping with a stressful event was also underlined by our patient's case. Most people adjust to even the most difficult losses with the support of family and close friends [8]. When a family functions well, mutual support among its members contributes to adaptive adjustment to loss [3]. Such support from intimate loved ones was no longer available to our patient since she suffered a broken home. However, her relations and church members stepped in to provide support that eventually helped her sail through the stressful event.

CONCLUSION

In spite of the many positive effects of spirituality on health, this case report presents another instance of the negative influences of spirituality. It also demonstrates the adverse impact of family dysfunction on the ability to adaptively cope with stressful life events. It is, therefore, important for physicians and other medical professionals to be cognizant of these facts in order to adopt a holistic approach that mitigates these adverse consequences of spirituality and family dysfunction.

Author Contributions

Stephen Adesope Adesina – Substantial contributions to conception and design, Acquisition of data, Analysis and interpretation of data, Drafting the article, Revising it critically for important intellectual content, Final approval of the version to be published

Isaac Olusayo Amole – Analysis and interpretation of data, Revising it critically for important intellectual content, Final approval of the version to be published

David Akintayo OlaOlorun – Analysis and interpretation of data, Revising it critically for important intellectual content, Final approval of the version to be published

Adenike Adeniran – Analysis and interpretation of data, Revising it critically for important intellectual content, Final approval of the version to be published

Adewumi Ojeniyi Durodola – Analysis and interpretation of data, Revising it critically for important intellectual content, Final approval of the version to be published

Olufemi Timothy Awotunde – Analysis and interpretation of data, Revising it critically for important intellectual content, Final approval of the version to be published

Guarantor

The corresponding author is the guarantor of submission.

Conflict of Interest

Authors declare no conflict of interest.

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