

GRIEF COUNSELLING: COMMUNITY INTERVENTION PRACTICES

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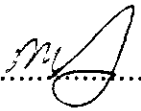
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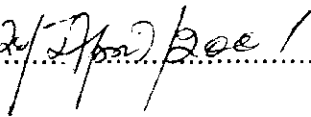
Abstract

Loss through death is an inevitable part of life. Not only does it separate families from their loved ones; it also threatens community cohesion and solidarity. In most cultures, the painful road from loss to healing concerns not only the immediate family, but the community at large. In other words, grief is a shared experience. The disposal of the dead and the accompanying mourning rituals are a social, if not a public affair. Though it is never solicited, support subsequent to bereavement is expected from friends, relatives, and the community at large. This is well expressed in the Zulu poetic saying, “**umuntu umuntu nga bantu**” (broadly translated as “Only through you do I become”). Community psychology as a discipline cannot afford to give casual attention to alternative support services offered in communities, including, grief counselling. This study therefore explores community intervention practices in grief counselling. The research seeks to clarify the experiences of people who experience grief with the objective of understanding how they are supported. Grief counselling, as practised in communities in this study, has been found to be an informed process. It takes the bereaved step-by-step from the initial stage of informing them about the death, through the shock and denial and ushers them into the awareness of loss phase. Burial ceremonies accentuate the departure of the deceased from among the living, while they also offer solace, support and solidarity to the bereaved as they are confronted with the reality of death. Not much was found to be done in terms of post-burial support except for the purification rites and traditional inquests with healers and prophets. Of the ten participants that were interviewed, eight attributed the death of their loved ones to bewitchment. The wearing of mourning clothes marked the transitional period and facilitated for the withdrawal of the bereaved for purposes of their healing over time. This transitional period culminated into the re-incorporation celebration. This progression has, as delineated above, been recommended to form guidelines for the development of a psycho-educational grief counselling programme in order to recycle resources.

Declaration

I, Mohlago Catherine Selepe-Madima, hereby declare that this whole thesis, unless specifically indicated to the contrary in the text, is my original work, and that it has never been submitted before for any degree or examination in any other university.

Signed: 

Date: 

Dedication

This work is dedicated to my mother Matlou Berlina Selepe (nee Nailana), who has always wished her daughter to become a doctor.

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I would like to acknowledge and thank the following:

Professor Steve Edwards for affirming me through and through as I was doing this work. Mishumo, thank you for constantly nagging me with the question: “How far are you?” which I could, in most cases, not answer with precision;

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It has not been by might nor by power, but by your Spirit, Oh Lord.

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CHAPTER 1

INTRODUCTION AND RATIONALE

1.1 INTRODUCTION

In human society the loss of a loved one brings pain and grief. Everyone who experiences love, or who forms an attachment to another, runs the risk of losing the loved one and suffering the consequences of loss. The individual who loses somebody is separated from, and deprived of, the lost person. The term used for the state of being deprived of a loved one is “bereavement”. The word derives from the root verb, “reave”, which means “to rob forcibly”. Language tends to assume that bereavement is about death as death is often the only loss that is validated as legitimate grief experience. Grief is the pain and suffering experienced after bereavement (Raphael, 1996; Corr, Nabe & Corr, 1997; Humphrey & Zimpfer, 1996).

Grief is mostly associated with loss through death although it also applies to psychosocial loss - the kind that comes from divorce, change of residence, moving away of a best friend and loss of privilege, status, or favourite possessions. Grief is also a universal reaction to loss found even among some animals (Papenbrock & Voss, 1990). In this study, the focus will be on grief that is associated with loss through the death of a loved person.

1.2 DEATH AS A CRISIS

Though death is an inevitable part of human experience, people never get used to it. Even if grief is anticipated, that is, in a situation where people have to face imminent death, it is never easy for survivors to see a purpose in the death of a loved one when it happens. By its very nature, therefore,

death constitutes a crisis. In Chinese, two characters are used to write the word “crisis”. One is the character for danger and the other is the character for opportunity. Crisis is a danger because it threatens to overwhelm the individual undergoing it and it is an opportunity because, during a crisis, individuals are more receptive to therapeutic influence (Aguilera, 1990; Lewis & Lewis, 1989). Aguilera distinguishes between two types of crises:

Maturational crises: which are internal or developmental crises that are anticipated;

Situational/external crises: stressful life events that may not be anticipated.

Maturational crises are normative age-graded events and are highly similar for all people in a given group. Training in generic lifeskills could help individuals deal with adjustive demands these events put on them. Situational or external crises are non-normative events that do not happen to most people and are weakly related to measures connected with an individual’s life stage. Such events, be they positive or negative, may cause more stress than normative events because they usually are unexpected (Papalia & Olds, 1986). Death as a crisis is both maturational and situational. It is maturational since it completes the life cycle of every individual; it is situational because its timing is usually unknown.

Crises are identified as being outside the normal realm of events within the community setting. When death occurs, therefore, it destabilises the community within which the deceased has been functioning. It is usually disruptive enough to divert people from their regular routines to attend to survivors’ needs. It is acknowledged that the trauma suffered as a result of the death of a loved one may have profound lasting effects on one’s life. The

anguish of those left behind has always concerned society. The timing of skilful intervention is crucial if the bereaved are to properly come to terms with the grief. Interventions are aimed at enabling the bereaved to reformulate the meaning of their personal life, prevent lasting distress, as well as preserve their psychological and their spiritual intergration (Humphrey & Zimpfer, 1996; Wilson & Kneisl, 1983; Gilliland & James, 1997).

Wilson & Kneisl (1983) describe a crisis as characteristically self-limiting. It will eventually run its course with or without intervention. However, the person who experiences a crisis alone is more vulnerable to unsuccessful negotiation than the person who works through a crisis with help. The latter increases the likelihood that the crisis will be resolved in a positive way. Similarly, some people work through grief with little or no help at all as they regard it as a passive process - something to get over in a fixed period of time.

Human beings are social beings, and they need the support of other people in times of crises. This is well expressed in the Zulu poetic saying: “**umuntu umuntu ngabantu**”, which may be broadly translated as follows: “an individual becomes a person through other people.” Edwards (1997:1) interprets this to mean that “only through you do I become an I” and “I am because we are.” In most cultures, therefore, the painful road from loss to healing concerns not only the immediate family, but the community at large. The disposal of the dead and the accompanying mourning then becomes a social, if not a public, affair (Rosenblatt, 1997).

1.3 RATIONALE FOR UNDERTAKING THE RESEARCH

Death is a certainty. Krige (1985) describes it as the last act in the drama of life which not only robs communities of communal members, but also gives rise to conflicting emotions and thus threatens community cohesion and solidarity. The latter mostly applies in communities where death is attributable to sorcery. Participation by family members in community inquests may cause a great deal of rage and a desire for revenge should the sorcerer be identified.

Much is unknown of the process of death. Among other things, death elicits fear in us as human beings, noted for our fear of the unknown. As a result, through the ages, people have devised many symbolic, primitive and ritualistic ways to cope with death. Many include magical beliefs about the causes of death and ways to protect people from it (Raphael, 1996). Death is often regarded as the worst thing that can ever happen to an individual. Among the Northern Sothos, people respond by spitting on the ground upon hearing about someone else's death for the first time. This practice is believed to ward off evil and prevent possible contamination for those who have just received the bad news. Prevention against illness and death plays a pivotal role in African traditional healing.

While death may mean different things in different cultures, it seems quite uniform that all human groups normally dispose of corpses with rituals. Funeral rites are believed to be a source of valuable social support to the society in general, particularly to the bereaved. In many cultures there are basic prescribed tasks or mourning rituals that are essential for successful grieving. Mourning rituals have been found to play a role in emancipating

the bereaved from bondage to the deceased and helping them readjust to the environment in which the deceased is missing. Anthropological studies also suggest that death-related rituals are helpful to the bereaved (Wilson & Kneisl, 1983; Raphael, 1996).

Rosenblatt (1997) observes that psychologists have begun to use rituals in support of personal change in times of crises and loss. Other studies indicate that these are powerful tools which can do harm as well as good. In her study of African Indigenous Churches (AICs) in Venda, Selepe-Madima (1999) notes the vital role played by Black churches in providing help to their members with regard to grief counselling. The AICs' therapeutic techniques have been found to be at least as effective as, if not more effective than, those of professionals. World views of African communities often make it easier for prophets, faith healers, and other traditional healers to be their source of psychological sustenance. Traditional healing, for example, appreciates and directly addresses complex issues of bewitchment while Western forms of healing, such as psychology and psychiatry, often ignore them.

Community psychology as a discipline cannot afford to give modest attention to alternative support services offered within communities. This study therefore attempts to identify the relevance of community intervention practices in grief counselling to the contemporary situation, as well as understand the extent to which death-related rituals have been helpful to bereaved people. The research hopes to explore the experiences of bereaved people with the objective of understanding how they are supported through their grieving. The broad objectives of the study are therefore as follows:

- a) to explore the reactions of the bereaved to the death of a closely related family member;
- b) to gain a more accurate understanding of what the loss means to the bereaved;
- c) to describe the community intervention and social support that the bereaved receive subsequent to the loss;
- d) to describe the how the bereaved experience community intervention practices;
- e) to examine coping strategies that the bereaved learn from such interventions.

Curiosity about this subject has also been motivated by the researcher's desire to prepare for anticipated death related losses in her personal life. It is envisaged that the study will also make a contribution to community psychology as a discipline as it focuses on something that people have been doing ever since they existed in communities. Community intervention practices or death-related rituals are natural resources which need to inform psycho-educational programme designs in grief counselling. In a programme developed by Madima (1996) for the prevention of teenage pregnancy in rural Venda, she reports that culture-compatible devices earned her access to **vhusha** (traditional Venda pubescence rite of passage ceremony) as well as the community elders' permission to administer her programme to initiates. Similarly, South African community psychologists need to identify and understand the strategies and techniques that lay helpers employ in Black communities for psychologically helpful purposes. It is envisaged that this

will ensure the relevance of their interventions to historically disadvantaged communities.

1.4 **RESUME**

This chapter introduces the research topic and gives a rationale for the study. The central constructs, namely bereavement and grief, have been operationalized and depicted as universal experiences. The study attempts to gain a more accurate understanding of the reactions of bereaved persons and the support that is offered them subsequent to their loss. The importance of mourning rituals in grief counselling has been generally suggested, as well as the need to pay a closer attention to alternative support services offered within communities.

The next chapter will focus on literature review, with special focus on explanatory and applicatory models in grief counselling.

CHAPTER 2

LITERATURE REVIEW

2.1 HISTORICAL OVERVIEW

Sigmund Freud was the first to use the term ‘grief work’ to describe the inner turmoil that goes on in the mind when individuals are forced to give up a loved person (Sanders, 1992). The first systematic studies were however not conducted until 1944. Drawing on the clinical observations of survivors of the Coconut Grove night-club fire, Lindeman (in Wilson & Kneisl 1983:279) was the first to detail the symptomatology of grief. Distinguishing between normal and morbid grief, he describes the former as a syndrome with a predictable course and distinctive symptoms including the following:

- Somatic distress
- Preoccupation with the deceased’s image
- Feelings of guilt and hostility
- Loss of usual patterns of conduct

Grieving is a process which is associated with pain, confusion and distress. It is never easy to see a purpose in the death of a loved one. In his cross-cultural studies on death and bereavement, Rosenblatt (1997) observes that the pain of grief is probably the most powerful psychological pain that human-kind can experience. Although a painful process, grieving is important. When those affected by grief try to handle its symptoms by avoiding others or by deliberately excluding themselves from thinking and

making references to the deceased, Lindeman's findings (cited in Aguilera, 1990) reveal that morbid reactions could result. Failure to grieve appropriately could potentially lead to future emotional illness.

The subject of bereavement and grief has been receiving increased attention in mental health literature. The 1960s saw an upsurge of a rich tradition of human interest towards death-related topics. Although the psychiatric work of Elizabeth Kubler-Ross has been instrumental in beginning to challenge the taboos against talking about death, the fact of dying is still cloaked with euphemisms. In most African cultures it is even an offence to mention that someone is dead. This could be received with protest as human beings are not animals. It is permissible to say a dog died, but for human beings phrases such as 'he left us', 'he has been harvested', and 'he slept' are used among Vhavenda. The Northern Sothos use the phrase **mabu a utsutswe** (the soil has been stolen) to signify that the reigning king has died. Traditionally the attitude of a society toward death has been a function of its religious beliefs and culture, hence the interest of other disciplines such as theology and anthropology in the subject (Corr et.al, 1997; Zimmerfein, 1999; Dennis & Hassol, 1983).

2.2 THEMES IDENTIFIED IN DEATH EDUCATION

All societies have their own customs and beliefs surrounding death, dying, bereavement and grief as well as their ways of dealing with them. There are however certain themes which Corr et.al (1997:17) identify as enduring and therefore pivotal to death education:

2.2.1 Limitation and control

Inherent in human beings is the desire to achieve control over the whole of their lives. Death serves to remind us that our influence has limits. We therefore need to come to grips with what we can or cannot change. Although sophisticated medical devices can sometimes postpone death, they cannot stop it from occurring.

2.2.2 Individuality and community

Western cultures and many of those in other countries which are now becoming industrialized often stress individual freedom, personal rights, autonomy and independence. Death, dying, bereavement and grief are all ultimately lived out in individual ways. These experiences, however, also teach individuals about the human community and universal needs that apply to all people. Among Africans, grief is more shared and more public than in Euro-American societies. When death occurs among Vha-Venda, it affects not only the immediate family, but the entire community of which the deceased was an integral part. This kind of communal ownership is underlied by the saying, **A dzimana u la malombe, mukosi a ya phalalana.** (“although people tend not to be generous with food, when tragedy strikes they support one another”). Unlike wedding feasts and other joyous occassions, participation in burial rituals requires no invitation.

2.2.3 Vulnerability and resilience

Human beings are vulnerable to death and its effects. At the same time some people are capable of facing death and responding to its reality in ways that can be ennobling and awesome. In most cases this type of resilience is

underlied by religious beliefs that deny the finality of death and affirm the continuation of the human personality, either in its psychological totality or as a soul.

2.2.4 **Quality in living and the search for meaning**

“Make Today Count” is a slogan created by Orville Kelly. It emphasizes the importance of maximizing our present quality of living. When death challenges this value, humans can search for sources of inspiration and frameworks within which enduring meaning can be established as in religious convictions (Corr et.al, 1997).

In her case study of the African Indigenous Churches (AICs) in Venda, Selepe-Madima (1999) observes that the above themes also run through grief counselling among *Ma-Apostola* and *Mazione* (Members of the AICs). Education plays an important role in grief counselling. Death is emphasised as an inevitable outcome of life. Acknowledgement of the reality of hell and heaven denies the finality of death and affirms life eternal. Believers are encouraged to hold on to their faith and persevere in tribulations while sinners are admonished and challenged to repent. Condolences to the bereaved are also coupled with reminders that tragedy is universal and that they are neither the first nor the last to experience it. This juxtaposition of such somewhat contrasting themes helps, among other things, to create a balance necessary to sustain the bereaved peoples’ normal state of being, for according to Edwards (1999) ‘being’ implies being ill and being healthy.

2.3 LOSS AND GRIEF

For most people, loss is a fact of life. Grief which is the natural response to loss, is mostly associated with loss through death. Grief could however also apply to psychosocial loss, the kind that comes from divorce, change of residence, moving away of a best friend, and the loss of privileges and favourite possessions. The death of a pet can also be a significant loss (Papenbrock & Voss, 1990). The death of a loved one is often the only loss that is validated as legitimate grief experience as it involves ending, separation and a beginning. For the deceased, death marks an end of their life cycle, but for survivors it is the beginning of a life without the deceased. The bereaved will, among other things, be confronted with the task of readjusting to the environment in which the deceased is missing. It is important to understand that whatever the circumstances of death, be it sudden or following a long illness, most people are never prepared to lose a loved one.

Graig (1989) argues that it is necessary to grieve; in fact, it is generally believed that certain psychological tasks are accomplished through this process. The survivors need to accept the reality and effect of the loss and rechannel the emotional energy that they had invested in their relationship with the deceased. This view is consonant with the idea of detachment as the main purpose of grief. Studies by Klass, Silverman & Nickman (1997) reveal that although some bereaved people do indeed cut their bonds, many continue to relate to the dead. In some religions wherein the dead are worshipped as ancestors, severing such a bond is believed to bring an abomination onto the survivors. The need to adjust is however inevitable. One minute a loved person is alive; the next he is dead. All in a moment a

wife becomes a widow, a husband becomes a widower, a child an orphan. There are also long-term adjustments to routines, roles and activities that may be necessary to cope with the social void left by the deceased. These adjustments may require more time and involvement than anticipated. There is therefore no way to bypass mourning or grief work. It is a process that needs to be faced and lived through (Rosenblatt, 1997).

The insecurity that is faced after loss is described by Sanders (1992) as both frightening and debilitating. For most survivors it evokes feelings of childhood fears of abandonment and leaves them feeling scared, exposed and unsafe. It is therefore not unthinkable that grief is sometimes denied. It might seem a useful strategy to try to find alternative ways of numbing or denying the pain that is associated with grief. Not to feel means that one also gives up leisure, peace, laughter, and all the emotions that are most satisfying. Unexpressed sorrow may also come out in physical symptoms and depression (Alexander, 1994).

Another alternative way to mourning the loss is distraction. People often distract themselves from grief, thinking that they are getting through it more easily. The problem with distractions is that they keep the bereaved occupied without helping them move towards resolutions. The feelings are nevertheless there and the danger is that they are just forced underground. Drugs, if used, will mask the pain, offering a temporary or anaesthetic relief. Alexander (1994) states that they add insult to injury as they store up trouble for the future by blocking the grief within. When the effect wears out the pain resurfaces. It is therefore important to feel, experience, and express the effects of grief. There are however no worldwide standards for determining the right ways for expressing grief. In many cultures, some people cry when

a death occurs. Even within cultures where there is a great deal of patterning to emotional expression of grief, some people do not follow the pattern. What emotions are felt, how they are expressed and how they are understood is usually a manifestation of cultural and/or religious beliefs. Rosenblatt (1997) reports that in cultures where deaths are seen as caused by someone, grief may include a great deal of rage, determination to identify the attacker and a desire for revenge.

2.4 UNDERSTANDING GRIEF

Several scholars, such as Paplia & Olds (1986), define grief as the emotional response of the bereaved to the loss. Thinking of grief solely as a matter of feelings risks misunderstanding and misses a full range of responses to loss. One's response to loss is not merely a matter of feelings; it is more deep-seated and can manifest itself in numerous ways. The understanding of grief as a multilayered phenomenon which affects survivors spiritually emotionally, physically, cognitively and behaviourally is essential for holistic intervention. According to Worden, cited in Corr et.al (1997), grief manifest itself in forms such as the following:

Manifestation	Symptoms
1. Feelings	Anger, sadness, guilt, anxiety, loneliness, helplessness, yearning and shock.
2. Physical sensations	Hollowness in the stomach, tightness in the throat or chest, oversensitivity to noise, shortness of breath, fatigue and dry mouth.

3. Cognitions	Disbelief, confusion, preoccupation with a sense of presence of the deceased or hallucinatory experiences.
4. Behaviours	Sleep or appetite disturbances, social withdrawal, dreams of the deceased, crying, sighing and restless overactivity.
5. Social functioning	Difficulties in interpersonal relationships or problems in functioning within an organisation.
6. Spiritual functioning	Spiritual searching for a sense of meaning, hostility toward God, or a realization that one's value framework is inadequate to cope with this particular loss.

Table 2.4: Manifestations of grief.

Given these various ways through which grief is manifested, intervention should also be comprehensive enough to do justice to the complexities of individuals' functioning, thus respecting their wholeness. Post-burial purification rituals as practised by AICs in Venda are classical examples of holistic grief counselling intervention. Such a ritual is called **u bvisa madinga/u handulula**. (which literally means to untrap survivors from underneath the mud wall that has crushed them, or to release them). The imagery of a wall which broke and crushed the survivors is used to symbolise bereavement. While condolences and spiritual admonishments characterize the pre-burial counselling, the post-burial is marked by the purification

ceremony. Holy water is sprinkled all over the home-stead and kraals. The clothes of the deceased are washed and kept safely for distribution to survivors at a later stage. In the event of conjugal bereavement, it becomes necessary to purify the surviving spouse with **tshiwasho** (holy water). It is expected that for a period of twelve months the principal mourner will be wearing funeral clothes.

The pre-burial psycho-spiritual counselling is aimed at effecting change in the spiritual, affective, and cognitive functioning of the bereaved. The purification, though spiritually symbolic, is aimed at cleansing any defilement and dangers resulting from contact with the corpse. The sprinkling of holy water around the kraal takes cognisance of the effects of death in the environment within which the survivors will be functioning. The wearing of funeral clothes, according to Sanders (1992), carries a message of personal sorrow and unspoken request for consideration from those the bereaved is interacting with.

It is important to appreciate that whether death is sudden or results from a protracted illness, most people are never prepared for it. The major challenge for bereaved people is adjustment to their change in status. Even in situations where the status does not change, survivors are still bereft of the presence of the deceased in their lives (Papalia & Olds, 1986; Zilberfein, 1999). Grief, which is the survivors' response to the bereavement, can take the following different forms:

2.4.1 Anticipatory grief

When people are facing imminent death, both the dying and their loved ones experience what is referred to as anticipatory grief. Rando cited in

Zimberfein (1999:2) describes anticipatory grief as encompassing the process of mourning, coping, interaction, planning and the psychosocial reorganisation which brings awareness of the impending death and the recognition of associated losses. As the survivors begin to grapple with the possibility of death, they experience many of the classic symptoms of grief while the actual death has not yet occurred. This often enables them to handle the actual death more easily when it finally comes. Healthy anticipatory grief makes people feel more in control while it minimizes the unfinished business and premature separation. It becomes a problem when the survivors disengage themselves from the dying while they are still alive. This might create a devastating sense of isolation for the dying person (Zilberfein, 1999; Papalia & Olds, 1986).

