The Usage of Euphemism in Announcing Death among Igbo of Nigeria: A Panacea for Improving Patients with Cardiac Diseases

Prof. Ikechukwu Agustine Okodo

Department of Igbo, African and Communication Studies Nnamdi Azikiwe University, Awka

æ

Princewill Uzochukwu Anyanwu

Department of Igbo Federal College of Education, Yola Email:panyanwu@fceyola.edu.ng

Abstract

Death is culturally a sad situation because it terminates familial bond and the shock arising from the sudden announcement of loss of life especially a dear one poses psychological challenges such as depression, anxiety and trauma which may cause dangerous damage to cardiovascular patients. The aim of this study is to highlight the use euphemism in announcing death which is a way of improving the health condition of patients with cardiovascular diseases with the view to understanding and isolating the factors that promote cardiovascular diseases. In order to address these challenges, the researchers adopted descriptive survey research and Bowlby attachment theory (AT) which studies how the intensity of grief may be influenced by the type of attachment one had with the deceased. The data were collected from a sample of adult citizens from Ahiazu Mbaise local government of Imo State. A total number of 60 adults were involved in the study. The instrument used was questionnaire. The data collected were analyzed using percentages. It was found that using euphemism during the time of grief not only reduces depression, anxiety and trauma but also helps to alleviate the health condition of cardiovascular patients to prevent death. However, it was revealed that using euphemism to announce death in Igbo burial is part and parcel of Igbo culture which must be followed. Recommendations on how to achieve this are provided.

Introduction

In many societies, death is feared, so people tend to avoid mentioning death directly and talk about it in a euphemistic way. They try to employ pleasant terms to express the idea. So death has hundreds of soft, decent, and better-sounding expressions, such as breathe one's last, fall asleep, go west, join the majority, join the ancestors, lay down one's life, pass away, pass on, pay the debt of nature, reach a better world, to be at peace, to return to the dust, kick the bucket, or he worked until he breathed his last, etc.

Death has been culturally considered as a sad or unpleasant situation, due to the termination of social and familial bonds. So, when a person suddenly hears about the passing on of a close relative, it might lead to trauma, anxiety and depression which worsen the health condition of patients with cardiac diseases and may cause death if not controlled. Igbo man, knowing the implication of announcing the death of a close relative to him or her will rather use euphemism to disguise an unpleasant truth.

The euphemistic announcement of death as part of the burial rite among Igbo people is an age-long event which started from the time immemorial. It is the formal way of informing the relatives of the deceased about the passing on of their brother or sister which must be euphemistically presented. The reason for using euphemism in Igbo traditional burial is to avoid anxiety, depression or trauma a close relative may sustained, if the news is suddenly heard; which may lead to another death.

The term euphemism refers to polite, indirect expressions that replace words and phrases considered harsh and impolite, or which suggest something unpleasant. Euphemism is an idiomatic expression, which loses its literal meanings and refers to something else, in order to hide its unpleasantness. For example, "kick the bucket" is a euphemism that describes the death of a person. The main purpose behind using euphemistic expressions is presenting a situation, a person or an object in a more

agreeable, more reassuring or politer than would be afforded by the hard glare of reality or by crude, direct definition (Cobb 1985:72). It is through euphemism that speakers disguise an unpleasant truth, veil an offence, or palliate indecency (Trinch 2001:571). The need for euphemism is both social and emotional, as it allows discussion of 'touchy' or taboo subjects (such as sex, personal appearances, or religion) without enraging, outraging, or upsetting other people

Conceptual Studies

There are various concepts used in this work which may be technical for some people to understand, the need to explain those concepts make the audience understand the work better. The concepts are as follows:

Euphemism:

