

Family Crisis Vulnerability, Mortuary Standards and Guidance Counselling in Cross River State, Nigeria

Effiom, Bassey Ekeng; Unimna Beshel Fidelis; Affiong Sunday Akoh ; Odey, Godwin Amuchi;
and Paulina Anake

Email: affiongakoh@unical.edu.ng

Corresponding author: Dr. Effiom Bassey Ekeng

Scopus ID: 58454362400

Email: drbasseyekeng111@gmail.com

Department of Guidance and Counselling, University of Calabar, Calabar.

Abstract

Death-related family crises can produce emotional distress, social disruption, financial strain and conflict over responsibilities and funeral arrangements. These difficulties may be intensified when deaths are sudden or traumatic, when the circumstances of death are uncertain, or when families experience inadequate communication and support from death-care services. Mortuary standards are therefore relevant not only to the safe preservation and identification of human remains but also to the dignity, privacy, cultural needs and psychological well-being of bereaved relatives. Guidance counselling can complement professional mortuary practice by offering grief education, emotional support, family communication, conflict management and referral to specialist services when needed. This conceptual review discusses the links among family crisis vulnerability, mortuary standards and guidance counselling in Cross River State, Nigeria. It draws on the family stress perspective, the dual-process model of bereavement coping, selected Nigerian counselling literature and guidance from the World Health Organization and Nigeria's National Emergency Management Agency. The review proposes a family-centred framework spanning timely information, identification and documentation, respectful mortuary care, counselling access, culturally responsive funeral support and post-bereavement follow-up. As this is a conceptual review, it does not report original data or claim empirical relationships. The article concludes that coordination among mortuary personnel, counsellors, health institutions, government agencies, community leaders and families may support more dignified and

psychologically responsive death-care services. The framework should be evaluated through future research in Cross River State.

Keywords: family crisis vulnerability; mortuary standards; guidance counselling; bereavement; grief; psychosocial support; Cross River State; Nigeria

Introduction

The family is an important social system through which people obtain emotional support, identity, security and practical assistance. The death of a family member can disrupt this system, causing grief, financial difficulty, changes in caregiving and household roles, uncertainty about the future, and disagreement over funeral arrangements. These pressures may be especially difficult when death is sudden, violent, unexplained or associated with a disaster. The effects of bereavement are shaped by the relationship with the deceased, the circumstances of death, family relationships, economic resources, cultural expectations, social support and access to professional assistance.

Mortuary services form part of the wider system through which families manage death and its immediate practical consequences. A mortuary receives, identifies, preserves, documents and releases human remains to authorized persons. Errors in identification, unclear procedures, poor communication, delays or disrespectful treatment may add to relatives' distress. Conversely, transparent procedures and respectful communication can help families understand what is happening and make informed decisions. Nigeria's National Mass Fatality Response Plan identifies dignified management, identification, documentation and family assistance as important components of fatality management (National Emergency Management Agency [NEMA], 2024). World Health Organization guidance also highlights the need for systematic and dignified management of dead bodies, especially in emergencies (World Health Organization [WHO], 2006, 2019).

This article examines how family crisis vulnerability, mortuary standards and guidance counselling may be understood together in Cross River State. It is a conceptual review, not an empirical survey. It therefore offers a synthesis and a practice-oriented framework rather than reporting findings from respondents or testing statistical hypotheses.

Concept of Family Crisis Vulnerability

Family crisis vulnerability refers to the possibility that a family will experience significant emotional, psychological, social, economic or relational difficulty when faced with a disruptive event. Death can be particularly complex because a deceased person may have provided income, care-giving, emotional support, social connection or family leadership. Surviving relatives may need to reorganize household responsibilities while simultaneously coping with grief.

Vulnerability is not inevitable, and bereaved families do not all respond in the same way. The impact of a death may be influenced by the suddenness and circumstances of the loss, prior family relationships, the availability of supportive relatives and community networks, financial resources, and access to appropriate professional help. Relevant dimensions include:

- Emotional vulnerability: sadness, shock, anger, guilt, fear or loneliness.
- Psychological vulnerability: anxiety, depressive symptoms, traumatic stress reactions or difficulty adapting to the loss.
- Social vulnerability: isolation, stigma, disrupted relationships or reduced access to support.
- Economic vulnerability: funeral costs, loss of income and additional household responsibilities.
- Relational vulnerability: disagreement about burial arrangements, inheritance, decision-making or responsibility for dependants.
- Cultural and religious vulnerability: pressure arising from expectations about funeral rites, mourning and community participation.
- Administrative and legal vulnerability: difficulty obtaining information, confirming identity, completing documentation or arranging authorised release of remains.