2.4.2 Morbid grief

Morbid grief refers to reactions to the loss which are more intense and long lasting and thus considered pathological. Many people come from cultural backgrounds which negate the grieving process. They believe that grief is a sign of personal weakness and therefore equate the “stiff upper lip pose” to the ability of the bereaved to handle the loss well. After the initial period of apparent calmness, bereaved people often show changes in personality, becoming hostile, irritable and so immobilized that they have to be pushed to initiate any activities. Survivors presenting with morbid grief reaction may also become depressed, preoccupied with worthlessness, feeling that they would be better off dead. Some are overcome by guilt, blaming themselves for the death (Osterweis, Solomon & Green, 1984; Papalia & Olds, 1986).

2.4.3 Normal grief

Normal grief is the process of recovering from loss. The word “process” suggests a progression or a fairly predictable pattern, which could further be divided into stages. The bereaved person will experience waves of strong emotions in a sequence that may parallel the responses to one’s own oncoming death. The stage framework should however be used with caution as it can promulgate a coercive orthodoxy on how to grieve, thus depriving survivors of their own individuality. Although the process of grief is an individual journey, the behaviour of the bereaved is, in most cases, guided by cultural expectations. There is, however, no right or wrong way to grieve. (Humphrey & Zimpfer, 1996). Following Sanders (1992), five phases or stages of mourning can be identified. Each phase brings a specific task for the bereaved, person, which has to be mastered and completed in an appropriate sequence before the grief work is completed (McLaren, 1998).

2.4.3.1 **Phase 1: Shock and disbelief**

The first reaction to a major loss is shock or disbelief. Whether a death is anticipated or happens suddenly and unexpectedly, we all feel some degree of shock and disbelief upon hearing about it for the first time. This phase is characterized by a state of alarm, disbelief, confusion, restlessness, feelings of unreality and helplessness. At this stage, the need to deny the loss is paramount. Each individual has a personal style of denial of loss, determined partly by cultural factors and partly by previous experiences with loss and separation. Some people may become numb and unresponsive, may scream, faint, rant or rave (Sanders, 1992; Wilson & Kneisl, 1983).

The shock phase helps the bereaved adapt by forming an insulation against the chaotic outside world as they attempt to protect themselves either against recognition of the event or against the painful feelings it evokes. The shock dulls and numbs our suffering until we can better deal with it, or until we can process the actuality of death. The denial is more at the emotional level as it is intellectually known that the dead person is not going to come back. It is important for interveners to be guided by the knowledge that the mental mechanism of denial in this phase serves a therapeutic purpose. Without this protection, the pain of grief would be too intense to bear. Lengthy maintenance of denial in the face of reality, however, signals distress as it tends to prevent the mourner from moving on (Corr et.al, 1997; Sanders, 1992).

2.4.3.2 Phase 2: *Developing awareness*

The second phase begins with the full realization of loss, its magnitude and permanence. As reality begins to assert itself, the insulation that the shock had brought is stripped away leaving the bereaved feeling raw and exposed. Crying is one of the most evident expressions at this stage while depressed feelings are at their most acute. This process cannot be cut short. It is usually helpful to allow mourners to express their emotions. Overmedication or suppression of emotions with sedatives may only delay and prolong the grieving process. This stage takes as long as it takes. The bereaved must therefore be allowed the time they require (Thompson, 1995; Sanders, 1992; Wilson & Kneisl, 1983).

2.4.3.3 Phase 3: Conservation and the need to withdraw

The phase of awareness of loss (phase 2), which is marked by volatile emotions, leaves the bereaved worn out, both physically and emotionally. The body therefore needs rest and restoration. The physical symptoms that characterize this stage are fatigue, need for more sleep, and a weakened immune system. It is not unusual to find mourners feeling more content to be alone at this stage. This necessitates the need for withdrawal from others in order to create some psychological space (Sanders, 1992).

2.4.3.4 Phase 4: Healing

The healing stage is a point at which one resumes control over one's self. The bereaved persons begin to realise that there is more to the deceased than their death. Healing begins when the bereaved allow happy memories to come back with sad ones (Nzewi, 1989). Old roles are relinquished as a new identity is formed. Mr X's wife becomes Mr X's widow. The act of saying good-bye to the past, the seeming unrequited yearning and longing to be with our loved one, though not easy, finally resolves the grief work as the mourners let go. Letting go or forgetting does not mean giving up all memories; rather it refers to the act of turning to new encounters and trusting the future as the bereaved stop to need the deceased (Alexander, 1994; Sanders, 1992).

2.4.3.5 Phase 5: Renewal

This stage completes the work of mourning. Volatile emotions and the expression thereof do not last forever. Sooner or later, most grieving people learn to get on with their lives. Although life is never the same again after

a significant loss, the bereaved have to find a new way of living as they are now no longer attached to the deceased. Reorganisation of their lives starts when they begin to pick up the pieces and start to shape them into some new order (Nzewi, 1989; Corr et.al, 1997).

All aspects of deprivation or learning to live without the deceased need to be processed. Sanders (1992) describes this phase as the dying of the old self so that the bereaved may live again. The emotions that have been invested in the dead person are now available to be reinvested in other activities and other relationships. Interventions need to help the survivors to become aware of the fact that they have the right to be themselves and develop in any direction they choose to. If the bereaved person can reach out to new relationships, take up former interests or develop new ones, the bereavement tasks will have been completed. In some cultures, detachment from the deceased is anathema. Survivors have an understanding that the deceased will continue to have an impact on the living and continued communication with them. In most African cultures, the attachment in the event of conjugal bereavement is perpetuated by assigning the widow to one of the surviving brothers of the deceased.

Despite the universal dimensions of grief, loss is essentially personal, and so is coping with it, healing and recovery. The process is an individual journey. Each individual has unique issues to cope with or resolve. No two people grieve in the same manner or the same timetable. The grief work is also not linear. It is cyclical in nature with many painful returns to the beginning to start the process once more (Humphrey & Zimpfer, 1996; Gilliland & James, 1997). Osterweis, Solomon, & Green, (1984) observe that the form that grief takes, its outward expression and the length of the recovery process are

also influenced by the social and cultural context within which bereavement occurs. Within every culture there are basic prescribed tasks that are essential for every family to perform. The grief work is therefore hardly ever a passive process. It inevitably entails the survivor's active participation at all different levels. Death and mourning rituals are among other processes used to help the bereaved through bereavement tasks.

2.5 FACTORS THAT MAKE A DIFFERENCE IN GRIEF WORK

Many people come through bereavement and grief with no need for help. Several scholars have undertaken to identify the principles that appear to make a difference in ways in which bereavement and grief are experienced. There are several factors which have been found that can help or hinder the resolution of grief. For grief counsellors, these variables could help to assess survivors who are at greater risk and who may be helped by counselling. Corr et.al (1997) have identified six factors that seem to be central:

2.5.1 The nature of the relationship with the dead person

What death means to survivors depends on the loss that they experience and the ways in which they interpret that loss. In other words, how any individual experiences a particular loss depends on the extent to which that person valued the departed person when he was alive. Steinbach (1993) reckons that the most difficult loss of all is the death of a child, followed by that of a spouse, especially when the spouse dies young. An unhealthy relationship or an ambivalent one points to a difficult grief. Survivors whose relationship with the deceased were mature have fewer regrets about 'unfinished business'. It is relatively easy for them to let go or to free the deceased (Thompson, 1995).

2.5.2 The timeliness and generational appropriateness of the death

Any sudden death, be it from an accident or illness, may require a longer grieving period than the case will be with expected deaths. Sudden deaths are also frequently hypothesized to be more traumatic for survivors and make survivors poorer handlers of the situation than deaths that have been anticipated. Deaths of old people are relatively more anticipated as adult children expect to mourn their parents. Society tends to invalidate the pain of an adult who loses a parent. The sudden death of a young marriage partner will, for example, be more severely felt than to that of someone well advanced in age. Such variations are also influenced, among other things, by gender. It is more acceptable for a man to die and be survived by a young widow and children than vice versa (Corr et.al, 1997; Osterweis, et.al, 1984; Steinbach, 1993).

2.5.3 The way in which the death occurred and the concurrent circumstances of the bereaved

Whenever a death is announced, people typically would like to know the cause thereof. A lot of sympathy goes for death caused by natural causes with survivors' understanding that the deceased has actually been relieved from the tribulations of this world. Grief becomes difficult to resolve if it carries some shame and stigma. Provini & Everett (2000) observe that adult survivors of suicide victims may experience particularly stressful bereavement and possible complicated grief. The complications may include survivors blaming themselves for the death and a stigmatization of family and friends which often leads to lack of emotional support. The same goes for the death of HIV/AIDS sufferers and those resulting from the termination

of pregnancy, as they carry not only a stigma, but a taboo as well. The Vha-Venda say: **Tshi ita mune a tshi vhavhi** (which means that a disaster which people bring upon themselves should not cause pain to survivors). Survivors are therefore not expected to mourn the death of people who directly or indirectly cause their own death. Such expectations may put the bereaved into a dilemma as they may invalidate their feelings and other manifestations that normally accompany grief.

2.5.4 Losses sustained in the past and how they were resolved

It cannot be assumed that the person who is wailing most loudly or who is being supported most attentively is a close relative of the deceased. People often grieve intensely because the death reminds them of their own major losses. Inadequately mourned or poorly resolved losses from the past can add more pain to, and interfere with the expression of the present one. Coping strategies that the bereaved has learned from previous losses are also of significant importance.

2.5.5 The developmental situation of the bereaved

Individuals respond to bereavement experiences in ways that suit their particular developmental situation. According to Erickson's theory (cited in Corr et.al 1997), each era of human development is characterized by a predominant psychosocial issue or a central conflict which he calls a 'developmental task'. Bereavement is not considered a normative life event. It therefore has the potential of upsetting the rhythm of a life cycle and thus impairing the development of the bereaved. Erikson's work provide a paradigm from which to begin to investigate the developmental implications of bereavement and grief experiences. For example, he hypothesises the

“intimacy versus isolation” stage as a major issue of young adulthood. The task for this stage is to form an intimate relationship with a person of the opposite sex. The loss of someone intimate during this stage will inevitably impact rather seriously on the resolution of this task and subsequently their progression to the next developmental phase.

2.5.6 The social support networks and the help that the bereaved receives after the loss

The metaphoric phrase used by the Vha-Venda to announce death in a family is: **Namusi ro bika nga khulu**, which literally means; ‘Today we have cooked with a bigger pot’. This suggests that the bereaved expect support from the community, neighbours, relatives and friends. Lack of response from these social networks often alienates the bereaved. Development due to geographic mobility is seen to diminish the access of the bereaved to traditional social support due to the fact that it break up the extended family system.

2.6 GRIEF COUNSELLING

It is clear that the experience of the bereaved person is generally distressing. Bereavement deprives survivors of their loved ones and, among other things, alters their identity. In response to the stress, emotional pain or crisis, the bereaved turn to others for care and support which takes the form of grief counselling or grief therapy. Grief therapy requires more specialized techniques to help people with complicated or abnormal grief reactions. Grief counselling facilitates normal grief work. It is the process that promotes a normal movement through all the different phases of grief. It is important not to regard normal grief reactions as pathological and thus over-

professionalise the help required by the survivors. (Raphael, 1996; Corr et.al, 1996).

The road from loss to healing is a long and painful one, punctuated by well-marked stages. Adjusting to the death of a loved one may require more time and involvement than anticipated. There is, however, substantial individual variations in terms of specific manifestations of grief and the speed with which people move through the process. The notion of grief as a well-defined process might lead people to expect the bereaved to proceed from one clearly identifiable reaction to another in a more orderly fashion than it usually occurs. The result of this could be inappropriate behaviour toward the bereaved, including hasty assessment of where individuals are or ought to be in the grieving process (Osterweis et.al, 1984, Sanders, 1992).

The stage-bound view of grief work is described by Walter (cited in McLaren 1998:28) as the conventional wisdom of bereavement counselling which asserts that the purpose of grief work is the reconstruction of an autonomous individual who can, in large measure, leave the deceased behind and form new attachments. Counsellors adhering to this model help the bereaved pass through the prescribed phases of mourning or accomplish the *required tasks of the grief work in order to move on in their lives, having to let go of their loved one*. This falls within a generic approach to crisis intervention which focuses on the characteristic course of the particular kind of crisis rather than the psychodynamics of each person individually experiencing the crisis. Interventions are therefore designed to be effective for all members of a given group rather than for the unique differences of one individual. Recognition of such behaviour patterns is an important aspect of preventive mental health. This mode of intervention does not always take the

one-to-one helping, but rather group counselling. Group members often help each other by sharing similar bereavement experiences (Aguilera, 1990; Wilson & Kneisl, 1983; Corr et.al, 1997).

The generic approach is consonant with one of the major facets of community counselling, namely direct client service or outreach. Direct client service entails running programmes that provide direct assistance to clients or potential clients who might be at risk for developing mental health problems. Individual approaches, on the other hand, focus on meeting the unique needs of an individual in a crisis. The bereaved are helped to integrate the loss into their lives in whatever way feels right for them (Lewis & Lewis, 1989; McLaren, 1998).

Self-help groups such as Widow-to-widow, the Compassionate friend, and the Pregnancy and Infant Loss Support play a major role in helping the bereaved to adjust (Corr et.al, 1996). In most Black communities where the majority of families cannot afford the burial costs of their loved ones, burial societies are found to be very helpful. Although they originate as funeral savings schemes, their role now far transcends this. Most of these self-help groups are given names which suggest the multiple roles which they play; for example, **“Faranani-no-Khwatha Burial Society”** (‘Unite and be strong’). It should be noted that members are mostly women who support the bereaved members financially, while undertaking mundane duties such as cleaning the homestead and cooking. Men’s burial societies are usually separate from those of women and so are their roles in communities. They see to the necessary technical duties such as carving the coffins, digging graves, and filling them (Personal Communication: Alice Nemasisi, Feb. 2000). [I have however recently participated in a burial where the grave was

dug by women as the death was the result of a stillbirth. Participation of men in the burial of an infant or a stillborn, it is believed, has some adverse effects on the bereaved mother's fertility].

2.6.1 Explanatory model for grief work

Although support subsequent for the loss of a loved one takes several forms, for all the bereaved the central issue in any helping encounter is to learn to build a life without the deceased. The question of which mode of intervention to employ should be primarily guided by the survivors' needs and prevailing circumstances. The bereaved should, in other words, be permitted to lead the way in their own mourning. There is a need to acknowledge the uniqueness of each individual while also recognizing the universality of humanity's reactions to bereavement. The following premises adopted from the South African Ethical Code for Psychologists can help strike a balance in this regard:

- "that, in some sense, all people are alike, thus recognising their common humanity;
- that, in some respect, certain people are alike, thus recognising differences between groups such as age, sex, ethnic groups; and
- that, in some respect, each individual is unique."

Reactions to bereavement, however, cover a wide range. The grief experience may not only include sadness, but also other unanticipated emotions, thoughts, and behaviours that can puzzle the bereaved. Increased knowledge about the various processes and outcomes associated with grief is invaluable to helpers. It is also very likely to help the bereaved to avert

some of the misunderstanding that can make the grief experience more difficult (Osteweis et.al. 1984). Corr et. al (1997:258) describe tasks which are necessary for the completion of the mourning. These are fundamental needs for the bereaved and, to some extent, inform intervention practices in grief counselling and psychotherapy.

2.6.1.1 Cognitive tasks

There is a general agreement that fore-warning of a loved one's death permits the soon-to-be-bereaved to structure the event cognitively. For some people, grieving begins when they begin to learn of a terminal diagnosis. This process of beginning to let go of one's relationship with a loved one is facilitated by more factual knowledge about the condition of the deceased-to-be.

All bereaved persons have a need for information. It is never adequate to just say the deceased was ill or to simply mention that they were involved in some accident. Knowing the facts about what happened is an essential step in making the event real in one's inner world. Providing prompt, accurate and reliable information is an important role for grief counsellors. While it might be easy for grown-ups to conceptualise death, its nature and finality cannot be easily visualised in early childhood. In order for children to come to terms with the reality of death, they often will talk about the death of their loved one randomly. This could be daunting for adults who often avoid even mentioning the names of the deceased, but rather prefer to refer to them by prefixing their names with "the late". Going over and over the details of the circumstances in which a loved one's death occurred has, however, been

found to be instrumental in helping the bereaved to begin to emerge from shock and confusion into a constructive process of coping with their grief (Oterweis et.al, 1984; Littlewood, 1993; Corr et.al, 1997).

2.6.1.2 Affective tasks

These have to do with how the bereaved feel or emotionally respond to their loss. The bereaved are often intellectually aware of the finality of the loss long before their emotions let them accept the information as true. Given the need to express their responses to death, the bereaved may need assistance in identifying and articulating feelings and other responses that are strange and unfamiliar to them. They may also not be able to express such feelings in ways that advance the grief work (Osteweiss et.al, 1984).

Survivors' actualization of their loss could be facilitated through those assisting them to talk about the death of their loved ones, thus giving their sorrow words (Shakespear, cited in Corr et.al, 1997) . Helping survivors talk about their loss should be done without pushing them too forcefully or too quickly to grasp the reality of a death if it appears they are not yet ready to deal with it. In finding safe ways for the bereaved to express strong feelings, helpers need to follow the survivors' cues.

2.6.1.3 Behavioural tasks

Bereaved persons often need to act out their responses or engage in some behaviour which they believe will help them deal with their loss. It is not unusual to find some individuals indulging in health compromising behaviours such as beating themselves or tearing at their own skins. Others require commemorative activities that reflect their need to mark or take

notice of the death through some external action. The goal of commemoration is to preserve the memory of the person that has been lost. In some cultures survivors are expected to undergo ceremonies that help mark their new status and roles, such as the wearing of special mourning clothes or special markings such as shaving one's head for a specified period of time (Rosenblatt, 1997; Corr et.al, 1997; Osteweis et.al, 1984). The Venda culture is also prescriptive in terms of a widow's interpersonal behaviour. *Widows are forbidden to marry or engage in sexual relations before they complete their mourning.*

2.6.1.4Valuational tasks

The concept of 'valuational tasks' has to do with assisting the bereaved to make sense out of the loss. People need some conviction that life is truly worth living even when death has taken someone who is loved. Some ways of making meaning are idiosyncratic. It is, for example, difficult among Africans to make sense of death that comes in adolescence, youth, early childhood or middle adulthood. Such deaths are often attributed to bewitchment with survivors often believing that the deceased has not died, but has been turned into some zombie.

Spirituality, or the belief in a higher power, is instrumental in helping individuals make sense of death. The Christian faith, for example, promises life eternal to those who believe in Jesus as the Son of God and accept Him as saviour. Death is interpreted as a messenger sent by God to take the saints home. This belief in life after death is widely shared among many religions, including traditional African religion. It is therefore necessary for grief counsellors to be conversant with the values, beliefs and sources from which

the bereaved attempt to find meaning in life. Corey (1996) anticipates that within the coming decade, there will be an increased emphasis on integrating a spiritual perspective into the counselling practice.

Another important aspect of bereavement is how it impacts on the survivors' interpersonal and social experiences. Although the bereaved person may have begun to resolve the loss cognitively, emotionally, behaviourally and spiritually, shifts in social status may lead to changes not only in self-perception, but also in the ways the bereaved are perceived by others. To suddenly be referred to and thought of as a widow or widower may instigate stereotypes as well as expectations which are often difficult to live up to. Widows wearing mourning clothes cannot be expected to be jubilant under any circumstances. Their manner of dress dictates their sombre disposition. These expectations which are mostly influenced by the broad sociocultural context in which the bereaved live curtail, to some extent the survivors social life (Osterweis. et.al, 1984).

How the above tasks are carried out, differs from culture to culture. Most cultures acknowledge two-sidedness as a fundamental feature of death. This is in view of the fact that there are always two parties to it: the person who dies and the survivors (the bereaved). Death is therefore a transition which involves a long journey for both parties. The burial ritual is perceived as symbolic for accompanying the deceased to their eternal home while it also marks the beginning of a long journey for the bereaved who now have to adjust to the impact and effect of their loss. Rituals are believed to provide assistance with the journey for both the deceased and the bereaved (Corr et.al. 1997).

2.7 THE ROLE OF DEATH RITUALS IN GRIEF WORK

Bereavement can be a source of distress not only for one individual, or even a social network, but for an entire community. Prior to the advent of modern technology and funeral services, grief was more shared and more public. Mourning would be helped by rituals such as sitting shivah in the Jewish religion. In the Irish and British culture, people would have a wake-keeping during which they would gather to watch and grieve over a dead person on the night before the burial. This would sometimes be done with feasting and drinking. A wake may also be characterized by a spontaneous process of reviewing relationships to the dead person, calling up memories of the relationship and tolerating the feelings of sadness and being stimulated by such memories (Bourke, 1987, 1984; Alexander, 1994; McLaren, 1998).

The funeral services industry has since assumed a tremendous control over death rituals. Death rituals are as a result largely commercialized. They may often be brief and void of genuine expression and therefore not address survivors' need to express their grief. More and more constraints are placed on the behaviour of the bereaved. Mourning practices and how they are done have become largely influenced by medical care systems, funeral homes, and the law. Oterweis et.al (1984) refer to this decline of community involvement in mourning rituals and the disengagement of the elderly as the deritualization of bereavement. Their concern is that this lack of sociocultural prescriptions concerning mourning and bereavement may result in serious adjustment and recovery problems for the bereaved leaving them at sea about how long and how much to grieve.