This is the act of expressing in a figurative form, an idea which is considered as taboos, indecent, rude, too direct with a pleasant, more agreeable and acceptable or even desirable expressions which may not suggest something evil or instigate anxiety to the audience. The word euphemism is derived from Greek, where the prefix 'eu-' means 'good, well'; the stem 'pheme' means 'speak'; the suffix 'ism' means 'action' or 'result'. The word euphemism means 'speaking well of..., 'good speech', and 'words of good omen' (Laure, 2011). The 'eupheme' was originally a word or phrase used in place of a religious word or phrase that should not be spoken aloud; etymologically, the eupheme is the opposite of the blaspheme (evil-speaking) (Laure, 2011). In communication and for better maintenance of social relationships, people have to resort to a new different kind of language, which can make distasteful ideas seem acceptable or even desirable. The need for euphemism is both social and emotional, as it allows discussion of taboo subjects (such as sex, personal appearances or religion) and acts as a pressure valve whilst maintaining the appearance of civility (Linfoot-Ham, 2005). A euphemism is a substitution of an agreeable or less offensive expression in place of one that may offend or suggest something unpleasant to the receiver, or to make it less troublesome for the speaker. It may also substitute a description of something or someone to avoid revealing secret, holy, or sacred names to the uninitiated, or to obscure the identity of the subject of a conversation from potential eavesdroppers.

Cardiovascular diseases

The term "heart disease" is often used interchangeably with the term "cardiovascular disease." Cardiovascular disease generally refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, chest pain (angina) or stroke. Mendis et al (2011) state that cardiovascular diseases (CVD) are classes of diseases that involve the heart or blood vessels. CVD includes coronary artery diseases (CAD) such as angina and myocardial infarction (commonly known as a heart attack). Other CVDs include stroke, heart failure, hypertensive heart disease, rheumatic heart disease, cardiomyopathy, abnormal heart rhythms, congenital heart disease, valvular heart disease, carditis, aortic aneurysms, peripheral artery disease, thromboembolic disease, and venous thrombosis (Naghavi et al 2015). There is evidence that mental health problems, in particular depression and traumatic stress, worsen the health condition of patients with cardiovascular diseases. Booker and Mann (2008) state that, whereas mental health problems are known to be associated with risk factors for cardiovascular diseases such as smoking, poor diet, and a sedentary lifestyle, these factors alone do not explain the increased risk of cardiovascular diseases seen in depression, stress, and anxiety. Moreover, posttraumatic stress disorder is independently associated with increased risk for incident coronary heart disease, even after adjusting for depression and other covariates (Remig et al, 2010).

There is a high prevalence of mental disorders, particularly depression and anxiety, in CVD patients (Rutledge et al 2009). Approximately, 15–30% of patients with CVD suffer from depressive disorders (Lesperance 2000; Frasure-Smith 2006). These rates of depression are two to three times higher than in the general population (Kessler et al 2003). Moreover, depression and anxiety have been found to worsen prognosis and quality of life in patients with coronary artery disease (CAD), myocardial infarction (MI), heart failure (HF), unstable angina, and coronary artery bypass grafting (CABG) (Lett et al 2004; Jiang et al 2001). CABG is defined as a surgical procedure that is performed to treat

people who have severe coronary heart disease, which improves blood flow to the heart (Harris et al 2013). They were also found to be the biggest driver of health care costs in coronary heart disease (CHD) patients (Palacios et al 2018).

Theoretical framework

Attachment theory, (AT) becomes relevant in explaining death and mourning practices among the Igbo of Nigeria. Attachment theory is one of the leading approaches to studying interpersonal relationships. The theory explains why parental relationships have such a powerful impact on the personality of children. It was created by John Bowlby in the 1940s, and made testable by Mary Ainsworth. Bowlby's theory grew out of his observations of children who had been separated from their parents in wartime England, (Jones, 2015). Today attachment theory is the leading conceptual frame-work for developmental psychology and has been advanced to the study of adult attachments in interpersonal relationships (with a specific emphasis on romantic relationships), as well as individual-level psychological processes, such as emotion and regulation. Attachment is a deep and enduring emotional bond that connects one person to another across time and space (Ainsworth, 1973). According to Worden (1991), Bowlby studied how the intensity of grief may be influenced by the type of attachment one had with the deceased. His attachment theory (AT) provided a means for people to understand the strong bonds of affection that individuals make with each other and the intense emotional reaction individuals make when these bonds are broken. The attachment behavioral system rests on several important claims: The child wants to be with the attachment figure, especially in stressful situations (proximity-seeking). The child derives comfort and security from the attachment figure (secure base). The child protests when the attachment figure is unavailable (separation). Parkes (2000) observed that the aim of attachment behaviour is to maintain a bond of affection and any danger to this bond will give rise to very precise behaviour such as crying and clinging.