Counselling literature from Cross River State addresses psychosocial adjustment, mental health and support for people facing social and family difficulties (Effiom et al., 2022; Ekwok et al., 2022; Ngwu et al., 2022). These studies provide contextual support for considering counselling as part of a wider response to family distress. They should not, however, be treated as direct evidence of the effectiveness of bereavement counselling unless bereavement outcomes were specifically measured.

Mortuary Standards and Family Well-being

Mortuary standards are the professional, administrative, environmental, ethical and operational requirements that guide the safe and respectful management of human remains. A family-centred approach should include:

- accurate admission records and reliable identification procedures;
- complete documentation and traceability throughout storage and release;
- appropriate preservation, storage, hygiene and infection-prevention measures;
- safe working conditions and suitable protective equipment for staff;
- secure access, privacy and confidentiality;
- clear procedures for release to authorized relatives or representatives;
- timely, understandable communication about procedures, delays, fees and required documents;
- respectful handling of the deceased and sensitivity to cultural and religious needs; and
- appropriate procedures for unidentified or unclaimed remains.

The National Mass Fatality Response Plan provides a national framework for coordination, identification, documentation, storage, family assistance and final disposition in mass-fatality contexts (NEMA, 2024). WHO guidance similarly stresses the importance of identification, systematic documentation and dignified management of human remains (WHO, 2006, 2019). These sources are particularly relevant to emergency and disaster settings; local facilities should also comply with applicable Nigerian laws, professional requirements and public-health guidance.

Mortuary quality should not be judged solely by refrigeration capacity or physical infrastructure. Families also need understandable information, respectful treatment, transparent processes and a clear contact point for questions. These service features may reduce avoidable uncertainty, although the proposed relationship requires direct local evaluation.

Mortuary Standards in Cross River State

Cross River State includes communities with varied cultural, religious and traditional approaches to death, mourning and burial. Mortuary services should therefore combine professional procedures with respectful engagement and, where legally and medically possible, accommodation of family needs. Staff should explain which decisions are available to relatives, which are governed by law or public-health requirements, and what steps are needed before release of remains.

Documentation should begin when remains enter a facility and continue through storage, examination where applicable, identification, authorized release and final disposition. In cases involving multiple deaths or unidentified remains, reliable identifiers, records and chain-of-custody procedures are particularly important. Families should receive timely updates when identification is uncertain or when procedures take longer than expected. Such practices are consistent with the general principles described in national fatality-management and WHO guidance (NEMA, 2024; WHO, 2006, 2019).

Family Crisis and Bereavement

Grief is a varied response to loss. Bereaved people may experience shock, disbelief, sadness, anger, guilt, anxiety or withdrawal, and these responses can change over time. Differences in grieving do not automatically indicate a problem. A family crisis may nevertheless arise when relatives have different needs or expectations—for example, when some relatives favour immediate burial while others seek additional information about the cause of death, or when family members disagree about costs, religious practices or decision-making.

Bereavement should therefore be understood as both an individual experience and, at times, a family-system experience. Family and community counselling research in Cross River State has considered support in contexts such as violence, divorce and domestic violence (Ekwok et al., 2022). Although these topics are not equivalent to bereavement, they underscore the relevance of counselling and constructive communication when family relationships are under strain. The distinction between direct bereavement evidence and broader counselling literature should remain explicit.

Theoretical Framework

Hill's ABC-X Model of Family Stress

Hill's ABC-X model conceptualizes a crisis as arising from the interaction of a stressors (A), the family's existing and mobilized resources (B), and the family's definition or interpretation of the event (C), which together influence the crisis outcome (X). Applied to death-related family crises, the death and the practical demands associated with mortuary procedures may constitute the stressors. Resources may include supportive relatives, financial capacity, clear information, community networks, accessible counselling and responsive health services. Family interpretations may be shaped by the circumstances of death, uncertainty, cultural expectations and trust in institutions. The model suggests that a death does not produce the same outcome for every family; available resources and the meaning attached to the event may affect how the family adapts.

The Dual-Process Model of Bereavement Coping

The dual-process model developed by Stroebe and Schut describes coping as movement between loss-oriented activities, such as acknowledging grief and remembering the deceased, and restoration-oriented activities, such as adapting to changed responsibilities and rebuilding daily routines. From this perspective, counselling should not impose a single timetable or prescribe one correct way to grieve. Instead, it can help bereaved people recognize their changing needs, find support and manage practical demands alongside emotional pain.

Integrating the Models

Together, these perspectives provide a conceptual explanation for the proposed framework. Reliable mortuary procedures and clear communication may reduce avoidable uncertainty around the stressors; counselling and social support may strengthen resources available to the family; and culturally sensitive explanations may help families interpret procedures and make decisions. Counselling access is therefore presented as a potentially supportive resource, not as a proven statistical moderator in this article. The proposed relationships require empirical testing.

The Role of Guidance Counselling

Guidance counselling may complement mortuary and health services in several ways:

Emotional support: Provide a confidential and non-judgemental space for bereaved people to express feelings and identify immediate support needs.