Rosenblatt (1997) argues that death rituals are powerful tools which can do

harm as well as help and therefore need to be used with caution. Death rituals are intended to offer survivors with support in personal change in times of crisis and loss. Institutionalization of mourning experience in rituals helps to bring grief work to a close. These traditional mourning practices afford friends and neighbours an opportunity to express their condolences, while they also help the bereaved to come to grips with the reality of the loss. Rituals therefore allow supportive interpersonal interactions to occur. They provide more relief than the 'stiff upper lip' poise and requests for no mourning and no flowers. Expecting people not to be expressive is essentially a way of telling them that they ought not to be experiencing what they actually are experiencing. Feelings and any other response to loss are real. They cannot be turned on and off at will (Wilson & Kneisl, 1983; Corr et.al, 1997).

After the funeral, the bereaved wear funeral clothes for a stipulated period of time. This is considered drab and old-fashioned in modern societies. In the past, however, it carried a message of personal sorrow and an unspoken request for consideration from others. The comforters were alerted to show proper concern for the bereaved, and the bereaved, when comforted, could respond to those who helped them. This kind of support offers nurturance as well as give the surviving family permission, the time and the acceptance to feel what they are feeling (Sanders, 1992).

It is part of the human condition to develop attachments, to have them severed through loss and then to deal with the pain caused by that loss. Grief is therefore universal. However, each culture has its own approaches to dealing with loss. Studies reveal that Western forms of grief and mourning have received the most attention. This puts at a disadvantage many whose

work brings them into contact with the bereaved from non-Western cultures. They are at loss to know how to offer appropriate and sensitive support. There is therefore a growing recognition of the need to explore the richness of mourning rituals cross-culturally with the aim of increasing the sensitivity and understanding needed in designing interventions (Rosenblatt, 1997; Eisenbruch, 1984).

Rosenblatt, (1997) who studied small-scale societies, reports that death rituals in other cultures are far more elaborate and extended over a longer period of time than is common in Euro-American societies. Mourning rituals require collective participation, isolation of the bereaved, the wearing of special mourning clothes, or special markings often requiring actions that seem pointlessly destructive to some outsiders. Systematic cross-cultural studies are needed to clarify and understand the role of these practices, no matter how discrepant they might seem from those of the researchers.

In a culturally diversified society like South Africa, the practice of mourning rituals has the potential to spark conflict in labour relations. Eurocentric employers may not tolerate long or recurrent absenteeisms necessitated by the bereaved employees' need to engage in proper mourning practices. There may also be no tolerance of special dress, shaving of the head or self-mutilation. On the other hand, if these rituals are shortened or undermined by the bereaved, they might be left spiritually and psychologically disintegrated, and may incur ancestral displeasure. The employees' mental health has been generally found to be having a direct influence on their productivity at their work place. Guilt that is attributable to ancestral displeasure influences individuals' mental well-being negatively and may therefore impact on their productivity.

Despite diversity with regard to the practice of mourning rituals and the expression of grief, a key to all rituals is that to some extent they, define the following:

2.7.1 The death and its cause

Much as there are variations with regard to bereavement reactions, the necessary rituals for dealing with grief do give us insight into the nature of the death being mourned and its cause. In many cultures, different kinds of death are understood differently and dealt with differently. The rituals called for and the mode of disposing of the body may indicate whether the death resulted from a suicide, or a miscarriage, or whether it is a child, the death of a chief or a witch.

Johnson (cited in Eisenbruch, 1984) reports that until the 1920's the Yoruba of Nigeria simply threw their dead babies into the bush outside the village where they were prey for jackals because dead babies' spirits were considered dangerous to their bereaved parents. Among the Vha-Venda, culture forbids that women of child-bearing age participate in the funeral of a newly-born baby. The baby is buried in a standing position for if they are made to lie down, the mother may not be able to have another child in future.

2.7.2 The relationship of the bereaved to the deceased

Culture defines who is the principal mourner. Intense grief at a funeral by someone not perceived to be entitled to do so may be interpreted as guilt feelings. In cultures where death is seen as caused by someone, such an unauthoritised or 'unqualified' intense mourner might be suspected of

witchcraft and held responsible for the death. When the researcher's uncle was killed in a motorcycle accident in 1977, a community traditional inquest was carried out with the healer to find out who caused the death. The healer did not divulge the name but said the culprit was a woman who would, on the funeral day, be crying most intensely. Such assumptions place mourners and their supporters in a quagmire: people may genuinely grieve out of sympathy for the principal mourner or because the death reminds them of their own major loss. This also shows a misunderstanding of the nature of grief and other human attachments, and essentially tells people that they ought not to be experiencing what they actually are experiencing (Corr et.al. 1997). Besides, it also undermines the rest of the community's grief and the need to be supported, as individual therapeutic interventions often target only those who are considered to be entitled to experience the actual loss and not others who actually experience it for other reasons.

2.7.3 Age and gender of the bereaved.

Over and above the specific obligations for certain categories of members of the bereaved family, there are also age and gender variations. Elaborate purification rituals mostly target widowed women rather than their male counterparts. A widow is, in most African cultures, allotted a new husband from among her deceased husband's relatives. By contrast, a widower is free to choose a wife even from outside the family. Men are also not expected to express their grief publicly. In the Northern Sotho culture, a man is said to be like a sheep, and must therefore not cry overtly. The expression used is "**Monna ke nku o llela teng**". Keeping a 'stiff upper lip' is a male macho role which often interferes with men's expression of grief. Traditionally, Venda children are not expected to grieve. Intervention practices for bereaved

children do not therefore focus on their healing, but rather on helping them forget the deceased. The prescribed ritual for this purpose is called **vhulivhadza** (make-to-forget).

Stayt (1968) has observed the pivotal role played by diviners in the performance of death rituals among the Vha-Venda. The healer divines a site for the grave and also indicates who, among the survivors, should be the first to touch the corpse. Post-burial purification rituals are also exclusively the healer's responsibility. Rosenblatt (1997) challenges psychologists who have in recent years, begun to use rituals to support survivors in times of crises and loss. The use of rituals should remain the priesthood's prerogative. It may be more appropriate for psychologists to work with priests rather than to compete with them. The unique character of each party needs to be acknowledged and respected.

2.8 The role of African Indigenous Churches in grief counselling.

Counselling services in any country, including South Africa, are conceptualized within the traditional counselling and psychotherapy endeavours. These services are offered through the practice of psychology, social work and psychiatry, mainly through the traditional one-to-one contact. In South Africa registration with the Health Profession Council of South Africa is a prerequisite for mental health practitioners such as psychologists. According to Dyer & Vriend (cited in Jacobs , Harvill & Masson1994), professional counsellors are not delivering. What they mean is that not enough clients are being reached by counsellors via the traditional one-to-one contact. Another important issue is the scarcity of psychological and other mental health services in historically disadvantaged communities.

Although the importance of psychological services cannot be underplayed, it is acknowledged that only a small fraction of the help provided on any given day comes from professionals as communities are filled with informal helpers. Many people provide some kind of counselling within their respective communities. Friends, relatives, elders and community leaders are, for example, often found to be assisting people with problems of living.

Griffith & Maly (1984) acknowledge the important role played by Black churches in the West Indies in providing psychological help to their members. Hattie (cited in Edwards, 1999) also reports that there is substantial evidence that untrained mental health workers are at least as effective as, if not more effective than, professionals. In South Africa, African Indigenous Churches (AICs) are found to be servicing a large percentage of the population in mental health services. Mental health services among AICs is part of the holistic communal spiritual form of healing. It is also estimated that the current membership of AICs is 10 million in South Africa only. AIC healers - prophets and faith healers - constitute the largest group of South African community helping resources (Edwards, 1999).

Community psychologists cannot afford to give modest attention to AICs' ability to provide psychological help to their members. Their therapeutic techniques need further investigation and documentation so that they can be integrated with other approaches in order to meet special situations of the majority of South Africans who cannot afford the high cost of mental health care. In addition, the stigma that is attached to psychological and psychiatric care and world views of these communities often make it easier for churches to be their source of psychological sustenance. It is for this reason that

Griffith & Maly (1984) emphasise the importance of understanding the mechanisms that individuals employ in Black churches for psychologically helpful purposes. It will be useful to identify in them what is useful rather than to focus on what is easily criticised. With this kind of understanding, one may be able to plan more effective community intervention strategies.

In an endeavour to understand community grief counselling intervention practices, the researcher did a case study of Zion Apostolic Churches in Venda, in the far northern region of the Northern Province.

2.8.1 Grief Counselling in African Indigenous Churches in Venda: A case study of the Zion Apostolic Church

Bereavement, which is the process of coming to terms with profound feelings of loss, dealing with them, and beginning to live again - is a shared experience among the “**Ma - apostola**” (members of the Zion Apostolic Church). When death is announced, church leaders as well as members, neighbours and the community at large flock to the family where tragedy has struck to verify the news and assure the bereaved of their support. Involvement of various stakeholders ensures that intervention or the support offered is holistic. **Ma-apostola** understand grief as a multilayered phenomenon which affects the surviving family emotionally, physically, cognitively and behaviourally. The Venda expression for the loss of a loved one through death is “*u zhakiwa nga madinga*” (to be crushed by a wall). Community members provide their labour while church leaders see to the psycho-spiritual counselling of the bereaved.

Approximately five to six days before the funeral, a tent is pitched in the homestead of the deceased. Neighbours, relatives, church members and the

community at large gather for prayers every evening. Scripture reading is the responsibility of church leaders as they alternate in sharing the platform. The theme of death as part of the life cycle and an inevitable outcome of life is reiterated and the reality of hell and heaven is emphasized. Sinners are admonished and challenged to repent while believers are encouraged to hold on to their faith and persevere in tribulations. Good memories of the deceased are frequently brought to the congregation's awareness, lest focus be lost of the purpose of the gatherings. Each evening church services lasts for at most one hour.

Mulindelo (night vigil) is held the night before the burial. The next of kin of the deceased stay in-doors with the corpse while everyone else goes under the tent. One of the church leaders will open the scriptures, give a key note address and open the programme for everybody to share the word of God. He then expresses condolences to the bereaved family. Varying themes, lengthy sharings and emotional breakdowns by performers are interspersed with songs. Singing varies from funeral dirges to songs of encouragement and hope for the future. There is sometimes a youth choir to break the monotony of the long night. Some speakers often find it necessary to mention their relationship with the deceased and how the loss is impacting on them.

At the break of the day, church leaders take over the service. Prayers are offered to the bereaved who, for the best part of the night, stay near the corpse. The coffin is then put at a place where people are, for some time, allowed to come and have the last look at the deceased. This is called **u tovhowa**. This ritual is more than merely looking; it is supposed to be a careful final viewing of the deceased. There is always an elder close by the

coffin who time and again reminds viewers that the deceased is, by the way, never to be seen again. This ritual is followed by a more formal service under the tent, followed by the burial.

The burial is followed by a purification ritual called **u bvisa madinga/ u handulula**. (“Unstrapping survivors from underneath the wall that has crushed them or to release them”). Holy water is sprinkled all over the homestead and the kraals. The clothes of the deceased are washed and kept safely for distribution to survivors at a later stage. It also becomes necessary to purify the surviving spouse with **tshiwasho** (holy water) in order to ward off some bad luck. It is expected that for a period of twelve months, the chief mourner will be wearing funeral clothes (personal communication: Vhafunzi Vho-Ramaru, October 1999).

At the end of the mourning period, which is twelve months for the surviving spouse, a ritual called **u bvula dzinguvho** (removing funeral clothes) is observed. The widows’ mourning clothes are burned and people who came to rejoice with them will shower them with gifts. The beginning of a new life is celebrated. This is also a time for public announcement that the surviving spouse is now free to interact with people and to even remarry if they choose to.

Death rituals as practised by **Ma-apostola** take the bereaved step-by-step through the grief process. Although the next of kin of the deceased are made aware of the fact that their injury is the community’s injury, cognisance is taken of the fact that much of the grieving depends on the closeness of the relationship between the bereaved and the deceased. More intense support is offered to those perceived as entitled to the grief for a period of at most

twelve months.

African Indigenous Churches have the potential to educate, influence, and support their members from birth to death. The practice of death rituals as part of grief counselling is a source of valuable support to the society in general and to the surviving families in particular. The decline in mourning customs has been related to the decline in valuable communal support for the bereaved (Littlewood, 1993). This suggests that people in cities where mourning rituals have for some reasons been abandoned or reduced in intensity are more isolated from emotional support provided by neighbours, relatives and the community than those in rural areas, where such customs are still being followed.

2.9 A MODEL FOR COMMUNITY GRIEF COUNSELLING

Death is an inevitable part of life experience. As a maturational crisis, it completes everybody's life cycle. One of the reasons why people volunteer for support to the bereaved is the knowledge that death is a certainty for everyone. There is always some awareness that the support that we offer others during their time of loss is what we expect others to offer our loved ones when we die. This idea is succinctly captured in Tshivenda as follows: **Ufha ndi u fhahea** ("giving is investing"). There are others who participate in the bereavement and grief counselling with a personal agenda to deal with their own unresolved grief issues. In this sense, grief becomes a shared experience for the next of kin of the deceased and the wider community.

It is therefore not enough to facilitate the grief work focusing only on the principal mourners and the next of kin. Intervention need therefore transcend the conventional counsellors' or therapists' dependence on the one-to-one

interaction with clients as their sole method of treatment. According to Lewis & Lewis (1989), this mode of intervention is being called into question. Its serious limitation is that it is myopic as it concentrates on the individual's intrapsychic functioning to the exclusion of environmental influences. They further argue that traditional Western-style counselling and psychotherapy have a narrow focus and therefore tend to waste human resources. The challenge of community psychologists is to devise strategies to share psychological knowledge with a wider spectrum of the communities that they serve through group work. They need to take on roles that may extend beyond what professional helpers have traditionally been trained to do (Lewis & Lewis, 1989:8).

2.9.1 Life-skills education in grief counselling

In times of loss, there is often confusion and uncertainty regarding behaviours that are helpful or not helpful. Community members often dread giving condolences to the bereaved, fearing that their words may be inadequate. Humphrey & Zimpfer (1996) regard education as an important component of grief counselling. Studies reveal that people cope better with life challenges when they are armed with appropriate information and expectations. In the case of grief counselling, education is considered a basic tool of knowledge. It helps to arm communities with an understanding of grief and knowledge of what to expect in such circumstances so that they can face it more openly and less fearfully, thus reducing the survivors' resistance to confront the pain that is associated with grief (Sanders, 1992).

Life-skills education has been found to be an important adjunct to face-to-face counselling for purposes of community outreach. According to Bloom

(1984), much human misery appears to be the result of a lack of competence, that is, a lack of control over one's life, a lack of effective coping strategies and a lowered self-esteem that accompanies these deficiencies. He further argues that psychosocial competence or life skills enhancement efforts call for alliances between researchers interested in human development and those concerned with community intervention. Rooth (1995) advocates that life-skills are necessary for successful living and learning. They are coping skills that can enhance the quality of life and prevent dysfunctional behaviours. The following definition by Pickworth (1989:19) is helpfully inclusive: "Life skills are life coping skills consonant with the development process, namely those skills necessary to perform tasks for a given age and sex in the following areas of human development: psychological, physical-sexual, vocational, cognitive, moral, ego, and emotional." Training in life-skills should therefore involve complex and important areas of human functioning. A working definition of life-skills in this research will therefore be the following: Life-skills are competencies needed for individuals to successfully interact with their environment and people, while accomplishing developmental tasks appropriate for their respective ages.

It was Winthrop Adkins, a professor of psychology and education at Columbia University and his associates who coined the term 'life-skills' in the 1960s (Gazda, 1984). The concept originated in training and education. It evolved from many themes and disciplines during a time when a change in emphasis occurred from mental illness to facilitating mental health, from remedial to preventive measures and from professional exclusivity to the involvement of lay people and helpers. These changes in emphasis paved a way for giving principles of psychology to a public which was developing a growing interest and desire in the discipline. This paradigm shift is

compatible to what Edwards (1997) describes as one of the early central themes of community psychology, namely giving modern scientific psychology to the people.

2.9.2 The rationale for life-skills training in grief counselling

Life-skills training takes acquiring and maintaining psychological wellness, rather than psychological disturbance, as its starting point. Clients or communities that are being served do not have to be sick or to fit into a category of the Diagnostic and Statistical Manual of Mental Disorders - Revised (DSM IV - R) to benefit from training. Strumpfer (cited in Bodibe, 1998) advocates for an inculcation of behavioural repertoires supportive to health rather than trying to undo the aftermath of maladaptive ways of behaving. This approach uses principles of the psycho-educational model, whereby the psychologist becomes an educator or teacher rather than therapist or counsellor (Ivey & Simek-Downing, 1980).

Although grieving people often exhibit a constellation of depression-like symptoms, there is some consensus that grief is not a disease. Individuals experiencing grief are distressed, but they are not ill. In his paper on 'Mourning and Melancholia', Freud (cited in Osterweis et.al, 1984:18), made a persuasive distinction between grief and depression. He contended that most people in a grieving state feel there has been a loss or emptiness in the world around them, while depressed patients feel empty within . Grief is otherwise a normal reaction to loss. The idea of a well-defined process that a person goes through in adjusting to the death of a loved one renders grief counselling more adaptable to life skills training. Underlying life-skills training is the assumption that in any community, some members are likely

to have similar problems. It is a mode of intervention whose major proposition is that there are certain recognized patterns of behaviour in most crises. Services in this regard will therefore entail running programmes that provide direct assistance to communities that might be at risk for developing mental health problems subsequent to bereavement. Skilled grief counselling has been found to have significantly improved the outcome, particularly if introduced early and promptly for individuals considered at risk (Thompson, 1995).

2.9.3 Design considerations in a grief counselling life-skills training programme

Life-skills training is an egalitarian approach that assumes that everyone, regardless of age, sex, race, colour or creed has the potential for growth and the right to personal maximization of competence. Training is based on psychological learning needed to help people cope with predictable developmental tasks (Adkins, 1984). Focus is on developmental competencies that are more life-stage specific. Competences enhancement or life-skills training is a shift from a paradigm described by Bodibe (1998) as pathogenic (what makes people unwell) to psychofortology (the study of the origins of psychological well-being). The approach is based on a psycho-educational training model whose main characteristics are the use of didactic, instructional and audiovisual techniques to train individuals in interpersonal, prosocial or other personal skills which are adaptive for daily living. Psycho-educational training is consistent with the philosophy that individuals could be trained in advance to meet life's challenges, therefore necessitating less need for remedial action at later points (National Council for Mental Health: Life-skills for Self-Development, 1986).

Orford (1992) contests that community psychology is about understanding and helping people in their natural setting and social systems. Trent & Herron (1999) suggest that the motto in health promotion should be to involve and inform. In other words, if one needs to design relevant grief counselling programmes for purposes of community outreach, one needs to ensure that programmes are:

- developed in active collaboration with the community;
- appropriate to the targeted community's religion and world views;
- consistent with the community's life-style and culture.

All the above factors put together demonstrate respect for the community's identity, values, culture and available coping resources. Levin (cited in Edwards, 1997) proposes that community help should have the potential for being systematized through using natural resources of the setting. Madima (1996) advocates culture-compatible devices in life-skills training.

It has, for example, been observed that music plays an important role in grief counselling in African Indigenous Churches (AICs). Music is not only used among the AICs, but also in the training of traditional healers and other ceremonial rites such as **malombo** dance (ancestral worship). A great deal of attention is paid to singing, drumming and dancing. Rhythms, songs and dances are believed to induce a state of consciousness which facilitates communication with the ancestors (Sodi, 1996). Bunt (1996) also believes that music links with our innermost emotional, spiritual, and most private selves. It has, as a result, been used extensively throughout history as a healing force to alleviate illness and distress. In view of the fact that singing

comes naturally for Africans, the development of music as a therapeutic technique can help enhance this readily available resource. More awareness of the power of music can bring heightened intentionality for its utility as a unique mode of self-expression.

According to Corr et.al (1997), education in grief counselling is intended to enrich the personal lives of those to whom it is directed. It tries to help them to understand themselves, to appreciate their strengths and their limitations as finite human beings and, while we cannot control everything, there are moments associated with loss over which we can have significant influence. While the need for education cannot be overemphasised, it is also important for facilitators to keep in mind the variations in terms of bereavement reactions. Community educators must be alert to those individuals who are unable to deal with their experiences on their own. For such individuals, life-skills training may not be sufficient to address their fears, anxieties and all forms of grief reactions. Such situations call for personal counselling or therapy. Life skills training is therefore not intended to take the place of one-to-one counselling and psychotherapy. Rather, it is an endeavour for helpers to develop expertise in areas that go beyond their formal training. This calls for helpers to pursue the understanding of themselves, their clients, and their clients' environment, and its effect on them (Meir & Davis, 1992). Community psychologists thus become perpetual learners, adapting and developing their skills to suit community needs.

2.10 RESUME

The point of departure of this chapter is a historical overview of grief as a subject of study. Common themes in death studies are identified. Grief is delineated as a multilayered phenomenon which affects survivors in all areas of functioning, including spiritual faculties. Available literature on the subject gives evidence of grief as a process, which, though not linear in structure, follows a fairly predictable pattern. This process, which, among other things, facilitates one's expression of their feelings, is, in most cases, guided by cultural expectations through pre- and post-burial mourning rituals. The explanatory model discussed in this chapter portrays various tasks that are necessary for the completion of the grief work: cognitive, affective, behavioural, and valuational tasks. Death rituals are shown to be facilitative for the mourners' completion of the grief process. A section on cross-cultural aspects of mourning rituals is illustrated by a case study of the Zion Apostolic Church in Venda. The chapter closes with a discussion of life-skills training as an important adjunct to the one-to-one intervention in community grief counselling, and some suggestions for programme design are made.

In this study qualitative research methodology will be used to investigate survivors' experiences subsequent to the loss of their loved ones. The rationale for the researcher's choice of methodology will be discussed in the next chapter.