Cultural ways to cope with depression, anxiety and trauma

Death has been culturally considered as a sad or unpleasant occasion, due to the termination of social and familial bonds with the deceased or affection for the being that has passed on. Therefore, while the end of life experience is universal, the practices associated with depression, grief and mourning is culturally specific. Death and mourning are normal life events. So, all cultures have developed ways to cope with death in a respectful manner and any attempt to interfere with these practices can disrupt people's ability to cope during the grieving process.

Often times, care givers are confused when they noticed that a patient is about to die. How should they handle the dying patient? How do they break the news to the deceased's relatives? How do they cope with the expected negative reactions of the deceased's relatives? The answers to these and more questions are provided by the deceased's culture. Death as an aspect of human life gives meaning to human existence. Death should not be seen as an enemy to be conquered but rather as a friend on one's life journey and should remind us of our human vulnerability and what is still needed to be done in this lifetime (Kubler-Ross, 1975). Again, Kubler-Ross went further to note that death at times can be very hard to face and we might be tempted to avoid it and flee from having to confront it. This is possibly one of the reasons most anthropologists in Africa avoid carrying out studies in the area of death, grief and mourning. This in effect has affected the caregivers especially those who are not experienced in the culture of the deceased.

As a result, this study was carried out to explain the cultural practices use in managing grief during mourning among Igbo people. This is because it has been established in medical anthropology that medical systems are also cultural systems. Therefore, clinicians, psychiatrists, psychologists, social welfare agents and even burial managers will extensively benefit from the knowledge portrayed by the study. In other words, the study provided enough cultural and social perspective for understanding, interpreting and solving grief related problems. This is possible because human beings are simultaneously biological and cultural. Igbo cultural practices use in managing depression, anxiety and trauma are discoursed below.

Using euphemism in death announcement

The use of euphemism in death announcement is an age-long socio-cultural cum traditional observances that help to prevent emotional loss and ensure prevention of cardiac diseases and possible psychological disturbances that may arise in future for individuals that experience such major loss of close relative(s) or associate(s). There are times and places where a spade cannot be called a spade (Epstein 1985). In such cases, the alternative would be a euphemistic expression. These euphemistic expressions are always used during Igbo traditional burial especially during the formal announcement of the death of the deceased. This announcement is done in stages. The first stage is within the family members. The second stage is to the kindred or village of the deceased. The third stage is to the inlaw's family if the deceased is a woman or to the maternal home (umune) of the deceased if he is a man.

In Igbo tradition, immediately an adult breaths the last breath, those at present use to maintain silence within the vicinity of the departed especially when an old man or woman passes on. Maintenance of silence will give them opportunity to put their house in order especially by sending those that are sick and hypertensive and those that are more emotional out of the immediate surroundings to avoid anxiety, depression and trauma. The news will be brought to them gradually with stories full of euphemism. It is also forbidden to announce to any relative of the deceased about the demise of their loved ones while on transit. If the person is not at home, they will send message across demanding him or her to come home, that the deceased is very sick and want to talk with him or her. Even when neighbours heard about the death and accidentally meets any of the deceased relative on the road, it is forbidden to break the bad news to the relative until he or she gets home. The news will also be brought to the person with stories full of euphemism. This is the first stage of formal announcement of the death to bereaved family members.

Another formal announcement is to the kindred and village of the deceased. The eldest son of the deceased will demand the attention of his kinsmen to his compound, after presenting kolanut to them shall formally announce to them about the demise of his father or mother with euphemistic expression. He will never tell them that his relative is death, but rather tell them the condition of his relative has gone to the worst and he or she will be kept for a place of rest on the day the deceased is going to be buried. If peradventure the person informed them that his relative is dead and he is going to be buried on a particular day, they will probe him that he knows what killed his relative. A fine must be paid because he has violated the rule of the game.