Grief education: Explain that grief responses vary and that there is no single timetable for mourning.

Family communication: Help relatives listen to one another, clarify concerns and make decisions without avoidable escalation.

Conflict management: Facilitate constructive discussion about funeral arrangements, responsibilities and family disagreements, while remaining neutral and respecting legal rights.

Assessment and referral: Recognize signs of severe or persistent distress and refer people to appropriately qualified mental-health professionals or health facilities when needed.

Support for children and adolescents: Help caregivers communicate about death in age-appropriate ways and notice changes in behaviour, emotions or school functioning.

Practical navigation: Help families identify available social, health, religious or community resources and understand where to seek further information.

Counsellors should work within their professional competence, maintain confidentiality subject to applicable safeguarding and legal duties, and avoid presenting normal grief as a disorder. Counselling is not a substitute for accurate mortuary procedures, medical care, legal advice or practical assistance. The literature on counselling and psycho-social adjustment in Cross River State provides a local foundation for discussion, but specific claims about bereavement outcomes require directly relevant evidence (Effiom et al., 2022).

Cultural and Religious Considerations

Cultural, religious and family traditions can shape the meaning of death and the practices surrounding mourning and burial. Families should not be treated as passive recipients of services. Where legally, medically and operationally possible, staff should ask about relevant needs, explain any restrictions clearly and work with families to identify respectful alternatives. In emergencies, public-health precautions may require modifications to customary practices; clear communication and respectful engagement remain important (WHO, 2014).

A culturally responsive approach does not assume that all members of a community share identical beliefs. Staff should ask rather than presume, avoid stereotyping, and recognise differences within families. Religious and traditional leaders may help communicate accurate information and connect families to support, provided that the family's preferences and confidentiality are respected.

Mortuary Workers and Psychological Support

Mortuary personnel may repeatedly encounter death, distressed relatives, accidents, violence, infectious disease or mass-fatality events. Appropriate standards should therefore include staff training in infection prevention, protective equipment, identification, documentation, occupational safety, respectful family communication, cultural sensitivity and procedures for seeking psychological support. Supervisors should provide clear protocols and opportunities for debriefing or referral without stigma. WHO guidance on the management of dead bodies identifies the broader human and psycho-social considerations that accompany this work (WHO, 2019).

Proposed Family Assistance and Counselling Framework

The following six-stage framework is proposed for consideration by health institutions, mortuaries, counsellors and relevant agencies in Cross River State. It is a practice proposal and has not yet been empirically evaluated.

Stage 1: Immediate information. Provide timely, accurate and understandable information about the death, the location of the deceased, required documents, likely procedures and a contact person for follow-up.

Stage 2: Identification and documentation. Use reliable identification and record-keeping procedures. Where identity remains uncertain, explain the process and provide updates rather than leaving relatives without information.

Stage 3: Respectful mortuary care. Preserve and handle remains according to applicable professional, safety and public-health requirements, with privacy and dignity.

Stage 4: Counselling and psycho-social support. Offer information about available support and access to trained counsellors, particularly when death is sudden, traumatic or accompanied by family conflict.

Stage 5: Funeral and cultural support. Where appropriate, help families navigate culturally and religiously meaningful arrangements while observing legal and health requirements.

Stage 6: Post-bereavement follow-up. Provide information on how to obtain further assistance and establish referral pathways for families or individuals who need continuing support.

Implementation Challenges

Potential barriers to an integrated approach include limited infrastructure, inadequate staffing, weak documentation systems, financial constraints, insufficient counselling and referral services, low awareness of available support, stigma associated with counselling, and communication gaps between families and service providers. Family disagreement and differences in cultural expectations may also complicate decision-making. These are plausible implementation concerns, not findings from a state-wide assessment in this article. Their prevalence and relative importance should be established through interviews, facility audits and appropriately designed local research.

Coordination is essential. NEMA's National Mass Fatality Response Plan highlights the need for collaboration among relevant agencies, health facilities, emergency-management bodies and communities in fatality situations (NEMA, 2024). At the service level, clear referral contacts,

written procedures, staff training and transparent information for families may help improve continuity of support.

Implications for Policy and Practice

- Relevant state agencies should review mortuary oversight, inspection procedures, documentation practices and public-facing information in line with applicable law and professional standards.
- Hospitals and major mortuaries should consider designating a trained staff contact or referral desk to explain procedures and connect families with counselling or social support.
- Counsellors should receive training in grief support, family communication, trauma-informed practice, cultural responsiveness and referral boundaries.
- Faith and traditional leaders may be included in community education on bereavement support, while respecting family choice and professional confidentiality.
- Facilities should provide clear information about required documents, procedures, likely timelines and fees where applicable.
- Future research should assess families' experiences, facility practices and the accessibility and acceptability of counselling services in different communities across the state.