CHAPTER 3

METHODOLOGY

3.1 INTRODUCTION

This research grew out of concern with ways in which people who are bereaved come to terms with their loss and the ways in which they are helped in communities in their endeavours to cope. The aim of this study was therefore to understand the experiences of grief as encountered by survivors. Focus will be on clarifying the nature of these experiences, the process involved in coping with them, and the support offered to them following their loss.

3.2 Research Design

3.2.1 Rationale for a qualitative approach.

There are several valid reasons for doing qualitative research, one of which is the conviction of the investigator based upon research experience. Sometimes a researcher may want to obtain a more holistic picture of what goes on in a particular situation without using the monopoly of numeric methods to produce ideas. Some researchers come from scientific disciplines that adhere to philosophical orientation such as phenomenology, whose use has yielded satisfactory results (Strauss & Corbin, 1990).

Qualitative research designs have become increasingly important modes of inquiry for social scientists. Kvale (1996) considers qualitative research to be sensitive to the human situation and thus involves an empathic dialogue with the subjects being studied. Qualitative data also provides both

contextual information and a rich insight into human behaviour. This naturalistic endeavour to know how people understand their world and their life is consistent with the phenomenological model in community psychology. The phenomenological model lays emphasis on communal relationships. Edwards (1997:6) regards the phenomenological model as the basis for all other approaches in community psychology as it “embraces persons in their diversity as well as uniqueness and universality as the main resources of their community.” Similarly, qualitative researchers treat the uniqueness of individual cases and contexts as important to understanding. Their starting point is human experience. Stevens (1995:28) argues that the qualitative approach to research in social sciences is ethically more appropriate as it takes into account the everyday explanations of ordinary human beings without alienating their experiences from their own social reality.

Qualitative research is best suited for the research topic in this study. McLeon (1996:66) argues that qualitative research is a methodology of inquiry that builds around the collection and analysis of accounts of stories that people offer regarding their experience. The strength of this approach for a community psychologist lies in the fact that it focuses on the insider’s view. It attempts to make sense out of the social world of the people being studied while reconstructing their view of that world. Through this approach, the researcher was able to accumulate sufficient knowledge that leads to the understanding of the researcheds’ grief experience as well as the help that was offered them subsequent to their losses. In a research of this nature, respondents are often encouraged by researchers to reflect on personal issues and they may therefore feel exposed and vulnerable (Oskowitz & Muelenberg-Buskens, 1997:83). The researcher’s empathy was therefore invaluable.

3.3 Aims

The aims of this study were as follows:

- (a) to explore the reactions of the bereaved to the death of a closely-related family member;
- (b) to gain a more accurate understanding of what the loss meant to them;
- (c) to describe the community intervention and social support that the bereaved received subsequent to the loss;
- (d) to describe the experiences of the bereaved of community intervention practices as well as examine coping strategies that they learned from such interventions .

3.4 Sampling

The chosen questions for the study required appropriate informants who had experienced the phenomenon being explored, namely grief. Participants were all in a position to articulate their conscious experiences. According to McLeon (1996), it is difficult to carry out effective qualitative research with very large samples, because as sample size increases, so does the difficulty of doing justice to the voluminous data that is being produced. The number of participants selected was therefore suited to providing the in-depth focus necessitated by the subject of inquiry.

Using a purposive sampling approach, the researcher selected participants based on maximum variations in terms of their age, gender, relationship to

the deceased, the cause of death, and the nature of support received subsequent to their bereavement. Bailey (1987) describes purposive sampling as a procedure of picking on those subjects who, according to the researcher's judgement, will meet the purposes of the study. It therefore became the researcher's prerogative to select and make personal contacts with subjects whom she considered appropriate for her of inquiry. What the subjects had in common was that they had experienced the death of a loved one in their life time and that they were part of the University of Venda for Science and Technology's community, as students, staff or parents. In order to understand some of the community interventions which subjects underwent, the researcher participated in and observed a night vigil of one of the AICs (African Indeginous Churches) in one of the villages. She also arranged for a video recording of another night vigil (**mulindelo**) in which she did not participate. Further enhancement of her understanding was facilitated by her personal communication with a traditional healer.

The researcher's professional background put her in a good position to access participants. Some of the participants had consulted at the Student Counselling and Guidance Bureau of which the researcher is head, with problems other than grief. She avoided using people whose presenting problems were directly related to her subject of inquiry. This, it was feared, would interfere with her role as a researcher. The participants were briefed about the nature of the study and requested to identify potential participants who might wish to be part of the inquiry. Table 3.4 presents a profile of each of the ten (10) participants. Pseudonyms have been used to preserve the research subjects' anonymity.

Name	Age	Gender	Occupation	Religion & Denomination	Relationship to the deceased	Cause of Death
Carol	27	F	Student	Charismatic	Mother	Brain Tumor
Jane	36	F	Student	AIC	Husband	Shot in Taxi Violence
Khathu	23	F	Student	AIC	Twin Brother	Epilepsy
Mary	42	F	Staff	Lutheran	Ex-Husband	Septicaemia
Mashudu	25	M	Student	AIC	Mother	Embolism
Richard	28	M	Student	African	Brother	Not Known
Sara	62	F	Pensioner	Charismatic	Son	Killed in Detention (Multiple Injuries)
Shaka	22	M	Student	AIC	Mother	Suicide
Thina	49	F	Staff	Lutheran	Co-Wife	Anaemia
Tshilidzi	35	F	Staff	African	Baby	Miscarriage

Table 3.4: Research subjects’ profiles

3.5 Method of Data Collection and Rationale

Qualitative interviewing was chosen as the method of data collection. Rubin & Rubin (1995) describe interviewing in qualitative research as an extremely versatile approach. Interviews build on the conversation skills that the researcher already had. The researcher was able to understand experiences of interviewees as well as reconstruct events in which she did not participate. Chirban (1990) states that an interview, in the true sense of the word, gives

“an inner view”, of the interviewed person. This term signifies the active search for a full understanding of a person’s life. Brenner, Brown & Carter (1985:3) define qualitative interviewing as “any interaction in which two or more people are brought into direct contact in order for at least one party to learn something from the other.”

There are several reasons why one would use interviewing as a qualitative research procedure. In this study, the central task of interviewing as a research tool was to comprehend the emotions, behaviours and interpretations of the bereaved, as well as their needs following the death of their loved ones. How their needs were met through community support services also formed part of the researcher’s focus of inquiry. Data that is collected in qualitative research should be rich in description of people and places. Qualitative interviewing has been found to be useful in cases where subjects cannot be directly observed. In this study, survivors’ self-reports have been used to figure out how they perceived the death of their loved ones and how they adapted or were adapting to their loss.

A semi-structured interview was used in which the interviewer took responsibility for much of the direction, leadership, asking questions, probing and following up on answers. Creswell (1994) describes semi-structured interviews as flexible, and therefore allowing for the researcher to modify and pursue unexpected insights. For feminist scholars, qualitative interviewing is perceived as the solution to breaking the silence of the oppressed. In this study, it allowed the researcher to tailor questions to the position and comments of each interviewee and thus validated their feelings and thoughts individually. It was also possible, to some extent, to adapt questions to suit each respondent’s situation. Major determining variables

in this regard were the participants age, level of education and language of preference. The interviewer was also able to monitor and verify if the informants understood the meaning or wording of questions while checking out her own understanding of what the informant disclosed by reflecting back at regular intervals (McLeon, 1996:6).

3.6 Procedure

Interview appointments were secured with each of the participants through personal contacts. All interviews were conducted in a place mutually agreeable to interviewees and the interviewer. Research objectives were explained, while each interviewee's prior consent was sought to audio-tape interviews. The researcher emphasised her role as a student who wanted to learn certain things from interviewees which she thought would enrich her work as a community psychologist. This she used as the basic rationale for using the audio-tape. Tape-recording was essential in that it helped the researcher to capture the best possible record of the interviewees' words, especially because interviews were the main source of data collection in this study.

Before commencing with each session, the researcher alerted participants about the sensitivity of the proceedings especially in as far as questions were going to take them back to situations in their life when they experienced pain. They were informed that they were not obliged to continue with interviews if they did not want to, nor to answer questions which they felt they could not or did not want to answer. Participants were reassured that their responses would be kept confidential. The fact that participation was voluntary was stressed. The researcher also provided participants with information

regarding her credentials. This was meant to reassure them that she had the capacity to contain any emotions that could be triggered by the proceedings and that given her skills as a psychologist, they were safe.

All ten participants consented and were interviewed individually for at most one hour. With some participants, follow-up interviews became necessary. Questions relating to the age of the deceased at the time of death, their relationship to the interviewee, when they died and how the survivor got to know about the death opened each interview. Transcriptions were done by a partially sighted senior student who, in the researchers opinion, was conversant with this process. Close repeated listenings to recordings while reading through each transcript was done by the researcher to ensure that they were accurately captured. The method of capturing the interview data was augmented by note-taking immediately after each interview. The researcher ensured that the physical environment within which interviewing took place was conducive for subjects to feel safe to express themselves and also to accommodate sensitive moments when they occurred. Eight participants were interviewed at the interviewer's office, one at the subject's home and one in the interviewee's office.

In all instances, there was no difficulty in soliciting co-operation from the participants. According to Banister, Burman, Parker Taylor & Tindall (1995:2) qualitative research is the interpretive study of a specified issue or problem in which the researcher is central to the sense that is made. The researcher is the most important instrument, not only for the research to be trustworthy, but for the purpose of facilitating an in-depth conversation to occur. The need for the researcher to empathise cannot be overemphasised as it elicit in-depth descriptions of respondents personal experiences (Hunt

& Edie, 1987). In this study, the researcher's training as a psychologist appeared to have facilitated the interviewing process, particularly in providing support and containment to interviewees as and when it was required. Each interview was concluded by the researcher informing participants of counselling options in the event that they might require intervention subsequent to their participation in the research. They were also thanked for contributing to the present study and informed that they might be contacted in case the researcher needed clarity about anything relating to data collected.

3.7 Data analysis

Qualitative inquiry is generally defined as research built around the collection and analysis of the accounts of stories that people offer regarding their experience. Data are words rather than numbers. The goal is to illuminate and clarify the meaning of social actions and situations; the outcome is understanding rather than explanation (Maykut & Morehouse, 1996). The researcher's task is therefore to immerse herself in the acquired material until the essence of what it means, - its essential meaning - becomes clear. This process is preceded by coding.

Data analysis in qualitative interviewing is exciting because the researcher discovers themes and concepts embedded throughout the interview (Rubin & Rubin, 1995). Similarly, in this study, data analysis began while interviewing was still under way. During each interview, the researcher identified areas of the conversations which needed to be examined in detail. This preliminary analysis helped in the redesigning of questions that focused on central themes as subsequent interviews continued.

After the collection of voluminous descriptive material, the researcher coded it. Coding is the process of grouping interviewees' responses into categories that bring together similar ideas, concepts or themes that have been discovered (Rubin & Rubin, 1995:238). In this study, coding started while the researcher was still conducting interviews as she intentionally followed up themes and concepts as they emerged throughout the conversations. In actual fact, the interviewing largely facilitated the coding in the sense that it was not a haphazard process. Though flexible, it was kept focused to the subject of inquiry.

Final data analysis followed guidelines as suggested by Miles & Huberman, (1994); Rubin & Rubin (1995); and Maykut & Morehouse, (1996). All transcripts were first photocopied and thereafter perused. After going through all transcripts, concepts and themes were pulled out and then categorised. In order to be able to distinguish each interviewee's responses, each one of them was labelled. All the responses of Carol, who happens to be respondent number one, were, for example, labelled as C. Different coloured pencils were used to mark various themes on transcripts. Colouring served, among other purposes, to stimulate the researcher as she was doing this rather laborious exercise. The colour red was, for example, used to mark interviewees' reactions to the news about the death of their loved one. Following this order, Carol's transcript in this regard was then labelled as follows C1/R (C: Carol; 1: Respondent number 1; R: Reaction to the news of the loved one's death) and then coloured across with a red pencil. Once labelled and marked, transcripts were cut and pinned together according to different colours which also denoted categories of themes.

Not only was coding data into various categories generated from interviews; it was also informed by the chapter on literature review (chapter 2), the AIC's night vigil, the researcher's observation of the video-recording as well as her personal conversation with the traditional healer. All these sources yielded the following categories:

- The survivors' relationship to the deceased and how they were informed about the death of the loved one.
- Their reaction upon hearing the news.
- The cause of death.
- The support offered them and the accompanying rituals.
- The survivors' evaluation of the support offered.

3.8. Provision for trustworthiness

Qualitative research is trustworthy when it reflects ideas of the participants (Holloway, 1997). In order to ensure this, the outcomes of this study were communicated to participants. They were asked whether some of their grief experiences and the support that was offered them had been accurately captured. Some underlying themes for interventions were also verified against the researcher's personal communication with the traditional healer.

3.9 Ethical considerations

There is substantial individual variation in terms of specific manifestations of, and the speed with which people move through, the grief process. According to Gilliland & James (1997), people can never recover from such

major losses as the death of a family member or close friend. Similarly, it was expected that an intrusive study such as this could be overwhelming for interviewees, with possible regression for some who incorrectly thought they had resolved their grief work. Consideration was therefore given for the ethical interests of participants through the following procedure:

- Informed consent: consent was obtained from each interviewee to participate in the study and permission sought to audio-tape conversations.
- Confidentiality: explanation of the procedures to be followed in protecting the participants' identities was given.
- Protection from emotional harm: the researcher offered to either provide counselling to participants if required or to refer them to someone who could assist them if they would rather not work with her.
- Feedback: the researcher offered to share the results with participants.

3.10 RESUME

Briefly, this chapter elaborated on how the researcher carried out the investigation. It covered a description of three basic subsections of a research methodology section: sampling, method of data collection, and method of data analysis. The last section entails the researcher's ethical consideration of the researched. The next chapter will cover the presentation of relevant data.

CHAPTER 4

REPORT

4.1 INTRODUCTION

Qualitative research is a field of enquiry in its own right. It is interpretive, holistic, naturalistic and uninterested in correlations between variables. Qualitative research design implies an interactive, cyclical relation between data collection and data analysis, alternating continuously and influencing each other. Reporting is not separate from analysis; rather is analysis (Denzin & Lincoln, 1994; Smaling, 1992; Miles & Huberman, 1994).

This chapter presents what the interviewees described about their grief experiences. Excerpts from interviews are used to illustrate various phases of the respondents' experiences. The reader is also invited to be co-analyst - to weigh the researcher's interpretations and perspectives against the participants' responses (Rubin & Rubin, 1995; Suffla, 1996).

Qualitative research is rich in the description of both places and people. It is always concerned with contextualising the process of constructing meaning (Meulenberg, cited in Sibaya, 1999). In order to put the responses into context, the world of each of the respondents is first described.

4.2 SUBJECTS' PORTRAYAL

The setting of this research is the University of Venda for Science and Technology. Eighty percent (80%) of the interviews were conducted in the researcher's office, which is also her consulting room. The consulting room is quite private, neat and meticulously furnished. The researcher is a

practising counselling psychologist whose strengths in this undertaking have been her skills, her calm disposition, and her ability to speak and write English, Lu-Venda and Northern Sotho.

Respondent 1: Carol

Carol is a 27-year old post-graduate student who associates her past with pain and losses. She is a victim of incest, and her mother died when this student was 16 years old and very pregnant. Within a month of her mother's death, she gave birth to a baby boy.

In view of her physical condition during her mother's death, tradition forbade her to be either informed about what had happened, or participate in any of the rituals, including the burial. At the time of this interview, she had never been to her mother's grave. Although she was made to understand that all was done for purposes of protecting her unborn baby, she thought that her family was just being punitive. Some family members blamed her for her mother's death as she became pregnant outside wedlock. She thought it was unfair that her family could focus on her forthcoming baby and be oblivious of her status as the first-born child to the deceased.

Carol suspected that her siblings were involved in all the necessary rituals. As for herself, she still felt that people owed her some explanations with regard to what happened to her mother. There was a time when they took her mother to a traditional healer. She wants to know why they did that as she knew that her mother had a brain tumour.

During the interview, Carol was tearful yet verbose. She sobbed when she was asked about her first reaction to her awareness of her mother's death.

She has since opted for therapy to help her deal with and resolve her losses.

Respondent 2: Jane

Jane is a 36-year old widow in her final year of a B.A degree. She lost her husband in January 1999. As a result, she suspended her studies for the whole of 1999 to mourn him. Her husband was a victim of taxi violence. With regard to pre- and post-burial rituals, Jane was torn among diverse expectations concerning which culture to follow. She is also a devout member of the Independent Pentecostal Church (IPC), one of the AICs commonly known as Modise's church.

Her early bereavement, mourning, transition and re-incorporation were characterised by conflict of expectations from her church, her in-laws and her family of origin. She decided to obey whatever the trio agreed on. Despite her conflict-ridden situation, Jane was able to assume a safe stance from which she could maximally utilize all the resources at her disposal. She managed to solicit support from all parties as and when she needed it. Jane was interviewed twelve months after her period of mourning her husband. She came across as well-integrated in all her faculties. Even though she had complied with what tradition and the church expected of her as a young widow, she still saw herself as someone who had a choice in terms of who to marry. Jane's major adjustive challenge was being re-incorporated at the university as a widowed student.

Respondent 3: Khathu

Khathu is a 23-year old post-graduate student who lost her twin brother in January 1999. She linked the death of her twin brother to two other losses in her life: the abduction of her nephew and the death of her father in 1995. The loss of her twin brother, she said, was exceptionally painful.

When Khathu's father died, the family protected her by keeping her uninformed until a day before the burial. The rationale for this was that she was busy with her final examinations and it was feared that she might therefore not cope. She thought this was not proper even though it was meant to protect her. This experience made her curious and worried about how she wanted to express her grief over her brother's death.

Even though she has accepted her brother's death, she still does not understand why any normal person would bewitch someone like him who was not even gifted intellectually. At the time of his death, he was still grappling with matric. Khathu concluded that people who bewitched her twin brother were probably jealous that he was always very neat. The deceased was epileptic and it is alleged that prior to each attack he would sense the witches coming to attack him. Losing a twin brother was tantamount to having lost a part of herself. She had since been feeling a sense of incompleteness and she felt that things would never be the same again.

Khathu came across as someone with a strong sense of injustice because of what she perceived to be the cause of her brother's death. She was quite open and spontaneous about her grief experience. Her voice however remained tense throughout the interview.

Respondent 4: Mary

Mary is a 42-year old professional woman who lost her ex-husband in February 1999. Upon hearing the news, she decided that she would contribute financially toward the burial. The family of the deceased had different plans, as they also expected her to take up the role of principal mourner. To her amazement, they further asked her to undergo the post-burial purification ritual together with her children.

The community traditional inquest implicated the woman the deceased was going out with, alleging that she was a witch. Other family members however blamed Mary for having left him, thus subjecting him to undue stressors. Mary did not take these allegations personally as she knew her ex-husband's condition quite well. Despite her willingness to participate in, and contribute toward her ex-husband's burial, Mary expressed discontentment and anger toward the deceased's family. She felt that they used her to achieve what they wanted, namely a decent burial for their relative and save the family the expenses involved. They were not even eager to give the necessary support to her and her bereaved children. Immediately after undergoing the post-burial purification rite, Mary met the family of the deceased and told them how she felt about their behaviour. This was quite cathartic for her.

When she was reassured that pseudonyms would be used to preserve her anonymity as a research subject, Mary said she would not mind her name being disclosed. She expressed her willingness to share her story with anyone who could benefit from it. She was relaxed during both interviews and reassured the interviewer that she would not break up during sessions

as she had dealt with her grief.

In her deceased ex-husband, Mary said she actually lost a husband. She was still hoping that they would reconcile. There is also a part of her that is happy for him that he is relieved from suffering as she knew about his medical condition. She nevertheless will miss him.

Respondent 5: Mashudu

Mashudu is an undergraduate student who lost his mother in February 2000. Postmortem examination diagnosed embolism as the cause of death, but traditional inquests revealed that she had been turned into a zombie. Mashudu thought that his mother was physically attacked by people who were jealous of her position as national secretary of the church. A prophet confirmed his suspicion and assured him that he would severely deal with perpetrators. At a time of this interview, Mashudu was still very angry with the alleged perpetrators.

Despite his own chagrin, Mashudu found the interview more revealing than he actually expected. He once more asked what the purpose thereof was. During the follow-up interview, he was more relaxed and trusting. He later availed himself for subsequent sessions to help him deal with his loss as well as his anger.

Respondent 7: Shaka

Shaka is a twenty- two-year old student who lost his mother at the age of ten. She had a psychotic breakdown and two weeks later committed suicide. Community inquests revealed that she was being held somewhere as a zombie. Although Shaka concurs with the allegations that his mother was

bewitched, he does not want to think much about the possibility of her still being alive somewhere. He finds this line of thought unbearably painful.

Although he was made to undergo burial rituals, he did not find them helpful. He thinks they only served to promote the beliefs of those who adhered to them. Shaka battled with tears throughout the interview and reiterated that he did not even want to keep thinking about those things. As long as he does well with his studies, Shaka says he copes well with his loss. His unresolved anger revolved around family members who had, since his mother's death, been illtreating him. They also shared the estate of the deceased giving him and his little sister almost nothing.

Despite the "unfinished business" about his loss, Shaka found it better to use distraction to deal with it. He was however a regular visitor to the interviewer's office, often coming to just greet and report on how he was faring with his studies.

Respondent 8: Tshilidzi

Tshilidzi is a 35-year old service staff member who had a miscarriage when she was two months pregnant. Although still in its embryonic state, her husband instructed her to keep the baby safely until the elders arrived. She said that she could have just flushed it in the toilet and gone to the hospital immediately, but culture forbade it.

Rituals that were performed barely focused on her loss; rather they were meticulously done to ensure that she would not lose her fertility. She disclosed that she found some of them rather ridiculous. She restrained herself from laughing for fear that the elders would think that she

deliberately aborted the pregnancy.