The third announcement is to the in-laws if the deceased is a woman or to the maternal family if the deceased is a man. A message will be send to them for the formal announcement. On that day, delegates from the village will attend in a large number. After presentation of the kolanut, the eldest among them shall present his euphemistic announcement. If the deceased is a woman, he will tell them that your sister we married some time ago is very sick and we have taken her to various medicine men for her to recover but to no avail, as the sickness persists, we invite you to come and see her condition and know if you have the medication that will improve her condition of health. The eldest man among the in-laws shall respond by asking their guests to give them transportation money for them to go to a diviner to ascertain the present condition of health of their sister.

A certain amount of money will be given and two delegates will be sent to go to a diviner to ascertain the health condition of their sister. It is only when the messengers send to the diviner came back with the leave of OGIRISI tree which indicates that all is not well for their sister. The same process is followed for a man when they go to his maternal home. After these processes, the maternal or kinsmen of the deceased must give their consent as to where the deceased should be kept for resting, and do the initial digging of the grave signifying their permission for the deceased to be put to rest. But if by any way the presenter mistakenly announced that their sister or brother died out of protracted illness. It may cause a lot of problem that will warrant them to say that they have killed him or her. Before this problem is settled, a fine with apology must be presented before forging ahead. The use of euphemism during Igbo traditional burial as the process of formal announcement of the death of a deceased to members reduces depression, anxiety and grief among bereaved family

members. As you can see from the discussion that Igbo people always avoid breaking the news of a dead person to a relative until a due process is followed which reduces depression among the relatives to avoid cardiac diseases.

❖ Dressing the corpse before presenting it for public view

One of the Igbo cultural practices used to manage depression, anxiety and trauma during Igbo traditional burial is dressing the corpse before presenting it for public view. This helps to adjust the horrifying face or posture of the deceased in its battle with death. In other words, the more horrifying the corpse is, the greater the anxiety, but the more beautiful the corpse, the lesser the anxiety. This is acknowledged by Echema (2010) who noted that when an elderly man or woman dies, the corpse is immediately stretched out on a plantain leaves, sponged thorough and rubbed with cam wood dye to mark it as sacred. According to him, after the cleaning, the body is dressed and laid out in the living room, lying down with the feet facing the entrance.

***** Careering for the mourners

Another important cultural practice that helps to reduce depression and trauma is that the bereaved or the chief mourner is prevented from engaging in any physical activity for 7 days. This is where the relatives and friends that usually gather for 7 days become relevant. This is because they are expected to assist the bereaved in certain domestic works. This process helps the bereaved to recover from initial shock received as a result of the death of loved one. It is believed that after 7 days, the bereaved would have regained enough strength to carry on with life.

***** Financial assistance to the bereaved

Apart from physical assistance, financial assistance is another aspect of Igbo culture that helps to reduce anxiety and depression. In Igbo land, funeral is usually expensive and as such if only the bereaved family is allowed to cater for all the expenses, they are likely to run into serious debts. This can make their grief last forever. However, it was observed that relatives and friends usually assist the bereaved family through gift of cash and materials. In some cases, drinks and food are supplied by kinsmen and friends to complement what the bereaved family may provide. This serves as great relief, thereby reducing the grief of the bereaved family.

❖ Other cultural practices that help to manage anxiety and depression include:

- 1. Observing of requiem mass
- 2. Sharing experiences of those who had earlier been bereaved.
- 3. Allowing the spouse and the children of the deceased to have a last view of the corpse before interment.
- 4. The use of music during funeral.

It was indicated that all these in one way or the other help to reduce the pains suffered by the bereaved. It is also important to note that it is necessary to understand how a particular people manage anxiety or depression in order to know areas in which assistance can be given to the bereaved. It is as a result of this that the study sought to know the Igbo cultural practices that have helped them manage their anxiety and depression over time.