Conclusion

Family crisis vulnerability, mortuary standards and guidance counselling are connected concerns in dignified death and bereavement management. Families may need more than the physical preservation of a deceased relative: they may also need accurate information, reliable identification and documentation, respectful treatment, culturally responsive communication, practical guidance and psychosocial support. Professional mortuary practice and counselling serve different but complementary functions.

For Cross River State, the proposed family-centred framework links immediate information, identification and documentation, respectful mortuary care, counselling access, culturally appropriate funeral support and post-bereavement follow-up. Hill's ABC-X model helps explain how stressors interact with family resources and interpretations, while the dual-process model highlights the changing balance between grieving and adapting to life after loss. These theories

support the rationale for an integrated approach, but the framework requires local evaluation. Ultimately, care for the deceased and care for the bereaved should be treated as complementary responsibilities. A humane death-care system combines safety and professional standards with dignity, transparent communication, cultural sensitivity and accessible support for families.

References

- Effiom, B. E., Peters, J., & James, B. O. E. (2019). Emotional depression, academic concentration and academic performance among secondary school students in Cross River State. *International Journal of Innovative Psychology & Social Development*, 7(2), 38–45.
- Effiom, B. E., Amuchi, G. O., & Akpama, E. G. (2021). Impact of career choice in secondary schools and counselling services in Calabar, Cross River State, Nigeria. *International Journal of Education, Learning and Development*, 9(8), 71–77.
- Effiom, B. E., & Undiyaundeye, F. A. (2021). The antics and tactics of cyber fraudsters in Nigeria: The need for counselling intervention for attitudinal change. *PalArch's Journal of Archaeology of Egypt/Egyptology*, 18(8), 2426–2432.
- Effiom, B. E., Ebuara, M. O., Ugbe, B. U., Ubi, G. M., Asuquo, P. N., & Akpama, E. G. (2022). Counselling on mangrove regeneration, forest conservation and management of deforestation in Esieribom Community, Calabar South Local Government Area, Cross River State, Nigeria. *Contemporary Journal of Education and Development*, 2(10), 1–6.
- Effiom, B. E., Ebuara, M. O., Ekwok, M. L., Ukwieke, S. I., Obi, J. N., Undie, A. A., & Akpama, E. G. (2022). Emotional intelligence, critical thinking and counselling on mental health in Calabar South Local Government Area, Cross River State, Nigeria. *British International Journal of Education and Social Sciences*, 9(10), 1–9.
- Ekwok, M. L., Effiom, B. E., Ebuara, M. O., Inaja, A., & Akpama, E. G. (2022). Exploring community counselling on violence against women, rape, divorce and domestic violence in Cross River State, Nigeria. *IIARD Journal of Humanities and Social Policy*, 8(2), 1–9. <https://doi.org/10.56201/jhsp.v8.no2.2022.pg1.9>
- Effiom, B. E., Arop, L. O., Okpechi, P. A., & Okon, M. (2022). Psychopathic behavior and academic adjustment among secondary school students in Calabar Education Zone of Cross

- River State, Nigeria. *Epidemiology: Open Access*, 12(6), 445. <https://doi.org/10.4172/2161-1165.1000445>
- Effiom, B. E., Ngwu, M. E., Arop, L., & Ugbe, B. U. (2022). Psychosocial adjustment and mental health of the aged in Calabar Municipal Area of Cross River State, Nigeria. *British International Journal of Education and Social Sciences*, 9(10), 95–102.
- Effiom, B. E., Effiom, A. B., Aniedi-abasi, M. I., Inyang, F. B., Eso, I. J., Eme, J. A., & Eze, E. (2025). Biomedical counseling and public health enlightenment service in Primary Health Center Esieribom, Calabar South, Cross River State. *IOASD Journal of Medical and Pharmaceutical Sciences*, 2(3), 130–133.
- National Emergency Management Agency. (2024). National Mass Fatality Response Plan 2024–2027. Abuja, Nigeria: NEMA.
- Ngwu, M. E., Arop, L. O., Effiom, B. E., & Ngozi, U. L. (2022). Personal variables, pastoral counselling and patients’ psychosocial adjustment in government hospitals in Cross River State, Nigeria. *Research Journal of Humanities and Cultural Studies*, 8(1), 44–51. <https://doi.org/10.56201/rjhcs.v8.no1.2022.pg44.51>
- World Health Organization. (2006). Management of dead bodies after disasters: A field manual for first responders. WHO/PAHO.
- World Health Organization. (2013). Disposal of dead bodies in emergency conditions. World Health Organization.
- World Health Organization. (2014). How to conduct safe and dignified burial of a patient who has died from suspected or confirmed Ebola or Marburg virus disease. World Health Organization.
- World Health Organization. (2019). Emergencies: Management of dead bodies. World Health Organization.