Tshilidzi did not express herself as someone who was bereaved. She perceived her role as that of an informant whose role was to educate the researcher about certain things. In her concluding remarks, she mentioned that she was willing to share knowledge, not only of what we spoke about, but also of other traditional rituals that, for example, pertain to adolescence and youth development.

Respondent 9: Sara

Sara is a pensioner whose son was killed in detention almost two decades ago. She related her experiences as though it had just happened. She vowed that she would grieve the loss of her son until she died. Sara related some of her thoughts and feelings with a strong sense of injustice.

She could not see any benefits to the death of her son. Many of those who were together with him “in the struggle” are now driving flashy cars, looking obese from the comfortable life that the new dispensation has afforded them while she is poor. She could not see the point in her son’s death. She still wanted to hear from those who killed him why they did it.

The intensity with which Sara expressed herself did not thwart her spontaneous responses to questions. The interview was conducted in the guest’s bedroom in her house. She had the liberty to sometimes lie on the bed as she complained of a sore arm. At the end of the interview, Sara thanked the interviewer that she did not invalidate her thoughts and feelings. Often when she told people about how she felt about her son’s death, they wondered why she was not over it yet. She planned to have a memorial

service every year to commemorate his death as she believed nothing could separate her from him, not even death.

Respondent 10: Thina

Thina is a 49-years old service staff member who lost her “co-wife” in April 2000. She said that her co-wife, who was junior to her, was no longer her rival. They were friends and fellow-sufferers as they both used to be abused by their husband. The cause of her death was anaemia. Supporters made Thina aware of the probability that she was being implicated in the death. She was told not to worry if she knew she was innocent. Hers was a difficult position as she was both principal mourner and “probable witch”.

The deceased’s family of origin left instructions after the funeral that no inquests should be made. They also did not perform any post-burial rituals on the children of the deceased. Their instructions were violated as Thina’s husband called his cousin who is also a healer to come and perform the rituals. Thina said if this was not done, the children would have been susceptible to heart deceases..

Thina narrated her experience with a great deal of poise. Her position as an elder made her assume the stance of someone who was more knowledgeable. Her descriptions were rich with images, metaphors and similes. She was quite confident and relaxed. She even shared with the interviewer how she had done something similar for a professor who was researching the Venda pubescence rite of passage ceremonies.

4.3 THEMES

Although the identification of themes is to a larger extent a subjective

process, it is grounded in theoretical assumptions as delineated in the second chapter on literature review (Thakhathi, 1995). Themes have been demarcated into five major categories to correspond with research questions. They have further been informed by the usual chronology of what people do upon hearing of somebody's death for the first time.

4.3.1 The survivors relationship to the deceased

The nature of the relationship to the deceased has been hypothesized to influence outcome. This claim is underlined by the theory of human bonds. Human bonds take different forms. There are many ways of conceptualizing them as well as different ways to view the key components of such bonds (Raphael, 1996).

The participants in this study were mostly survivors who were identified as primary attachment figures to the deceased. The major determining factor was their relationship to the deceased. Weiss (cited in Raphael 1996:4) outlines a series of provisions or needs that are normally met in relationships. These include attachment, a sense of security, integration and friendship, providing for shared concerns, nurturing and providing as sense of being needed, dependable assistance and guidance. When asked about the significance of their loss, interviewees in this study responded in accordance with how they conceptualized their attachments to the deceased:

“Yes, I feel light; it would be better if it was just a sibling, but not my twin. What it actually means is that we were just as good as one person. I feel like my one part has left. Isn't it the blood is the same? This is what makes it difficult. I feel it especially in my body. Although I look complete, I feel there is something that is missing. I sometimes feel very weak. This I can

tell you is difficult” (Khathu).

“It is painful, it is painful because this is the person you have been sleeping with the whole night”..... (Jane)

The intensity of the relationship and the nature of the bond as conceptualized by the bereaved is of primary importance. Support that is informed by knowledge or awareness of how the bereaved view their attachment to the deceased is invaluable. In Khathu’s case, her attachment as one flesh and blood to her twin brother was given primary consideration. To her, it felt like she had lost a part of herself.

Attachments, and how they are perceived, do also have the potential to trigger a conflict of interests. Mary thought she had lost an ex-husband. To her amazement, the family of the deceased disregarded the woman he was living with at the time of his death and gave Mary the status of chief mourner.

“They did not accept that I was no longer his wife. They had not reached a stage of accepting this other woman who they had not yet officially met. They used to just meet her along the way. They had not yet accepted that he had another woman. They still had this sense that I was still his wife. I only wanted to contribute toward buying the coffin with the little money that I had. I did not wish to be seen as usurping the other woman’s rights to do the best she could for her husband. She however did not show up, neither did she contribute any money toward the burial” (Mary).

Due to this assigned status, Mary could not even be what she thought was

appropriate for her to be. The result was uncertainty with regard to the elders' expectations of her as a "widow". As she assumed this role, Mary went along with whatever was prescribed for her without questioning. The rituals, she said, meant nothing to her except that she wanted to please the mother of the deceased.

Thina lost a co-wife. Polygamous marriages often subject co-wives and their children to a relationship of rivalry and perpetual conflict. With this assumption, one would expect that the loss of a co-wife could have relieved Thina as she would now have the husband all to herself, more so because she was the 'senior' wife who was marginalised by her husband. On the contrary, Thina said she was grieved. Raphael (1996) has observed that less intense relations may also be a source of grief and guilt. Thina expressed her attachment to the bereaved as follows:

"We were now used to living together. There were a lot of things that she used to help me with. I also would assist her with a lot of things. We were like friends" (Thina).

Interviewer: Does it mean that the two of you were no longer having problems with the commonly held perception that **tshihadzinga tshi a vhavha** (sharing one husband is painful)?"

Thina: You mean being jealous of each other? We had long passed that. That is why she (the deceased) even wanted me to bring my baby so that she could take care of her - that happened just before her death. We were just like friends. I often thought of the loneliness that I was going to suffer. Even now, I still think I will arrive home and find her waiting for me.

From the above conversations, one can see that, contrary to what one would normally expect, that is, rivalry between co-wives, Thina lost someone who could provide dependable assistance, a friend in need. Their attachment was mainly held by the complementary roles that they played toward each other. Grief can be more intense and complex in instances where the deceased played multiple roles coupled with needs for nurture, love, success and status. This is made evident from an excerpt from Sara's response:

"He was the father and breadwinner because he was my firstborn. When I think of how much I struggled..... I even had to work in the mine so that I could secure a bursary to educate him, hoping that he would in future fend for his siblings, nurture them as well as guide them. This is why I cannot forget him. He was like a husband to me. His father died when he was only seven. As if that was not enough, he too followed. My son died for this country, but he was never counted as anything. He was pierced on the side like Jesus. I understand the pain that Jesus endured like being spit in the face and all that... but my son was tortured, he was made to suffer when he was still alive until he died. I always imagine, especially whenever I pray; especially when I pray and think of Jesus dying on the cross and His blood shed for us; I always think that "**ja**" (Afrikaans for 'yes'), my son's blood was shed so that this country would be won." (Sara).

Sara expressed herself with alarmingly intense conviction as she eloquently delineated the different roles that her son played, not only in her life, but also in the country at large: father, breadwinner, firstborn, son, nurturer, guide, husband, martyr (whose blood was shed for the country to be won). In chapter two, which covers literature review, it was stated in section 2.6 that

the purpose of grief work is the reconstruction of an autonomous individual who can, in a large measure, leave the deceased behind and form new attachments. Sara mentioned eight important roles which could be conceptualised as her attachments to her son. These attachments are made complex by her relating her son's death to that of Jesus Christ. Despite this huge sacrifice, she said her son was never counted as anything. Given this multiplicity of roles, letting go of the deceased could be relatively more difficult than the case would be had there been fewer attachments.

Thilidzi's case is a classic example of someone who had not yet developed an attachment to the lost object. She had a miscarriage when she was two months pregnant. She said she felt no attachment whatsoever to the baby:

“No, I did not feel like that was a baby. Had it not been for my husband who was full of **Vhu-Venda** (a derogative way to refer to a Venda person who is too traditionally inclined), I could have flushed it in the toilet. Maybe if it was a baby I would have been hurt, but this could not hurt anyone.” (Tshilidzi).

This agrees with observations by Corr et al (1997) about earlier reports on fetal deaths, including spontaneous abortions. The reports state that fetal deaths were at some point believed to be having a minimal impact on the parents and did not generate a significant grief reaction. Tshilidzi attributed her lack of attachment to the length of gestation which, in her case, was just two months. Studies by Klaus & Kennel, cited in Corr et al (1997), however dismiss claims that there could not be much grief when there had not been real bonding with the infant. Such claims, they argue, ignore the active ways in which most parents begin to reshape their lives and self-concepts during

pregnancy to accommodate the anticipated baby. Parental grief associated with fetal or infant death is therefore a reality that is not related to the length of a baby's life, but rather to the nature of the attachment.

The insecurity that is faced after the loss of a loved one is described by Sanders (1992) as both frightening and debilitating. The following extract hints at the loss of security following the loss of a parent:

“I looked at the situation and thought I do not have anyone to defend me anymore. Indeed I was henceforth mishandled. I would always just be beaten.” (Shaka).

Shaka was only ten years old when he lost his mother. Children in this age group have a greater orientation toward an understanding of the future. It is therefore not surprising that he was more aware of what his loss would mean in the future - how his life would continue, as well as the possibilities of life ahead without his mother (Raphael, 1996).

The meaning of any loss can only be evaluated by those who are mostly affected. Each will be difficult in its own way. No outsider can rightly dismiss the conceptualisation and understanding of the attachments of the bereaved to the deceased. It should be noted that grief cannot occur without a preceding attachment. Although attachments are in most cases biologically, socially or culturally determined, how they are conceptualised and the intensity thereof are individually defined. Suffice to say that when loss occurs, it violates personal boundaries and removes a sense of security and control. The bereaved persons will never have the same identity as before because they are no longer attached to someone that provided security, meaning and purpose. In cultures where survivors continue to relate to the

dead by sustaining an ongoing bond, it takes different forms from how it used to be prior to the death. This requires adjustment and of course faith. Loss has a potential to be positive in terms of growth. This growth is however preceded by an initial phase of the bereaved feeling a sense of loneliness and helplessness (Humphrey & Zimpfer, 1996).

4.3.2 **How survivors were informed about the death of their loved ones**

Death is a certainty. This universal phenomenon is ominous because it is inescapable (Anguilera, 1990). Given the general agreement in the literature of the negative impact of grief following bereavement, intervention among most African cultures, including Vha-Venda, does not wait until the bereaved know about their loss. The euphemisms and indirect manner of communicating about death form part and parcel of support to survivors. An extract from the researcher's conversation with Vho-Sara (the traditional healer) portrays how the process of informing the next of kin used to be conducted among Vha-Venda:

“There were skilled people who were known to be experts in carrying this out. Word would be sent to call them in case death was announced. There would not be any intention whatsoever to conceal the news from you if your husband had died say at **Tshikhuwani** (Vhavenda for Johannesburg, literally meaning ‘a place for white people’). You would be called and made to sit down comfortably. The messenger would then say: when you see us gathered and seated like this, it is because of your husband. Your husband is no more; he has left us. If upon hearing the news you react by fainting, you would be given some water. It was expected that as a human being, you

could be shocked or even fall down. Crying was permissible, as long as you did not cry like a Shangaan; that was not allowed. When the Shangaans have lost a loved one, they demonstrate their grief by moving up and down, screaming and calling that person's name." (Vho-Sara).

The above account vividly describes the procedure for informing as both accommodative and supportive. It is also evident that expressiveness was expected except it had to be done in a manner that was culturally prescribed. Geographically, the Vha-Venda and Shangaans are neighbours. The Vha-Venda know the Shangaans for their openness and overt expression of feelings while the Shangaan perceive the Vha-Venda as secretive and indirect in communication. This is the rationale behind what the informant in the above extract said concerning how the two groups mourn. Creating a conducive environment within which to break the news characterised how all participants were informed. In all instances where survivors were overtly informed about the death of their loved one, privacy and the availability of supportive resources were of paramount importance. Below are two examples:

(a) "It was 8 in the morning. They came but did not tell me anything. They asked me where the elders were. I directed them. They explained to the elders who later called me into the house and told me while I was inside the house" (Jane).

(b) "It was 3 a.m. when three people arrived at my house and mentioned that they had come to fetch me as there was something about my detained son Jonny (pseudonym) which needed my

attention. I asked them not to conceal anything from me as I somewhat knew from the time I heard he was arrested that they would kill him. We travelled all the way and people were talking about a whole lot of different things. They did not tell me anything for fear that I would faint. By the time they broke the news we were all seated in the house. By then, they were sure that if anything happened it would not be a problem as we were in the house” (Sara).

In the above extracts references have been made to being called into the house. This shows consideration of the need for a conducive environment within which to break the sad news. Despite the cautiousness that surrounds this process, it is never an easy task for anyone to perform. In Jane’s case, the messengers could not even inform her directly, but did it through the elders. Sara’s messengers used deception until they arrived at the right place. Sometimes deception does not work at all as the case was with Thina. The messenger had to break the news within an environment that was far from ideal for the intended purpose. The following elaborate excerpt depicts how Thina’s messenger attempted to use deception but all in vain:

“I was reaping my mealies in the field. It was 11 in the morning. She greeted me and commended my healthy crop. She suggested that we gather what I had reaped already and go home. I refused. I then said to her: I am striving to harvest all the crop today because as you can see, I am alone (her co-wife was in hospital). I am afraid that the baboons will come and eat all my crop. In the meantime, she was observing me closely. She knew that if she just told me there and then, I could, maybe, fall down. She asked if I had been to the hospital to visit the sick. By the way she was busy reaping and so was

I. I told her that my co-wife was only admitted on Friday and that I had not been to see her. She then insisted that I gather my crop. I refused and once more told her that my crop would be eaten by baboons. I also reminded her how she had just mentioned that it was good. She then asked me what seed it was, and I told her that it was Tshivenda seed. She was asking all these so that I would not be scared. Then after a while she said: You know what, things are not going well at your home. I asked whether there has been some burglary but she said it had to do with the one who was in hospital. She went on to say that she came to fetch me so that we both could go to visit her. I refused and told her that we would rather go in the evening. I still reiterated my concern about the baboons. We continued to reap. She then later said: You know what, that person (my co-wife) is no more” (Thina).

One cannot help but marvel at the messenger’s persistence despite Thina’s adamancy. She knew what Thina did not know, but chose to move along with her. What mattered most was not how much insight the messenger had into Thina’s situation, but rather how to prepare her, as the bereaved, to receive the news.

Thina experienced the messenger as someone observant who patiently awaited the right opportunity to seize to say what she intended to say. She endeavoured to use subtle deception to drive Thina to her homestead where there were people already gathered to come and support her. When deception could not work, the messenger did not give up. She stayed with her and made her relax within her own context (the field), notwithstanding the fact that she continued to persuade her to stop reaping. The messenger

was an innovative helper who worked out an alternative approach that was likely to be most helpful Thina. Her approach is consonant with what Orford (1992) perceives as the hallmark of community psychology. He explains that the hallmark of community psychology is about understanding and helping individual people in their natural settings and social systems rather than extracting them from their natural environment.

In her introduction, the helper (messenger) commended Thina's healthy crop. She was genuine and even Thina's agreed with her. Then, without mentioning it, she entered Thina's perceptual world and actively became part thereof. With this companion alongside her, Thina experienced her as fully present, attentive, and sensitive. When the helper tried to be directive, Thina was safe enough to differ with her, and she also reminded her about what they both regarded as important; the crop. Further persuasions did not seem to be intimidating for Thina; rather they forced her to make her world even more explicit to the helper. *The helper therefore got more insight into Thina's world.* Nevertheless, the helper did not lose her focus in terms of the goal for her interaction with Thina. Her approach fits into Roger's client-centred approach whose emphasis is on the internal world of the client rather than on particular techniques (McLaren, 1998). Like a skilled community psychologist, Thina's helper treated the uniqueness of her case and context as crucial in understanding her. She gave up on trying to alienate her from the reality of her context.

Sometimes the delay in breaking the news while still awaiting the opportune moment and place can be irritating and suspending for someone who has already sensed that there could be something wrong. Khathu, for example, did not consider both the delay and deception as supportive:

“When I got out of the church, I met a certain woman who said to me, “let us go home.” I then started to feel that I was not my real self anymore. I told her I was not coming with her but she forced me; I felt somehow. Ultimately we both got in the car. When we were approaching the hospital she said that we should get in to go see someone. By then she had already made arrangements with the doctor. She asked me to alight. I started to realise that something must have happened but I could not think what it was. We went to the OPD. I insisted that she should tell me what had happened and she reassured me that there was nothing. I began to think,” Could my mother be dead as she had problems with her feet the previous week? Could it be my maternal uncle?” I was then ushered into a doctor’s room. I went in under protest and told the lady that what she was doing to me was actually boring as I was not sick. She stayed calm and asked me to sit down. Before the doctor could say anything I just said: aa!! it is Moses” (pseudonym for Khathu’s twin brother)” (Khathu).

According to the above extract, arrangements were made that the doctor would be the one to break the news to the principal mourner. It is not surprising that Khathu became so impatient with the whole process. Unlike Thina’s messenger, Khathu’s messenger was rather too focused on doing things as planned, namely taking the bereaved to the hospital. She became totally oblivious of Khathu’s state. Her way of doing things took pre-eminence over Khathu’s feelings and thoughts.

Although deception precedes information dissemination, there is never any intention whatsoever to conceal the latter. It seems however that the Venda

culture pays little attention, if any at all, to bereaved children in informing them about the death of their loved ones. Shaka and Carol, whose mothers died when they were 10 (ten) and 16 (sixteen) years old respectively, both shared similar experiences in this regard. This is how Shaka narrated his story:

“When it happened we were at school. The mistress (lady teacher) called me. This mistress did not tell me straight about what happened. She just peripherally mentioned things without stating that there was death at my home. She actually sounded like she was just comforting me. I even forgot whatever she said. I just thought what she said could be suggesting that something bad happened at my home. I just suspected because I knew that things were not going on well at home. On that day my eye had a tic (when this happens to someone, there is a superstitious belief that they will cry). When I arrived at home after school I found that there were already many visitors at my homestead. My aunt asked me about what the mistress told me. I just said she told me this and that which I even forgot. She too did not talk straight about what had happened. From my own observations, I could quickly read the situation. I do not know how my little sister who was then seven years old felt about this. As people were talking, I just listened attentively. It did not take me time though, because at that time my grandmother kept explaining to the people about what took place just before my mother’s death. She was telling people about how she found the door of my mother’s hut locked. She knocked but all in vain. She therefore had to forcefully open by breaking the door whereupon she found a person hanging by her neck” (Shaka).

Although Carol's story is similar, in her case she could not even be allowed to be part of what was taking place:

“It was like everybody was quiet. They didn't want to talk to me about anything. I thought maybe that was because I was pregnant, but I realised that there was something. The sudden appearance of my aunt who came to fetch me made me suspect that something had happened. She took me to Muraga (speudonym) where I arrived and found that there were people. I was taken to our neighbour's homestead where I was confined to a rondavel and told not to move up and down at will. I cannot remember anyone telling me that my mother died... I can't remember. I just noticed it was full, there were people. I then concluded that she died. And then I saw the coffin the day she was buried. I saw the coffin through the window” (Carol).

Before any person can begin to deal with the death of a loved one, they must have been told or become aware of it in one way or another. While it might be easy for grown-ups to conceptualize death, its nature and finality cannot be easily visualised by children. Adults who want to gain insight into children's understanding of death by either teaching them or providing empathic support to them as they cope with death must at least attend to the following principal variables: the child's developmental level, his life experiences, individual personality, and patterns of communication and support (Corr et al, 1997:316).

The provision of adequate support is best accomplished by adults who are able to enter into a child's perspective and who are sensitive to the many differences that make each child unique. The available literature generally

take the position that in order for children to come to terms with its reality, they often like to talk about the death of their loved ones. Research has also revealed that knowing facts about what happened is an essential step in making the event real in one's inner world.

Shaka fed his curiosity by listening to what his grandmother told to supporters as they came in and out. He was not necessarily the target audience. Both his developmental level and understanding of death as a bereaved ten-year old boy were not taken into consideration. He was instead exposed to the adult way of communicating about death. This, it seemed, did impact negatively on how he dealt with his loss. During the interview, Shaka appeared rather vulnerable. He battled with tears and became agitated by follow-up questions that required reflection on his feelings.

“.....I still cry about this even though I did not cry then. I don't want to think about it” (Shaka).

In Shaka's self-report, he was told nothing, neither was he given an opportunity to even enquire about what happened. In the light of what Bowlby (cited in Raphael 1996:135) regards as factors believed to be associated with favourable outcome of childhood bereavement, Shaka is considered at risk for poor outcome. The factors are as follows:

- the causes and circumstances of the death, including what the child is told and what opportunities are subsequently given to him to enquire about what has happened;
- family relationships and family life following the loss;
- the patterns of relationships within the family prior to the loss.

At the time of her mother's death, Carol was sixteen years old. In adolescence, the understanding of death becomes much more like that of adulthood. According to Raphael (1996), the magical thinking of childhood is also easily reawakened for the adolescent as it is for adults facing bereavement. Besides, the need to know what happened is prevalent across all age groups. It is therefore not surprising that Carol still wanted to know. Her unresolved grief could be attributed to the fact that she had not adequately dealt with her loss cognitively, let alone emotionally. With intense anger, this is how she expressed herself:

"... Somebody must talk to me. I want to know what killed my mother. What if it is hereditary?"(Carol).