Aims and objectives of the study

The aim of this study is to use euphemism to improve the health condition of patients with cardiovascular diseases with the view to understanding and isolating the factors that promotes cardiovascular diseases. In addition, the paper tries to evaluate the possible usefulness of such practices in reducing high rate of death among patients with cardiovascular diseases in Nigeria.

Statement of the Problem

It was found by WHO that about 17.3 million people die annually out of cardiovascular diseases. Depression and anxiety have been found to worsen the health condition of patients with cardiovascular diseases (Lett et al 2004, Jiang et al 2001). According to Worden (1991) anxiety, depression and trauma is influenced by the attachment one had with the deceased.

The problem of the researcher is how to reduce the high rate of anxiety, depression and trauma deceased relatives pass through during their time of grief. And this study wants to find out if using euphemism to announce to the deceased relative about the sudden passing on to glory of their loved ones may reduce anxiety, depression and trauma during their time of grief. This will go a long way in reducing the high rate of death of those with cardiovascular diseases.

Significance of the study

This study if adopted will help to minimize the high rate of death experienced by cardiovascular patients in the society. The study will also help Igbo society to value their culture by adhering to all cultural practices involve in Igbo traditional burial. This study will also help the psychologist, psychiatrics, medical personnel, cultural practitioners and the entire Igbo society etc. to manage those with cardiovascular diseases. Finally, information from this study will help to enlighten students and future researchers the need for further studies to be conducted on how to reduce anxiety, depression and trauma among Igbo society.

Research questions

- 1. To what extent do deceased relatives suffer from depression, anxiety and trauma when the death of their loved ones is euphemistically announced?
- 2. How much does anxiety contribute to the death of cardiovascular patient?
- 3. How much does euphemistic announcement of the death reduce anxiety, depression and trauma of the relatives of the deceased?

Method of data collection and analysis

Due to the large population size, time and money constraint, the researcher based his study only in AhiazuMbaise Local Government Area of Imo State. Three communities was selected through simple random sampling. For the easy collection of data, questionnaire was administered to 60 adult citizens from three communities within the selected local government area. The data collected from the questionnaire, scores or numbers of responses to each questionnaire are set in table and presented in percentages.

Table

S/N	Response	Yes	No	Total
1.	Do you suffer from depression, anxiety or trauma when	60	Nil	60
	suddenly heard about the death of loved one?	100%		100%
2.	Are you depressed, or traumatized when euphemistically heard	3	57	60
	about the death loved one?	5%	95%	100%
3.	Does condolence during the time of grief reduces anxiety,	58	2	60
	depression and trauma bereaved families pass through?	97%	5%	100%
4.	Does depression, anxiety and trauma worsen the health	60	Nil	60
	condition of cardiovascular patients?	100%		100%
5.	Does depression, anxiety and trauma leads to death for	57	3	60
	cardiovascular patients if not controlled?	95%	5%	100%
6.	Does the cultural practice of euphemistic announcement of the	58	2	60
	death of deceased to relatives reduce anxiety, depression and	97%	5%	100%
	trauma during Igbo traditional burial?			
7.	Would you say that the use of euphemism as Igbo cultural	60	Nil	60
	practice during traditional Igbo burial rites help to preserve	100%		100%
	lives of cardiovascular patients within your environment?			

The interpretation of the result of the analysis presented below shows that 100% of the respondent indicated that they suffer from anxiety, depression or trauma when suddenly heard about the death of loved one. Bowlby in his attachment theory states that there is strong bound of affection individual make with each other and the intense emotional reaction individual make when these bounds are broken. This results to depression anxiety and trauma when the person is no more. So depression or trauma may be influenced by the type of attachment one had with the deceased. Meanwhile, 95% of the respondent shows that they are not depressed or traumatized when euphemistically heard about the death of loved one. This implies that using euphemism during the time of grief reduces anxiety, depression and trauma among members of the society. In addition, 100% of the population agrees that depression, trauma or anxiety worsen the health condition of those with cardiovascular diseases. In the same vain, 95% of the population indicated that cardiovascular diseases leads to death if not controlled. In addition, 97% of the population indicates that Igbo cultural practice of using euphemism in death announcement reduces depression, anxiety and trauma; while 100% of the population states that the use of euphemism as a cultural practice preserves the lives of cardiovascular

patients. This implies that the use of euphemism as a cultural practice has the capacity to reduce anxiety, depression and trauma and thereby preventing high rate of death suffered by cardiovascular patients.