It has been noted that in all instances, participants gave details regarding how they first came to know about the deaths of their loved ones. Although none of them was ever asked what day it was and the time, some did volunteer such details. Even Sara, whose son died almost two decades ago, could still recall what time it was and the exact phrase used in informing her about the death. The initial contact with the bereaved for purposes of breaking the news is therefore crucial. It should mark the onset of a skillful intervention, notwithstanding the fact that sometimes the bereaved (principal mourners) could be the ones to first know or even encounter the death of their loved one.

4.3.3 Beyond creating a conducive environment: breaking the news and subsequent reactions

It is one thing to create a conducive environment and yet another to know how to finally break the news and deal with what one has always feared - the

reaction of the bereaved. Suffice it to say that sometimes the preparatory phase, that is, the period between contact with the bereaved and the breaking of the news might lead to the survivor concerned drawing conclusions. This is most likely to happen if the cause of death is some terminal illness. However, whenever the news is finally told, the messenger usually uses euphemism and metaphors rather than directly saying that the person is dead. The use of figures of speech is a sign of respect. Richard and Thina illustrate this:

“... she said your brother has left us.” (Richard)

“... she then said, you know what, that person is no more.”(Thina).

Sara’s situation was different. The person who informed her was reported as having said:

“... Jonny they have killed.” (Sara).

Quoting the messenger, Sara demonstrated how the above was expressed with anger by the messenger. It probably had to do more with how he felt about the killers than being disrespectful for the deceased. It is not unusual that people often read in between lines before the news is actually broken and therefore react. Richard’s and Jane’s excerpts are examples:

“It was not very much easy at all. The way she called us, she also found out that myself, I had already realized that something had happened - that something important was going to be said by my mother. I concluded because of the way she gathered us together in the house and firstly asked us if we were aware that our brother was at Baragwanath Hospital.” (Richard).

“They just started by saying, ‘There is a problem here at home’. By the way, my husband had left at five in the morning. I asked them what the problem was and they responded by saying, ‘Just as you know your husband works with a car; there has been a problem.’ Without listening to further details I concluded that he must have been killed in a motor car accident. I don’t know what happened next. I think I fainted.”(Jane).

There are several reasons why people sometimes draw such *prima facie* conclusions. In situations where the deceased is known to be terminally ill, the imminence of their death is often anticipated. In certain instances, sheer premonitions set a tone for people to expect bad news. There are also certain physiological sensations which are believed to be forerunners of death as evident from Sara and Shaka’s reactions:

“When I heard that he was arrested, my heart went *tuu!* I then knew that they killed him. I knew from the outset that if they have arrested him, then they have killed him.”(Sara).

“...On that day, my eye had a tic.” (Shaka).

Besides these beliefs in certain bodily sensations as signs of some imminent death, different cultures regard certain incidences as also indicative. The sight of some animals and reptiles like snakes, some types of lizards and chameleons (especially if they cross one’s path) are also believed to be bad omens. Dreaming about certain things can also be warning signs. The Northern Sothos, for example, believe that if you dream of raw red meat, you will hear of someone’s death; but if the meat is cooked, there will be a wedding feast. Sometimes people have dreams that they believe carry a

specific message for them and cause them some anxiety until they hear about the death of their loved ones. The researcher had an experience of a client to whom she had to break the news about the death of her fiancé. Upon hearing that, the client said she was not surprised as a few days earlier she had seen in a dream her fiancé's black leather jacket falling into the river and sinking immediately. Premonitions, dreams and some signs as forerunners of death, need further investigation.

Sometimes survivors report of the deceased having given them warnings or signals prior to their deaths. Although survivors can never be sure of the feelings of the deceased then, they often conclude that their loved ones somehow saw their deaths coming. This is based on their reflecting on what the departing loved ones said. In Jane's case, the forewarning came from her husband a month before his death:

“It was during December - during the Christmas time - when he just said to me in the morning: ‘Today we are going out’. I woke up and got everything ready. I cooked and packed the food in a basket. We then bathed and left. It was nice because the place we went to had trains and boats. As he was asking how much it would cost to go on a boat, I told him how scared I was to sail on water. He responded by saying, “How do you know if this is the last time for you to be with me at this place? Maybe you will never go out with me again.” (Jane).

No matter how thorough the process of informing survivors about the death of their loved one is, upon hearing about it for the first time there is bound to be some reaction. As it has been mentioned in chapter two (2.4), people are normally never prepared to lose a loved one. This is regardless of

whether death is sudden or results from a long illness. In this study, interviewees, who perceived the cautious manner of information dissemination as well as the accompanying deception as helpful, said that was done for fear that the heares would faint from the shock. The following extracts show different reactions of the recipients of the news of death:

“I then slid and fell down, but did not faint. My whole body trembled.” (Thina).

“I was shocked, I screamed and I was surprised.” (Khathu)

“I felt that I was disoriented.” (Sara)

“We just became sad, but did not cry.” (Shaka)

“I don’t know what happened. When I regained my consciousness I found people around me in my bedroom.” (Jane).

“Firstly when my aunt told me, I cried” (Mashudu)

“I never said anything. I just kept quiet. In my mind, I was very much thinking about him.” (Richard)

The different reactions of , participants support research findings discussed in chapter two (refer to section 2.4) that one’s response to loss is not merely a matter of feelings. It is more deep-seated and can manifest itself in numerous ways. Thina, who slid and fell down as well as trembled, showed physical manifestations. Others, except Richard, showed a combination of physical, emotional and behavioural manifestations. Richard’s reaction was

seemingly cognitive as he just kept quiet and began to think.

Proponents of integrative psychotherapy, such as Prochaska & Norcross (1994) explain that the human organism is a system that functions as a whole. Overt physical manifestation of grief, does not, for example, suggest that one's affection as well as the other faculties are not impacted on. More often, it is survivors' perceptions of their loss: it is what they think about the death of their loved one that triggers responses.

As far as the theme of reaction to the news about the death of a loved one is concerned, gender differences have been noted. Many cultures, such as the Venda, have numerous expectations including gender-appropriate norms regarding how survivors should react. Gender stereotypes have also been reported by Stinson & Lasker (1992:1) to portray women as more emotional and men as stoic and unemotional, keeping their feelings inside. Gender variations could be observed from Richard and Khathu's responses. When asked whether he ever cried at any time after his brother's death, Richard's response was:

"It is not allowed at all." (Richard)

On the contrary, Khathu said:

"I cried, even when people were coming in, I cried until I had no more tears." (Khathu).

As this research was underway, the researcher expressed her concern to a female colleague about unresponsiveness from targeted male research participants. In response the colleague scornfully said: "Do they grieve? I don't think that they grieve at all." Stinson & Lasker (1992) contradict the

above claim. In a comparative study of mothers' and fathers' grief following pregnancy loss, they report that males may grieve as much as females, but have fewer or different outlets through which to express it. They cite several theoretical explanations for male inexpressiveness, one of which is linking male inexpressiveness, to power differentials between males and females in society. In their view inexpressiveness emerges as a strategy for gaining and maintaining power over others. Richard's reaction to her sister's crying during their brother's burial supports this theory:

"In my family, we do not cry. I remember as I was busy working at the graveyard, and my sister was crying. Immediately she started crying, just the first time that she was heard, instructions were given that she be taken out. Then I took her out." Richard said with alarming authority.

The instruction given by the elders gave Richard power over his sister who happened to be emotionally vulnerable, and physically weak. Sometimes inexpressiveness is dictated by roles other than gender ones. In Richard's case, it was a combination of both gender and his membership of a royal family. Mashudu said he stopped crying because he was a first-born in the family. He feared that his younger siblings would be hysterical. Thina, who lost a co-wife, had to bottle up her tears for fear that her children as well as those of the deceased would also cry. This is how she put her rationale:

"I could not hold myself, especially when I saw the church people, because they came as well. But later I said if I continue crying the children, who were about to arrive from school, would also

cry.”(Thina)

Inexpressiveness was, in Thina’s case, not determined by gender, but rather by her status as both a mother and **mmemuhulu** (“senior mother”). There also seems to be an underlying perception that overt expression of grief is undesirable among the Vha-Venda. Although grief is never denied, of concern is that it be expressed with dignity (Vho-Sara Ramadolela: personal communication).

4.3.4 Cause of death

In many cultures different kinds of deaths are understood differently and dealt with differently depending, among other things, on what their causes are. The Northern Sotho say: **letlalo la motho a le bapolwe fase, a se la kgomo-** this literally means “A human being’s skin is not like that of a cow/bull; you cannot just spread it on the ground”. Underlying this adage is the belief that a human being cannot just die. There has to be somebody evil or some wicked forces behind the death of a person. In this study, survivors whose loved ones were killed did not suspect any sorcery whatsoever. This is evident from both Sara and Jane’s responses:

“He said Jonny they have killed, and I said indeed it is true, they have killed him, because they just killed him.” (Sara).

“They shot him. I don’t know how because even the police could not explain what happened. But it was obvious that it was taxi violence.” (Jane).

Jane did not know the details of the exact cause of her husband’s death - the circumstances leading to his killing. She however knew that there was taxi

violence in the area at that time. This knowledge was adequate to explain her husband's death. Sara, too, was satisfied that her son was killed. The two citations show that although the bereaved could not necessarily be content with the rationale for the killings, they took whatever explanation was given to them at face value. No further traditional community inquests were done. Irrespective of the medically established cause of death, most interviewees attributed the death of their loved ones to bewitchment with jealousy as the underlying cause.

Shaka, whose mother had a psychotic breakdown two weeks before she committed suicide, believes she was bewitched because she had a driver's licence and she would drive around and sell things. Shaka could not understand why she suddenly just began to be scared of things which were not even there. Although a psychology major student, he now understands his deceased mother's condition, his concern was how it just suddenly happened and the subsequent self-destruction.

From Shaka's description of his mother's condition, which precipitated her suicide, the reality contact of the deceased was impaired. She had severe anxiety, panic and horror as well as hallucination experiences. Further inquests into this matter revealed that Shaka's mother was turned into a zombie.

Similarly, the motive behind the death of Mashudu's mother was jealousy. This is how he explained it:

"Yes, I got information from the doctor. The doctor told me that she died because of embolism. It is a certain disease which is related to blood. The blood can sometimes stop to flow and cause a blockage.

After we came back from the graveyard, they called an **inyanga** (traditional healer) but I was not there. They did not inform me. I knew that from the wife of my uncle maybe two to three weeks later. She told me not to sit and relax for the **inyanga** had revealed that my mother was killed because of her position in church. Then I asked her what I should do. Then she said there was a certain prophet at Madamalala (pseudonym) who could pay revenge for me.” (Mashudu).

The perceived cause of death determines, in part, how the body is to be disposed. It also has some influence with regard to what emotions are felt, how they are expressed, and the social interactions of the bereaved following the loss of their loved ones. In Mashudu’s case, the suspects were believed to be some women who were very close to his mother. This triggered anger and mistrust. Since his mother’s death, Mashudu has not been fellowshipping at his church because of how he feels when he sees the alleged perpetrators.

“I really wanted to revenge my mother. Before the funeral, I knew a little bit of my mother’s death, so I myself really wanted to revenge but I did not know how to do it, so I decided to find another way through the prophet. The prophet said if you really want revenge, I can do it. And I said I needed it quickly and he said, no, do not be in a hurry.” (Mashudu)

The alleged perpetrators were the best friends and neighbours of the deceased. Besides, they also fellowshipped with her. The knowledge of what they were suspected to have done severed their relationship with

Mashudu, who also mentioned that none of them had ever come to his home to at least bring condolences. He had also been alienated from other fellow congregants who could have given him the support that he so much needed.

Mashudu's emotions confirm what has been reported by Rosenblatt (1997), that in cultures where deaths are seen as caused by someone, the emotions of grief may include a great deal of rage, determination to identify the attacker and desire to revenge.

Although traditional community inquests are believed to be elucidatory with regard to the real cause of death, they also seem to sacrifice family and community cohesion. It is for this reason that the royals in the Venda culture do not do any inquests or cultural post-mortems. According to Richard, it is understandable that the commoners are envious of royals. As a result when one of them dies they do not investigate further as they know that people are jealous of them:

“With us, there is nothing that is done. We do not even go for traditional community inquests. As royals we are all regarded as kings. If we can conduct inquests, we can begin to kill each other. It is obvious that if we go for inquests, they might implicate your brother and allege that it is because they want your position. This we think is unfair. All we know is that commoners do hate us a lot.” (Richard).

The royals' attitude, though underlied by some degree of self-importance, is helpful in sustaining group cohesion. The problem with inquests is that they instil fear, hatred, and helplessness. They also undermine the finality and dignity of death without bringing some hope. In most cases, traditional healers promise that they will revenge the death. The problem with this mode

of intervention is that , with an effort at retaliation or vengeance, destruction is perpetuated. Khathu's case is different as the family did not go for inquests. Bewitchment was however believed to be the cause of her twin brother's death:

“Yes, this was done by people. He used to say that whenever he was asleep he would see these people coming to him. He knew them. He told my mother, but my mother won't tell me. She even mentioned that one of them came to ask for forgiveness. I thought I should know at least one of them and ask them why they would do such a thing to Moses (pseudonym for Khathu's twin brother). Moses was just another person. He was not even intelligent. **Maar** (Afrikaans for “but”), I just thought perhaps it was because he was the last born or because he was the youngest boy in the family. More so that his elder brothers are educated; some are teachers. Maybe he also would be educated and progress even though he was not a person who had knowledge as such. He did not even have anything. I was surprised as to why someone would even be jealous of somebody like him. I sometimes think that maybe, isn't it my father had a lot of cattle? Before he died he decided that Moses would inherit the cattle as he is a boy.” (Khathu).

Khathu's twin brother was epileptic. He had an attack and died in his sleep. Before he had every attack, Moses would see some people coming to him. He alleged that they were the ones who cast evil spells on him, which resulted in him having attacks. Khathu's family never went for inquests. They concluded that the very people that Moses used to see prior to his epileptic attacks were responsible for his death. From a medical perspective,

epileptic people may sometimes report symptoms of visual, auditory or olfactory hallucinations (Wilson & Kneisl, 1983). In the light of this, one can see the need of community helpers to educate communities about commonly feared diseases like epilepsy, schizophrenia, cancer and HIV/AIDS. Adherence to superstitious beliefs, especially in Black communities, may only serve to reinforce helplessness and sometimes the spread of the very fatal diseases that people dreaded. There is, for example, a commonly held myth that if a man is HIV- positive and sleeps with a girl who has never had sex, they could be cured. The result of this has been child abuse and further spread of the virus. Communities therefore need to be educated so that their belief in such things should not be due to ignorance.

4.3.5 Support offered and the accompanying rituals

Cultures vary in terms of who has the right or obligation to grieve, and who is seen to be experiencing the greatest loss with a given death. It is acknowledged that the death of one community member does impact on the community at large. It is for this reason that members are expected to perform some collective rituals such as evening prayers, wakes and burials. More intense support is however given to principal mourners. This is often accompanied by prescribed rituals - pre-burial, during the burial and after the burial. All participants in this study were among those who were identified as experiencing the most loss.

Support, as discussed earlier in this chapter, begins at a time when the bereaved are informed about the death. It has been demonstrated through extracts how this task is cautiously done and how often deception is used to

try and get the bereaved to a place considered conducive to less shock in breaking the news. Whatever support is offered henceforth is but a continuation of what has already been started. Prescribed practices are largely determined by the survivor's relationship to the deceased, their gender, age and the cause of death. More intense support is normally given to widows and it is usually accompanied by elaborate rituals.

4.3.5.1 Pre-burial support and the accompanying rituals

As soon as women are informed about the death of their spouse, most African cultures prescribe that they be confined to an isolated place like a bride awaiting her groom's arrival. The only people who are allowed in that place are those who have lost their husbands. They are the only ones who are supposed to know how to comfort the newly widowed as they have been through that already (Vho-Sara Ramadolela: Personal communication). This was confirmed by Jane, who lost her husband:

"I wanted to do things like making arrangements, but the family said it wouldn't be possible. There was no one who was by my side. I was alone. The old ladies who were there were just seated; they were just discussing their own things. The role played by these old ladies was that when other people came in, they would inform them about how the deceased died. That was the only thing useful which they did. On the other hand, I also did not have much time that I could spend talking to anyone. Even when someone came in, I would just greet them. Most of the time, I wouldn't even hear what they were saying. All I thought about was how I wanted my husband to be buried." (Jane).

It is clear from the above extract that the bereaved properly utilised the space

that was afforded her. One cannot agree with her, however, that the elders' presence did not benefit her. Going over and over the details of the circumstances in which a loved one's death occurred has been found to be instrumental in getting the bereaved into the constructive process of coping with their grief. It therefore could be deduced that for Jane to have been able to plan her husband's funeral, the elders' narratives were quite helpful. What still needs further investigation is whether this was an intentional intervention strategy among the concerned ethnic group - the Shangaans.

Although Jane's supporters seem to have spoken frankly about her husband's death, Thina's and Richard's accounts were different. Jane's supporters were Shangaans while Thina's and Richard's were Venda. The difference in this regard could be attributed to what was mentioned elsewhere in the chapter that the Shangaans, unlike to the Vha-Vendas, are known to be direct and expressive in communication. In Thina's and Richard's cases, supporters used distraction as a coping strategy. It seems that distraction is not just another alternative way to mourning among Vha-Venda, but an intervention strategy in its own right. The literature reviewed above (section 2.3) confirms that distractions only keep the bereaved occupied without helping them move toward resolutions. Reports by Thina and Richard contradict this:

“They talk about other things. We do not sit there and become sad. The old ladies tell stories. Some will even be talking about the time when they were youngsters saying that this and that happened, and others will just be laughing. This helps you, the bereaved, not to think about your loss. Isn't it if I as the bereaved can sit alone, I will just be thinking about the deceased, the fact that so and so left me, and that

now I am alone? Now in TshiVenda when we are seated together and we are so many, we talk about this and that. The elders' stories help the bereaved not to think too much." (Thina).

"Let me say there were **Vho-Makhadzi** (parternal aunts). **Vho-Makhadzi** are the people who helped the bereaved mother not to think much about my brother (the deceased). They told stories and in this way the bereaved mother received counselling." (Richard).

The emergent sub-theme here is the use of story telling in grief counselling. Thina said, "It helps you not to think too much". In Tshi-Venda, when someone is said to be thinking too much, it actually means that they are anxious. The stories, it seems, do not necessarily distract the bereaved. The very situation of people gathered together at the survivor's homestead is a constant reminder that there is death. Richard categorically stated that counselling is received through story telling. No further probing was done to closely look at the content of stories told. Suffice it to say that they are used as a mode of pre-burial support to the bereaved. Having listened to the interviewees' explanations of what purpose they serve, one cannot simply dismiss them as sheer distractions. Community help should have the potential for being systematized through using the natural resources of the setting (Levine cited in Edwards, 1997). What this actually implies is that in working with Vha-Venda, community psychologists need to acknowledge the role played by story telling in grief counselling, and adapt their mode of interventions accordingly.

(a) ***U tovhowa: viewing the deceased***

Studies have revealed that the first reaction to the death of a loved one is

shock and disbelief. Most people do not believe until they see certain markers. Although denial is believed to have some therapeutic purpose, lengthy maintenance thereof is reported as indicative of poor coping on the part of the mourner (Sanders, 1992). Rituals are therefore used to help the bereaved to gradually move out of the denial and shock stage.

Rituals form part and parcel of African Grief Therapy (AGT). AGT is defined as “the patterned ways and rituals invented in traditional African communities for the successful healing of psychological wounds and pains of bereaved persons (Nwoye, 1998: 68) The process of mourning in AGT is guided. Nwoye (1998) explains that this is because some of the social aspects of its ritual components are intended to provide the bereaved with the idea of their grief as having a beginning and an approved ending. This shows that African conceptualize grief work subsequent to death as something that cannot be continued indefinitely. Consequently, there is a device to signal to the bereaved that the end of their grief work has been reached. Most cultures, including Africans, use viewing as an important marker. In TshiVenda **u tovhowa** has a much more in-depth meaning than the word “viewing” in the English language. It actually means to view in order to believe so as to be able to let go (refer to section 2.8.1).

In African Indigenous Churches (AICs), **u tovhowa** is one of those rituals in which communities collectively participate. The next of kin of the deceased are however given an opportunity to view before everyone else does. This ritual often brings the full realisation of the death to viewers. Jane said she actually did not believe that her husband died; she thought he was probably just injured until she viewed the corpse:

“The undertaker took him and put him in front of us. By the way all the time I was not even believing that he died; I thought maybe he was just injured. That he died had not dawned in my mind yet, but on that day I believed that indeed he died. Then they put him right in front . They held me and brought me closer to him. I looked and realised that it was him because even the clothes he was wearing when he left, he was still wearing them except his shoes.” (Jane)

As can be understood from Jane’s conversation, **u tovhowa** does serve the purpose of helping the bereaved move from the initial shock and disbelief phase to the next phase of developing awareness. By seeing the dead person, Jane reached a turning point at which reality broke through. All evidence suggests that seeing the body of the dead person is an important part of the adjustment process. It provides an opportunity for the bereaved to see and touch their dearly loved one for the last time. (Raphael, 1996).

For Khathu who was believed to have lost her own blood and flesh (twin brother), viewing became a little more than just gazing at the dead body and touching it:

“When I came to the mutuary, I was told that we would see Moses. I was advised to say anything that I wish to talk about directly to him. They emphasised that I should not disappoint them. My aunt also informed me that I would find him wearing the same pants that he was wearing before he died. I got in and found that it was the same bermuda. I was told to hold him by his hand, which I did. My aunt said this is the very same Moses you know. As I was holding him, I thought this is so strange. This is what I said to him: “Moses, my mother’s child, we came together on earth, but you left

first. We will also follow.” I was also told to request him to ask for blessings on our behalf from God, and that he should forgive all those who did those things to him (those who bewitched him). They asked me to go out because they wanted to take him out of the coffin. They then called me back and instructed me to lie inside the coffin in the same position that I found him lying. I thought about it and said this in my heart that this is really difficult.” (Khathu).