Findings

It was found that anxiety, depression and trauma worsen the health condition of cardiovascular patients. It was also found out that depression, anxiety or trauma may be influenced by the type of attachment one had with the deceased. It was also found out that the society are not depressed or traumatized when euphemistically heard about the sudden death of loved one. This implies that using euphemism during the time of grief reduces anxiety, depression and trauma among members of the society. It was also found out that the use of euphemism as a cultural practice preserves the lives of cardiovascular patients. This implies that the use of euphemism in Igbo burial as a cultural practice has the capacity to reduce anxiety, depression and trauma and thereby reducing high rate of death suffered by cardiovascular patients in Igbo society.

Conclusion

Bowlby attachment theory indicates that the strong bonds of affection individuals have with each other and the intense emotional reactions such as anxiety, depression, or trauma when those bonds are broken worsen the health condition of cardiovascular patients (Lett et al 2004; Jiang et al 2001). Cardiovascular diseases (CVDs) are responsible for over 17.3 million deaths per year and are the leading causes of death in the world (World Health Organization, 2011). However, this paper has discoursed some of the Igbo cultural practices which help to reduce depression, anxiety or trauma during the death of a close relative. Using euphemism during the formal announcement of a deceased is a key towards alleviating the health conditions of the cardiovascular patients among Igbo of Nigeria. The study enumerated various procedure followed by Igbo during their traditional burials to achieve this objective. If members of society should adopt Igbo traditional method of using euphemism during the time of grief, will go a long way in improving the lives of cardiovascular patients who could have died through depression, anxiety and trauma caused by sudden announcement of the death of a close relative.

Recommendations

The following recommendations are made which the researchers hope will be of immense help to improve the lives of cardiovascular patients and the society at large.

- Families and the entire Igbo society should extend the use of euphemism to express bad situations to every part of human endeavor not only in announcement of death of a deceased. This will go a long way to reduce anxiety, depression or trauma and thereby preventing high rate of death suffered by cardiovascular patients.
- Medical personnel, Psychologist, Psychiatrics, Caregivers and the entire public should always use euphemism in unfavorable situations to prevent death.
- Public relation officers of both government and private establishment should always endeavor to use euphemism in relating to people especially during the termination of one's job, this will help to alleviate the health conditions of cardiovascular patients.
- ➤ Editors of newspapers and magazines, news presenters and actors and actresses of home videos should consider cardiovascular patients in their news and film making by using euphemism to present a sad situations.

References

Ainsworth, M. D. S. (1973). The development of infant-mother attachment. In B. Cardwell & H. Ricciuti (Eds.), *Review of child development research* (pp. 1-94), Chicago: University of Chicago Press.

Antrushina, G.B (1985). English Lexicology. USA: University of Florida.

Booker C.S & Mann J.I (2008). Trans fatty acids and cardiovascular health: Translation of the evidence base. *Nutrition, Metabolism and Cardiovascular Diseases*. Vol. 18 (6), PP.448–56. doi:10.1016.

Cobb, R. (1985). Euphemism and Argot in France. In Enright, D. J. (ed.) Fair of Speech: The