For Khathu the process of having the last gaze was quite elaborate and multipurpose. Rosenblatt (1997) argues that in order to understand how people deal with loss requires a sensitive understanding of the manner in which they conceptualize death within their own culture. In the above extract, the bereaved made a brief farewell speech to the deceased. She went on to direct her supplications to God through the deceased and concluded by asking him to forgive those responsible for his death.

Khathu’s farewell speech and prayer requests are rooted in the core beliefs of most African people. Africans believe in a Supreme Being who created and set the world in motion. They also believe that the dead continue their existence as spirits who possess the power to affect the living. Communication with the Supreme Being is maintained by these spirit mediators or the ancestors (Kauuova, 1997). This world view defies death as the finality. Death is, in other words, not the end of life, but rather the beginning of a new one.

The experience of seeing and saying good-bye to the deceased makes it possible for the bereaved to develop an image of the person as dead, different and altered from the living image (Raphael, 1996). Despite the avowed

agreement by other interviewees regarding the helpfulness of **u tovhowa**, Thina held a different opinion:

“I do not see any purpose at all, because when someone’s face is separated from the spirit, it is not the same as when their face is still with the spirit.” (Thina).

It can therefore be concluded that rituals are invariably helpful to those undergoing them. Littlewood (1993) also states that there has been considerable debate in the literature concerning both the relevance and helpfulness of rituals in contemporary society. This point will be discussed in the next section when support offered to the bereaved will be evaluated.

(b) **Evening prayers**

Personal conversation held with the traditional healer in this study revealed a concern regarding how death related rituals are being influenced by the Bible. This influence is also eroding the Venda royals’ culture, which is generally perceived as relatively intact. The practice of holding evening prayer meetings at the homestead of the deceased originated from the African Indigenous Churches (AICs). Communities are finding this Zionistic therapeutic intervention helpful and are therefore employing it irrespective of the denominational affiliation and religious background of the deceased. Richard disclosed that his family does not go to church. However people still gathered at his homestead to support them with prayers during their time of bereavement:

“We never go to any church, but those churchgoers in our area, especially the ladies’ prayer groups, used to visit us on Thursdays.”

(Richard).

This shows how valuable community resource could be utilised without prejudice to benefit those distressed by the loss of their loved ones. This willingness to offer support transcends religious and denominational barriers. It is deeply rooted in the African principle of **ubuntu**. This unity was also confirmed by Jane, who said:

“Yes, in our family, we belong to the IPC church, but where we stay, each and every church used to just come and conduct prayers. They did not mind which denomination the family belonged to.” (Jane).

The AIC case study cited above (section 2.8.1) shows how “Ma-apostolas” grief counselling takes the bereaved step by step through the process of grief work from the beginning to the end. Mashudu, who is also a member of the AIC, did not know what to expect when prayers were begun at his homestead when his mother died. He thought that he would not attend the prayers as he feared that some pastors would preach in a manner that would even remind him of things about his mother which he had forgotten. When the prayers started, his fears were refuted:

“On the first two days, they did not talk about her. They were just talking about death, but they were not relating it to my mother. They just said that death is death; it does not mean the end of one’s life. We cannot all die at the same time.” (Mashudu).

This approach does not strip the bereaved of the defences which they develop during the initial shock and disbelief stage. It is a skilful approach, guided by the knowledge that at this stage, the bereaved need some protection from

the acute pain associated with grief. It starts by building the inner resources of the bereaved in order to prepare them for the forthcoming harsh realities of their loss.

Evening prayers culminate in **mulindelo** (night vigil) during which the corpse is brought home for a farewell before the burial, normally done the following morning. As the rest of the community members gather together under a tent to commemorate the deceased, the principal mourner and the next of kin of the deceased spend the night of solitude with the corpse. By the time the corpse is brought home, the bereaved have been supported with condolences which have helped them to build some resiliency.

4.3.5.2 Burial rituals

How people think about death is culturally embedded. Most African cultures perceive death as a transition which involves a long journey. Funeral rituals provide assistance with the journey. While the deceased is believed to be transported to another final state, the funeral ceremony marks the transition of central mourners into new states and roles. The rituals and ceremonies for the disposal of the dead make the death public. At this point no attempt is made to deny or cancel the death. During participation in the funeral, the numbness fades away as the bereaved persons seem to come out of the dream and face an intensely painful real world. Funerals, like any other death related rituals have also been found to be useful in defining the relationship of the deceased to the central mourners (Raphael, 1996). The more intimate the relationship was, the more elaborate and intense the rituals will be. Some of the prescribed rituals tend to induce anxiety in the bereaved. Jane's

experiences confirms this. In preparation for the burial, she was expected to bath her dead husband's corpse:

“What I kept asking myself about was whether they were going to take him out of the coffin and put him down or if they would just let me clean his face. This is what I kept asking myself about, wondering if I was going to manage. The following morning at 4 a.m., the old ladies told me that there was going to be a rather more difficult item and that I should persevere and hold myself. They brought a basin and his **waslaap** (Afrikaans for facecloth) and said I should bath him for the last time. I felt that I could not manage. I was sitting with my elder sister. She asked them if it was allowed that someone could assist me, but they said that she could not assist me. They insisted I was the only person suited for the task. They then called male relatives to come and undress the corpse.” (Jane).

There was no explanation from the elders with regard to why Jane had to do what was expected of her. All she was told was that it was the custom. Fortunately for Jane, part of the coffin where the head of the deceased was had a glass which could not be opened lest it be broken. It was argued that she could not have paid so much money for the coffin only to come and have it broken. She was therefore spared the agony of this distressing task which had kept her worrying the whole night. It is not known how Jane could have *directly or indirectly benefited from this ritual had she been compelled to perform it*. According to Rosenblatt (1997), rituals are powerful tools which can do harm as well as good and thus have to be used with caution. The researcher's position is that the needs of the bereaved should take preeminence over any form of support or rituals.

4.3.5.3 Disposal of the body

“One unavoidable task associated with death is that the body of the deceased person must be removed from the society for the living.” (Raphael, 1996: 253). The funeral is therefore a final public statement of the reality of death as it separates the dead person from the living. Funerals are however not only meant for burying the dead. A funeral is also a ritual that plays an important role in the lives of people. Focus is primarily on laying the deceased to “rest in peace”. Removal of the dead from the living is therefore done with respect for the dead body. This is the rationale behind expensive funerals. Whenever a funeral is well-planned, glamorous and expensive, with a good turn up of both mourners and supporters, people usually comment that the family has buried their dead well.

In societies where beliefs about an afterlife are upheld, funerals are meant to assist the deceased in their journey into the other life or accompany them to their permanent home. A funeral for such societies is therefore a rite of separation. Van Gennep (cited in Eisenbruch, 1984) states that the rites of separation are few and very simple. Simple as they may seem, for others, they actually symbolize permanent detachment from their loved ones. It is only after the funeral that a bereaved spouse gets the status of a widow or widower. Funerals can therefore trigger intense emotions for many. For Mashudu, who had since his mother’s death been thinking that he was behaving like a real man, the burial marked a moment of intense sorrow. This is how he expressed his feelings:

“There at the graveyard my sister and my brother left me alone by the grave side before the coffin could go down. I was left near the grave and then I

bowed my face down. I was crying. It was indeed a difficult moment for me. What prompted me to cry was when the pastor opened another verse from the Bible which said: "I put you down in the dark." This he said when the coffin was being lowered down. I imagined my mother going down where she was going to be alone in the dark. We also would be left alone. It was a moment of separation. The church members were singing songs which comforted me a lot."(Mashudu).

For most survivors, the presence of the deceased among the living causes them to hang on to some false sense of hope. When the coffin is lowered down in the grave and the soil is thrown in to fill the grave, a basic message of the finality of the departure of the deceased is conveyed. This moment seemed difficult for Mashudu. The church songs gave him hope. It seems that paying the deceased the last respect did not make supporters oblivious to the principal mourners' needs. This practice has also been observed as characterising the AICs' grief counselling. Their programme combines funeral dirges, songs of hope, condolences to the bereaved, admonishment to sinners and extolling the good works of the deceased, if any. The result of this type of intervention is a well-integrated survivor. The understanding of death as a two-sided phenomenon underlies this juxtaposition of concepts.

Although supporters will in most cases contain and understand the expression of intense emotions by the grave side, the Venda royals' culture does not tolerate this at all. Of paramount importance is that a member of the royal family be buried properly. No other person will be allowed to disrupt the prescribed procedures. The burial is done during the night and commoners, irrespective of their status and relationship to the deceased, may not enter the **tshiendeulu** (royals' graveyard). In Richard's case, the mother

of the deceased could not bury her son as she was not born in a royal family. Asked why they bury their dead at night, Richard said that there were certain rituals that are performed by the paternal aunts and uncles of the deceased which are kept secret. Asked what those rituals were, Richard said:

“Up until now, our rituals are a secret, I am referring to what the aunts and the uncles actually do. Those things are not supposed to be mentioned. They are big secrets. The only thing that I can demonstrate to you is how we pay homage to the deceased as the aunts and uncles are busy with their job. Another reason we bury at night is that we are a respectable people. We are not supposed to do our things while commoners are watching, not at all. Even though we started the burial at 8 p.m. and finished at 10 p.m., in the past it was not so. People would bury royals from one in the morning to 4 a.m.” (Richard)

Richard kept poor eye contact as he was talking about the royals' burial. He was quite uneasy. He also enquired whether the researcher was a member of the royal family. Mystery and secrecy are important features of the lives of members of the Venda royal families, especially those that are close to the chief. It is therefore normal that Richard was careful about disclosing details of what the burial entailed.

Contrary to what has been discussed in chapter two, that death, bereavement and grief are public among Africans, the death of a Venda chief is traditionally a secret. When the chief is seriously ill, his condition is kept a close secret. He is put in isolation where he can be attended to by a healer. Should his death be considered imminent, only **makhadzi** and **khotsimunene** (paternal aunt and uncle) are allowed to witness it. The burial

takes place some days after the death. Only a few of the chief's trusted counsellors and some of his brothers would participate in the burial. Each participant is sworn to secrecy. Those are the only few people who have authentic knowledge of the chief's death (Stayt, 1968).

It could take a period of not less than six months before the chief's death is made public. There are three major reasons why it was kept a secret:

- They want to keep the tribe calm in order to prevent shock and hysteria among the subjects.
- Second, this is to prevent disputes over his succession before the ascension of the new chief.
- Lastly, Venda chiefs were never buried alone. His "favourites" or "confidants" have to accompany him and be put as layers beneath him.

There used to be ambiguous, yet quiet ways to give the general public some signals. This would be done through the **tshikona** dance (Venda male dance). This dance is for all occasions. Whenever it was performed regularly at the chief's kraal, the tribe would begin to whisper, wondering what had happened. They however would not be sure until the death was finally made public. Announcing the death of a chief was both a sad and joyous occasion. It becomes a joyous occasion because during this time a new chief will also be intalled. (Personal conversation: Mr S.R. Ramabulana).

Procedures of burying royals and their significance require further investigation. As a commoner, the researcher could not obtain much information from the bereaved interviewee. It seems however that there is

really nothing mystical that the royals do to the body of the deceased. The rationale behind the secrecy is basically for purposes of preserving and protecting the royalty. Burying at night (as the case was with Richard's brother) is also practised with members of the royal family, other than the chief himself. As they fill in the grave, royal mourners, both male and female, strip off their tops, to honour the deceased. (Personal communication: Mr S.R. Ramabulana)

Two main markers characterize the burial ritual and are also associated with intense emotions: lowering down the coffin and the throwing in of the soil to fill the grave. In Jane's case, these conventional phases were preceded by some contemporary rituals which deprived her the opportunity witnessing of the entire burial:

"I was covered with a blanket and someone was walking in front to lead me. Then someone began to talk. This is what he said: "You all know why we are here. We are here for a funeral and you know how this person died." Just after he finished talking I heard three gun shots. I don't know what happened later because I fainted. What I heard from the old ladies is that they carried me to my bedroom where they tried to look for tobacco. When they found that my husband was not a smoker, they just called someone to come and to smoke and puff into my mouth and my nostrils. After he puffed over me is then that I woke up." (Jane).

The gun shots mentioned above were a public acknowledgement not only of the death, but also of how it occurred. Jane learned later that it also served to prevent any member of the family from dying in the same manner. It was

quite ironic that it had the potential to scare to death the very person it was supposed to prevent from dying - the principal mourner. Although some of the traditional rituals may seem irrelevant to contemporary societies, their advantage is that they have been practised over a period of time and thus refined. Contemporary rituals need to be practised with caution and with sensitive consideration of those they are supposed to benefit and be meaningful to them as they go through grief.

Sometimes the burial procedures focus more on the preventative goals than on the separation of the dead from the living. When Tshilidzi lost her baby through a spontaneous abortion, her husband instructed her to keep the embryo until the elders arrived. On their arrival they commended her for not having thrown it away as the rituals could not be performed without it. The burial process was elaborate:

“They collected clay and made something like a pot. They took the blood and everything that came out (the embryo) and put that inside the clay pot. Out of the clay pot they began to form something that looked like a human being, with the head and eyes. They dug a hole outside and placed the thing (clay baby) inside in a standing position facing west. They made sure that it stood straight. It must never face the east. If it does, the mother will never have another baby. They then asked me to throw the soil inside the grave. Instead of using my hand, I was instructed to use my hips. All these were done by the old ladies, no man was allowed to come close to where it was happening. There is nothing that they do to you as the mother. All they do is only this little thing (clay baby).” (Tshilidzi).

In the Venda culture, the mother's prospects of having any more babies after a miscarriage depends on the thoroughness of the burial rites. In Tshilidzi's case, her grandmother was called to come and witness as well as monitor what her in-laws were doing to ensure that there was no foul play.

There seem to be some contrast between the Vha-Venda and Yoruba of Nigeria. The Yorubas perceive the dead babies as highly dangerous to their parents. As a result they are thrown in the bush outside the village where they become prey for jackals (Johnson cited in Eisenbruch, 1984).

Whereas the Vha-Venda seem to appease for the dead baby and the mother's fertility through a decent meticulous burial, the Yoruba call these babies **abiku** (born to die). No such babies would be buried below the earth lest the earth shrines who bring fertility to humans and animals would be offended. These contrasts in practices do not necessarily suggest that Vha-Venda have greater sensitivity to infants' deaths than the Yoruba. Each has a special view of the significance of the baby and its death to the bereaved. What is common to both is their perceptions that how the infants bodies are disposed of has some significance on fertility.

Funeral ceremonies are rites of passage that acknowledge that death is real. Those who believe that they mark the transition to another state also believe that the journey begins only after the body is buried. There are others who also forbid expression of intense emotions as they fear that doing so causes the spirit of the deceased to hover between the earth and the heavens. Letting go, they believe, releases the spirit of the deceased to go in peace. Despite the usefulness of rituals in helping survivors and the community at large accept the reality of death, some bereaved people go through the process still

in a state of shock and disbelief, especially in the event of sudden death:

“I can’t remember anything. I was abnormal. I was just something that you could call **le-ab** (psychopath). Whether people were throwing in the soil or not, I could not even think about what was happening. I was really abnormal. I did it because it was announced that survivors should do it. I just threw in the soil because everybody else was doing it. Otherwise I can’t even remember what was happening” (Sara).

It seems that Sara moved through her son’s burial in a daze, unable to think or react appropriately to what was happening. This was probably due to the shock resulting from her son’s sudden death. Webb (1993) reports that sudden deaths contribute to a tendency toward denial among survivors. When death occurs with little or no warning, and especially if it occurs in the younger years, it brings an extra effect of shock over and above the normal. As Raphael (1996:28) puts it, death is a potent reminder of human mortality and human impotence since one cannot know or control its time.

4.3.5.4 Participation of children in funeral rites.

How much children should be told about death varies from one extreme to another. While there are parents who will protect their children from any notion of death or dying, there are those who believe that children are able to feel from a very early age (Alexander, 1994). The Venda culture espouses the former idea. Children survivors who participated in this study were never told about the deaths of their loved ones. Resultantly, their need to mourn

were also never recognised. Shaka, for example, denied having participated in the burial of his mother.

“We were just playing nearby in the valley on the funeral day. The thing is, if you are a child, nobody never tells you anything. Yours is just to follow anything that you are told to do.” (Shaka).

Shaka was referring to himself and his seven-year old sister. They both did not participate in their mother’s burial. All that was required of them was to come and walk underneath the coffin which was being held up by adults after which they went back to play with other children in the valley. The ritual of walking underneath the coffin with the corpse inside is believed to be helpful in making little children forget about the deceased. It seems that in Shaka’s situation, the adults assumed that, as children, he and his sister would neither feel the loss nor understand it. All they wanted to help them with was for them to forget their mother. Shaka has not. He says that he still experiences pain whenever he thinks about her. Carol shared the same experience, that is, of being excluded. Her case was a bit extreme as she did not even participate in any rituals.

Everyone has the right to know the truth about the death of their loved ones. The desire to protect them may result in confusion and anxiety (Alexander, 1994). Times of death and bereavement are times when people, irrespective of their age, need other people. The presence of other persons who care is important. It can be deduced that both Shaka and Carol, who as children were left to ask themselves questions, were inevitably traumatised and at risk for poor outcome.

4.3.5.5 Post burial rites

(a) Purification

The loss of a spouse has such great impact because of the intensity with which the relationship is held and the core themes they represent in their lives. It is for this reason that detailed post-burial purification rites are often prescribed for widows and widowers. In a situation where a survivor of conjugal bereavement is young, purification is also necessitated for fear that they will contaminate their future spouses or sexual partners. Purification rituals have age and gender variances in most cultures. Although cleansing and strengthening in the Venda culture is done on both men and women, men are never expected to wear mourning clothes. Women are however expected to wear them for a period of at least twelve months during which they are also prohibited from having sexual relations. The cleansing rite is done by a healer in the presence of elders who are themselves also widowed. Purification would be done in the river (Personal communication: Sara Ramadolela). There is a similarity in this regard between the Shangaans and the Vendas as evident from Jane's experience:

“After the funeral, I did not have any problem during the day. The elders prepared food for themselves, but I refused to eat. Then in the evening, they explained to me that we would go to the river the following day. They said: ‘We are taking you to the river where we are going to perform certain rituals on you in accordance with our tradition. We have to go and come back early while people are still asleep so that they won’t see us; we fear to be seen by people.’ I did not refuse. I told them that they could do as they wished with me.”

(Jane).

Despite Jane's willingness to participate in the purification rites, her family of origin refused that her being taken to the river. They stated that there would not be anything done on her if they, as her family, should be excluded from witnessing. They did not object to purification *per se*; they only wanted to be part of the process. Their adamancy, it seems, sacrificed the entire process. Jane ended up being ordinarily bathed at home although it was early in the morning. She was thereafter clothed in black.

Although the performance of any bereavement rites seems to be a prerogative of the widow's in-law, her family of origin is given an upper hand when it comes to whether they are done on their daughter or not. In the event of cultural clashes, the widow's family takes preeminence. In Mary's case, her ex-husband's family had to actually ask her parents permission to perform rituals on her. In both Jane's and Mary's cases, they gave their approval for whatever was supposed to be done:

"I undressed and remained naked. He (the healer) then said that I could be bathed. My aunt bathed me. It was my mother-in-law, the healer (who happened to be the deceased's uncle), my aunt and I. He (the healer) then asked for permission from my aunt to lacerate me. By the way I had never been lacerated before in my life. I told myself that if these things are effective, I am risking my life for the first time. My mother-in-law was busy praising me for being co-operative. I then reassured her that they could do whatever they planned to do."
(Mary).

Despite their uncertainty with regard to what the purification rites entailed,

Mary consented to the process without resistance. Her submission to the process could be mistaken for lack of assertiveness. With her family close by, she knew that nothing harmful could be done to her. She played the role of a complacent daughter-in-law, knowing fully well that advocacy was within reach. Her facade earned her favour with her in-laws and in many ways averted conflict during a time when they needed each other. Another important factor was that she did not believe in the effectiveness of what was being done. It is a common practice among Vha-Venda that young people consent to participating in rituals in order to please the elders or show them respect. Mashudu, likewise, participated in rites that he did not even believe in:

“By the next day, the sister to my mother took me to the grave together with my uncle. They were moving around the grave and told me to pick soil from all directions to put inside a plastic bag. I did as instructed and then gave it to them. Back home they dug a hole in the room where my mother used to sleep and put that soil inside. They called her by name saying that they were bringing her back home. At that time my father had gone back to Johannesburg. I was the only one left at home. Then I was forced to do it.” (Mashudu).

According to Rosenblatt (1997), it is often the older generation that seems more observant of the rituals. Young people will, in most cases, do what they have to do and often not reflect on whether it has any significance to their loss. Rituals, be they traditional or contemporary and self-generated, have to be significant in facilitating the following major aspects of grief:

- Separation from someone we love;

- Mark the transition phase of our major change;
- Help establish a new beginning.

In Mashudu's case, the post-burial he underwent did not seem to have addressed any of the three. Apparently, whatever meaning it carried did not benefit him as principal mourner.

b) Transition

The rites of transition are marked by the physical or symbolic exclusion of the bereaved from society. Kubler-Ross, cited in Littlewood (1993), observes that whereas funeral rites of separation are relatively straightforward, rites of transition are far more complicated. They are usually accompanied by extreme prescribed ways of behaviour. One has to follow those patterns in order to gain the support of the community.

Transition is a period of mourning during which social life is suspended for those affected by the death. The length of the period increases with the closeness of social ties. Mary, who was already divorced from the deceased, was only instructed not to bath for a period of three days after being lacerated on all her joints. She was however not expected to wear mourning clothes. Jane had to suspend her studies for the whole year, during which she wore nothing but black. Not only was she expected to wear mourning clothes; the elders also gave her a mouthful of instructions regarding how she was to conduct herself socially:

“They said if you visit a family where the husband is still alive, you must not sit on a chair. The utensils that you use for eating must not be used by any other person. The sun must not go down before you

are back in your homestead. You must not run, even if you have to catch a taxi. You are also not supposed to shout whenever you are calling people. They actually told me a number of things some of which I didn't even hear as they were talking. Then they finished.”(Jane).