- Uses of Euphemism(pp. 72-78). Oxford: Oxford University Press.
- Echema, A. (2015). *Igbo funeral rites today: anthropological and theological perspectives*. New Brunswick USA: Transaction Publishers.
- Epstein, J. (1985). Sex and Euphemism. In Enright, D. J. (Eds.) *Fair of Speech: The Uses of Euphemism*(pp. 56-71). *Oxford:* Oxford University Press.
- Frasure-Smith N & Lesperance F. (2006) Depression and coronary artery disease. *Herz Cardiovascular Disease*. Vol. 31 (9).
- Harris R, Croce B, Tian D.H. (2013). Coronary artery bypass grafting. *Annals of Cardiothoracic Surgery*. Vol. 2, No 4. DIO: 10.3978j.issn.2225-319x2013.07.05.
- Jiang W, Alexander J, Christopher E, Kuchibhatla M, Gaulden L.H, Cuffe MS, Blazing M.A, Davenport C, Califf R.M, Krishnan R.R, O'Connor C.M. (2001). Relationship of depression to increased risk of mortality and re-hospitalization in patients with congestive heart failure. *Archives of International Medicine*. 161:1849–56. DIO: 10.1001/archinte.161.15.1849.
- Jones S.M. (2015). *The international Encyclopedia of Interpersonal Communication*. DOI: 10.1002/978118540190.wbeic161.
- Kessler RC, Berglund P, Demler O, Jin R, Koretz D, Merikangas KR, Rush AJ, Walters EE, Wang PS. (2003). The epidemiology of major depressive disorder: results from the National Comorbidity Survey Replication (NCS-R). *JAMA Health Forum*. 289:3095–105. DIO: 10.1001/jama.289.23.3095.
- Kubler-Ross E (1975). Death: the final stage of growth. Prentice-Hall.
- Laure, S. (2011). 21ST Century Political Euphemisms in English Newspapers: Semantic and Structural Study. Paper Presented in the Department of English Philology, Vilnius Pedagogical University.
- Lesperance F, Frasure-Smith N. (2000). Depression in patients with cardiac disease: a practical review. *Journal of Psychosom Research*. Vol. 48 (4-5):379–91.
- Lett H.S, Blumenthal J.A, Babyak M.A, Sherwood A, Strauman T, Robins C, Newman M.F. (2004). Depression as a risk factor for coronary artery disease: evidence, mechanisms, and treatment. *Journal of Psychosom Medicine*. Vol. 66 (3):305–15.DOI: 10.1097/01.psy.0000126207.43307.c0
- Linfoot-Ham, K. (2005). The Linguistics of Euphemism: A Diachronic Study of Euphemism Formation. *Journal of Language and Linguistics*. Vol. 4 No. 2
- Naghavi M, Wang H, Lozano R, Davis A, Liang X, Zhou M. (2013). *Mortality and Causes of Death Collaborators*. 117–71.PMC 4340604. DIO: 10.1016/s0140-6736(14)61682-2.
- Palacios J, Khondoker M, Mann A, Tylee A, Hotopf M. (2018). Depression and anxiety symptom trajectories in coronary heart disease: associations with measures of disability and impact on 3-year health care costs. *Journal of Psychosom Research*. 104:1–8.
- Parkes C.M (2000). Comments on Dennis Klass' article "developing a cross cultural model of grief". Omega: *Journal of death and dying* Vol. 4, 323-326.
- Remig V, Franklin B, Margolis S, Kostas G, Nece T, Street JC (2010). Tran's fats in America: a review of their use, consumption, health implications, and regulation. *Journal of the American Dietetic Association*. 110 (4):58592. Doi:10.1016.
- Rutledge T, Linke SE, Krantz DS, Johnson BD, Bittner V, Eastwood JA, Eteiba W, Pepine CJ, Vaccarino V, Francis J, (2009). Comorbid depression and anxiety symptoms as predictors of cardiovascular events: results from the NHLBI-sponsored Women's ischemia syndrome evaluation (WISE) study. *Journal of Psychosom Medicine*. 71:958–64.
- Trinch, S. L. (2001). Managing Euphemism and Transcending Taboos: Negotiating the Meaning of Sexual Assault in Latinas Narratives of Domestic Violence. Text21 (4), PP. 567-610.
- World Health Organization (2011). In Mendis S, Puska P, Norrving B. (Eds.), *Global Atlas on Cardiovascular Disease Prevention and Control*. World Health Organization in collaboration with the World Heart Federation and the World Stroke Organization. Geneva: WHO Press.
- Worden J.W (1991). Grief counselling and grief therapy. Great Britain: Tavistock Publications.