Transition is a time for recovery and rehabilitation (Nwoye, 1998). It ushers in a period of social marginality. It is women rather than men who are compelled to observe this period by even wearing clothes which symbolize mourning. Mourning clothes elicit some reactions from the wider community which are in most cases far from the usual. These could entail being shunned for fear of contamination, sympathy, as well as appropriate supportive behaviour. There is usually an aura of gloom that tends to surround people wearing mourning clothes. The code of behaviour as described in Jane's narration is, in any case, dictated by the attire. In other words, the dress code dictates the expected conduct. Perhaps this could be the reason why Jane lost concentration in what was being told her.

After Tshilidzi had a miscarriage, the elders knew that her body would take some time to recuperate. After the burial of the two-month old embryo, they placed casta oil plant seeds (**mupfure**) which had not yet burst open on the little grave. Tshilidzi was left with clear instruction to monitor the seeds regularly and to inform her sister-in-law as soon as they were ruptured. She was to remain celibate until the elders told her to resume sexual relations with her husband:

“Their major emphasis was cautioning me against resuming sexual relations with my husband before the seed burst open. Yes, what they

tell you is that your husband will be ill. Miscarriage is like a self-induced abortion. If you meet (have sex), isn't it that the man will get sick? That is what they fear. I asked what if I go to Tshilidzini (name of hospital) for a clean-up, and I was told that it would just be the same: he would be sick. Had the seeds delayed, it would have been boring. However, they did not delay. After two months they burst. Had they delayed the elders would have convened another meeting.”(Tshilidzi).

The elders could not be trusting enough that the bereaved would give them an honest report with regard to when she resumed her ovulation, which is the time that they would permit her to have sex with her husband. They put the **mupfure** seeds which, according to their knowledge, takes not less than two months to burst. This is also the period within which they expected that Tshilidzi's menstrual cycle would have resumed. Had they delayed, conflict could have ensued between the two families. That could have meant the extension of Tshilidzi's celibacy, which would also have implications on her chance of conception. The responsibility for any irregularities would be blamed on her in-laws. Tshilidzi mentioned that if the seeds had not burst as expected, her family could even go to the extent of demanding that the baby be exhumed to ensure that it was not tampered with.

Ready questions emerge: How do seeds relate to ovulation? How about the timeliness of their bursting or their delay? And how can malevolence tamper with something as natural as menstruation? All these are some of the mysteries that shroud African healing practices. They are realities that exist in the world view of Africans, which need to somehow have to find a niche in community psychology in order for interventions to be relevant.

According to the stage-bound theory of grief work, the renewal stage (phase 5) completes the work of mourning. Although the loss of their loved ones leads to disintegration, a “breaking apart of the world,” as it has been known, the bereaved have to find a new way of living as they are now no longer attached to the deceased. Mourning, which is also a period of transition, offers the bereaved an opportunity to put the pieces of their life together again. Confining mourning within a specified period of transition also safeguards the possibility of chronic grief. The bereaved are afforded a recovery period during which they overtly or symbolically request for support and special consideration. Behaviours that are prescribed for the principal bereaved during the mourning period are not indefinite. They however have implications on the status of the bereaved, especially survivors of conjugal bereavement. In cultures where mourning is observed over a period of time, it culminates in re-incorporation celebrations. Re-incorporation ushers the bereaved into the mainstream of social life and helps them to determine when a period of grief has socially, if not personally, ended (Littlewood, 1993).

4.3.5.6 Re-incorporation

Re-incorporation into society is determined by the age and status of the deceased as well as their relationship to the principal mourner. It could range from a private communion of just two people to a public celebration of an entire community. For Tshilidzi, whose transition period was two months, re-incorporation was also quite simple:

“It was said that as soon as the seeds burst, my sister-in-law would come to verify and inform my grandmother. I went to call her. I

actually told her that I also was being cleansed (Venda euphemism for menstruation). She said that if I was seeing my period, it meant that I had served my jail sentence. I was discharged. There was nothing else that was supposed to be done. If the seeds had not raptured, it would have been a mistake. And again if they raptured and I did not fall pregnant, again is another big mistake. In my case it took only three months to fall pregnant. Then they were happy that they had done their job properly.” (Tshilidzi).

It has been pointed out earlier how important it is that an infant’s or fetus’s burial should be carefully done to ensure that the mother retains her fertility. In Tshilidzi’s case, there were two things that would signal that her fertility was still intact. Those were the bursting out of the **mupfure** seeds and resumption of her ovulation. These were however just foreshadows. They emancipated her from her celibacy and thus re-incorporated her as a married woman. This was not an end in itself. The task would be deemed complete and well done only when she became pregnant again. Pregnancy would restore her to her recently lost status, first, that of an expectant mother and later that of being a mother.

For Jane, however, re-incorporation was a multi-purpose event. It marked the end of her twelve months of mourning during which she wore black. It was also meant to be an opportunity for her to select a husband. Her period of mourning also meant the suspension of her studies. Re-incorporation would therefore enable her to continue from where she left in her university studies. Her in-laws planned a celebration which would be marked by some rituals requiring Jane’s as well as her family of origin’s active participation:

“My parents were told to bring along a goat and my in-laws would also bring theirs. On arrival, the two families would exchange goats. Both goats were to be slaughtered simultaneously. The gall of both goats would be mixed and my brother would then pour the mixture over my head. When all this happened I would be naked, except for just a cloth around my waist. Mind you, people would be watching. They would then cut my hair, bath me and thereafter adorn me with new clothes. Everyone who came would then be expected to contribute whatever they brought along. After they had slaughtered the goats, I would be expected to take a calabash, fetch home-brewed beer, and thereafter hand it over to a man of my choice, someone I wish to continue my life with. Cultures clashed. This ceremony never took place. My family mentioned that, I, in the first place, do not eat goat meat. They asked: ‘What do you imagine is going to happen if you smear things extracted from the goats on her?’ They understood. The goats were however slaughtered. What actually happened eventually was a church service. The church people took over the programme. I thought that my in-laws would be offended and not participate in the service. Although I didn’t know what was in their hearts, but it looked like they had accepted it because no one culture was supposed to dominate. They participated in the church programme. Even where they were asked to say something on the programme, they would really say words which I thought were right.”(Jane).

Jane’s in-laws put the entire act together except that they had not planned it with her parents. The intended purpose of bringing the goat was never disclosed until they arrived. The re-incorporation ceremony was one of the

activities marking the end of widowhood for Jane. That things could not work out as exactly planned must have been an anticlimax, especially for prospective suitors who came looking forward to being handed over the calabash. The Shangaan culture differs from the Venda culture as far as the choice of a spouse for a widow is concerned. In the Venda culture, the man who takes over the widow is chosen by the deceased husband's sister. In the Shangaan culture, the man who is the first to be given the calabash by the young widow, becomes her husband.

Part of the plan was also to celebrate the occasion with feasting and to shower Jane with gifts. Although this was going to be done within the context of the Shangaan culture, it is similar to what is practised by the AICs during their re-incorporation ceremonies (refer to section 2.8.1: case study). The Bible forms the basis of the AICs faith, but it has to be acknowledged that their mode of worship as evident in, for example, the rhythm of their music is dominated by traditional African culture. Littlewood (1993) has also noted the tendency for some indigenous groups who have converted to Christianity to retain aspects of former pre-Christian faiths. Maybe this is the reason why Jane's in-laws did not see any clashes between their intended purpose and what the church did.

Culture was used, not only to talk to Jane about a new beginning, but to symbolize it through rites of passage rituals. The ceremony would also have marked the end of her widowhood status. The church does the re-incorporation first and then gives the widow an opportunity to be married to someone of their choice within the church:

“According to the church, you can remarry. It does not matter if that

person has a family already; you just do as you wish. The only thing is that you marry someone within the church. You are not supposed to marry an outsider. If I fall in love and they hear about it, and they have proof that I am doing it, they will call me and I'll be interrogated. They will tell me that I know what the church expects. The church law is that you marry within the church. We don't marry outsiders.”
(Jane)

4.4 EVALUATION OF SUPPORT OFFERED

There are no worldwide standards for determining whose view of how to deal with death is most valid. The perceptions of the bereaved will therefore constitute an important aspect for purposes of evaluating support offered. Times of death and bereavement are times during which survivors need support. It is never easy for supporters to identify what is helpful for the bereaved and what is not. People often dread saying or doing anything for fear of rubbing salt in the wound. They may, as a result, choose to be quiet or to totally avoid contact with the bereaved (Corr et.al, 1997). On the other hand, you do get situations where people cluster around the bereaved in a manner that borders on overbearing. It is therefore important to bear the needs of the bereaved in mind if any form of support is to be beneficial. All the rituals and any behaviour deemed appropriate grief conduct must serve as an anchor intended to prevent the broken heart of the bereaved from degenerating into a chronic outcome (Nwoye, 1998).

This section attempts to evaluate support offered to the bereaved to see if the intended goals were hindered or facilitated.

4.4.1 Support offered during the initial stages.

One important factor that influences the resultant effects of bereavement and individuals' ability to cope well is the method employed in breaking the news to the bereaved. Nzewi (1989) states that when the Igbo of Nigeria have to break bad news, they delay for hours by talking to the bereaved person in general terms about life and death. Besides, when the news is eventually broken, it is shrouded in euphemism or what she calls 'ambiguous language'. The rationale for this indirect, tactful manner of communication is the avoidance of severe shock.

The indirect manner of communicating death is also practised among most ethnic groups in South Africa, including Vha-Venda. Delaying to present the news has been used with all participants in this study, with the exception of those who said they were never told about the death of their loved ones. This was, in most cases, coupled with deception. Both Thina and Sara acknowledged that the cautious manner of informing them about the death was to prevent them from fainting. They both valued this approach as helpful. This is how Thina experienced her messenger:

“....In the meantime she was observing me closely. She knew that if she could just tell me there and then, I could, maybe, fall down.”
(Thina).

When the news was presented, Thina was working in her field. The person who told her was actually not tasked to do that; rather she was supposed to bring her home where the news would be presented to her by the elders. When Thina could not be persuaded, the messenger was compelled to break the news. The outcome however was not anything that the two of them could

not handle. Back home Thina found that people from her community had already gathered for the purpose of giving her and her family support.

The social support networks and the help that the bereaved receives after the loss has been found to influence the outcome of grief. During the initial stages of shock and denial, a congregation of people around the homestead of the deceased can help the bereaved to come to terms with the reality of their loss. In communities where a tent is pitched for prayer meetings, this can also be useful in announcing to other people who might not be aware of the tragedy. In this way, more and more support is rallied. When Mashudu called the hospital to enquire about his mother's condition, the doctor suggested that he should rather come to hospital. He suspected that the worst could have happened. He shied away from confronting the reality alone and went to his home first:

“I went home immediately. When I arrived, I noticed that things were bad. I saw some relatives of my father who are not used to come. The sister to my father told me what happened. Even before she told me, I could see that my mother must have passed away. By the time she told me, it was already there inside my mind that something was wrong.” (Mashudu).

Even before Mashudu could be informed, his worst fears were confirmed. The sight of unexpected irregular visitors said it all. The news was broken in an environment where support was available. The rationale for people to often make funerals private and as quickly as possible is the hope that once it is over, some of the pain would be over as well. Consequently the bereaved will get their lives back together again. However, Sanders (1992)

contests that making grief private robs people of the opportunity to benefit from communal support as well as deprive them an opportunity to grieve their loss. The presence of supporters did prepare Mashudu for the inevitable and at the same time contained him in case anything happened. Probably if he had gone to hospital, the doctor could have done what he had to do, namely handle the case in a clinical way.

In a country like South Africa, where grief is a publicly shared experience among Blacks, a well-attended funeral is highly regarded while poor attendance is associated with lack of support. This perception is also held by the Vha-Venda of the Northern Province. When Richard's brother died, the community knew that they were not going to be part of the burial rites, for royal cemeteries can only be accessed by those of royal blood. They however gave as much support as they could. Their support was genuinely valued:

“Yes we find it very much helpful for us, because when we were alone as a family, we were very much worried. But by the time they came for condolences, we realised that something was happening. I found that those people were there to assist us. In fact their message was that we should not worry; that was the main message in the Bible verse with which they usually opened the prayers every evening. They told us not to worry as we too are going to pass away.” (Richard).

In Tshivenda, people are not invited to attend a funeral as the case is with a wedding. The assumption is that in times of grief the presence of others who care is very important. It is not unusual that people attend a funeral of someone they have never met; they just do so to support their friends who are related to the deceased. As it can be seen from what Richard said, communal

support was valued. In some communities families are even obliged to contribute a stipulated amount of money to help meet expenses incurred by the bereaved family. Nwoye (1998:77) sums this up in this way:

“But funeral ceremonies in Africa do not come only in the form of music and dances or through gun shots and salutes. They come, too in the form of gifts and donations from members of kith and kin of the bereaved as well as from those who are particularly connected with the deceased. These donations are intended to serve as a message of the community to the bereaved that the burden created by exit of the deceased is not meant to be carried by him or her alone.”

Despite the avowed agreement about the need for support during times of bereavement there are situations where privacy is preferred. Sara, who mentioned that she was in total oblivion when her son was being buried, explained why she would have preferred even fewer people:

“I did not even notice. Whether they were few people or many, that did not work for me. I did not care because I had seen that Vha-Venda are not honest people, they are **skelms** (Afrikaans for dishonest). They are very secretive. They can kill you while laughing with you. As for me, they killed my son while they were laughing with me. Moreover, they were my own relatives. That is why I never actually bothered. I could have buried him with Molly (Pseudonym for Sara’s daughter-in-law) and found that just fine. I could not trust anyone at that time. I could not see any good person at that time. In my mind, I thought everyone present there was not honest except Reverend Smit (pseudonym). He was even expelled from his job

because of my son. Otherwise, I perceived everyone present there as a **skelm**. Why, of all the people who were arrested, only my son was singled out and killed? Why was it only him who had to die for the country.” (Sara).

At the time of her son’s death, Sara did not have full information regarding how it occurred. All she knew was that he was killed in custody. Her suspicion was that some people had plotted to kill him. A few supporters who stood by her and her daughter-in-law could not be appreciated. She perceived the cause of her son’s death as conspiracy. She expressed herself with intense rage as she explained how “**skelm**” the Vha-Venda were. Sara’s feelings confirm what Rosenblatt (1997) says about societies that understand death as the result of somebody’s malevolent act. The death of a loved one is reacted to with a great deal of rage, a determination to identify the attacker and a desire to revenge.

Rogers, cited in MacLaren (1998:3) states that individuals have within themselves vast resources for self understanding and for altering their self concepts, basic attitudes and self directed behaviour. One however, needs to acknowledge that in a state of shock, accompanying bereavement, survivors judgement with regard to what is helpful or not helpful is often impaired. Survivors sometimes find themselves in a state of chaos. It is for this reason that in some cultures, ways of behaving during this period of transition are prescribed in order to afford the bereaved some direction and spiritual strength (Sanders, 1992). It was therefore understandable why Sara thought the way she did then - irrationally. The people she thought she could do without did really help her as there was no way she could have buried her son alone.

4.4.2 Support offered through evening prayers

In most African communities, especially in rural areas, mourners can still rely on a closely-knit group of neighbours and relatives for support. Grievors also count on clergymen to help them make sense of their loss as well as address many questions that death usually raises. It is a norm to have prayers held at the homestead of the deceased at most a week before the burial. The institutionalisation of this practice is well-developed among the AICs, where prayers culminate in a wake a night before the burial (refer to section 2.8.1). This communal support is meant in part to gradually prepare survivors for the anticipated rite of separation at the funeral. Principal mourners do not usually participate in these public prayers. They are usually in a secluded place where a selection of church leaders offer special prayers for them after the public services. For Jane to benefit from this communal support, she had to listen to messages through her bedroom widow:

“Yes, I benefited. What I can say is that during that time when they were talking, they were outside. I could hear them through the window as it was directly opposite where they had gathered. I could follow whatever they were saying and their messages would stay with me even after they had left. I would remain pondering upon the examples that they cited and try to find if they were the same as my situation. Sometimes I would feel like my situation was worse than theirs.” (Jane).

According to Corsini & Wedding (1989), people change when they realise that they are not alone, that others have similar problems and that human suffering is universal. Jane was made aware of the universality of loss. Like

group counselling sessions, the prayer meetings afforded her a greater variety of resources and view points. Jacobs et.al (1994) note that when the group is not homogenous, members will usually have a variety of opinions and ideas thus making experience interesting and closer to real life. Notwithstanding the fact that she often perceived her situation to be worse than those of her supporters, Jane realised that she was not alone, and that other people have thoughts and feelings similar to hers.

There are problems with condolences when they are interpreted by recipients as attempts at asking them not to feel what they are already feeling. Feelings are real, as are all honest reactions to a significant loss. The bereaved need to live with and live through all these. Despite the supporters' noble intentions in conveying messages, some things they say may be unhelpful to bereaved persons. This is evident from Mashudu's reaction:

"I know very little about the word of God, but because I do not accept what really happened and the way my mother died, I got a little bit out of what the word of God says. I did not accept what happened. They said she was through with what she came here on earth for, but to me I thought she was not through because I was still dependent on her." (Mashudu).

In their endeavour to answer some of the questions raised by death, many religions use philosophical statements. Paul, for example, says in the Bible, "For me to live is Christ and to die is gain" (Phillipians 1:21). This suggests that dead or alive, Christians have nothing to lose. Among the AICs and many believers in the Bible the simile of a pilgrimage is used for purposes of understanding life and its end. Other peoples' pilgrimages are relatively short while others may have to tarry for a while before the Creator calls them

home. Using this analogy and what was said in relation to the death of Mashudu's mother, it could be said that her death marked the fulfilment of God's purposes for her life on earth. Eisenbruch (1984) claims that suffering individuals are often not content with philosophical explanations for their loss. All they need is immediate action to help them feel that they have some control and that things can be better. Similarly, Mashudu could not make sense out of what was said. His preoccupation was rather with finding solutions for how he was henceforth going to cope without his mother's support. He refuted the notion that she accomplished her task, for him the only message that would make sense was how and when working; after he completing his studies.

4.4.3 Post-burial support

The long-term adjustments to the loss of a loved one involve many processes. The bereaved person may need to grieve, mourn, and finally relinquish old roles, patterns of interactions that were once fulfilled by the person who has died. It is only when these are relinquished that new and satisfying roles, interactions and sources of gratification evolve. The social systems of the bereaved may have rituals or prescriptions to facilitate this process. For the bereaved, the funeral marks only the beginning of the adjustment process. After the burial, other people may still find it shocking to go home and discover that the deceased is not where he is expected to be (Raphael, 1996; Littlewood, 1993). The appropriate ritual for helping the survivors to deal with memories of the deceased is called **vhulivhadza** (Venda for 'Make-to-forget'). In recommending this ritual, this is what Thina said:

Vhulivhadza does help a lot. It remedies heart problems. In the

olden days whenever someone lost their child or their spouse, they would not follow immediately. Even if they would feel sick in their body, their heart would not have problems with this **gagaga-ga-tok-tok-tok** (palpitations) because they were given **vhulivhadza**. Even though they would remember the deceased, their heart would not have problems with this **gaga-gaga-ga- vaaaa-tok-tok-tok**. This would not happen in Tshivenda. I too was given this medication. Yes the deceased's picture does come to my mind, but my heart never does this **gagaga-vaaa-tok-tok-tok**. All I feel is that yes it is difficult, that is, each time that memories of the deceased cross my mind.

The understanding of grief as a multilayered phenomenon which affects survivors emotionally, spiritually, physically, cognitively, and behaviourally has been discussed in chapter two. This understanding underlies most African traditional healing interventions. Traditional healing is holistic because it cannot be reduced to a single dimension of treatment or remedy. Despite what **vhulivhadza** means, (namely, "Make-to-forget"), Thina acknowledged that she still had memories of the deceased. Whenever the picture of the deceased come to her mind she said it did not trigger physical symptoms that were associated with grief. All that she experienced were feelings of sadness.

Alexander (1994) cautions against the use of medication, such as drugs, for people who are newly bereaved. The effect of drugs such as tranquillizers, sleeping pills, antidepressants and alcohol is only temporary and anaesthetic. When the effect wears off, the pain comes back. Another danger is the possibility of a permanent dependent pattern on such drugs. The concoction **vhulivhadza**, it seems, is not a drug. According to Thina, **vhulivhadza**

relieved her physical symptoms thus helping her live through the psychological pain without masking it or blocking the grief within her.

To prepare **vhulivhadza**, healers grind roots of a certain plant called **vhulivhadza** together with any roots that they find underneath a grave. For it to be palatable, they mix it with something that is pleasant to eat. Khathu's attitude toward **vhulivhadza** was quite different from Thina's. Her aunt endeavoured without success to give her soft porridge which she had mixed with **vhulivhadza** to help her deal with her twin brother's death. This is how she blatantly showed her disregard for the practice:

“They also wanted to prepare those things (**vhulivhadza**) for me, but I refused. I told my mother that even if it was my own mother who had died, I would never take such things. My aunt tried to entice me by offering me soft porridge but my heart could just not agree. She then disclosed to me that she had mixed the porridge with some roots. I had to reiterate that I would not eat it and that moreover I go to church. Besides, I had already accepted that my brother was gone.”
(Khathu).

Most traditional bereavement rituals have their bases in religio-cultural belief systems. The difference between Khathu's beliefs and those of her aunt could partly explain the former's refusal to participate in the ritual. Prior to her brother's burial, however, Khathu had agreed to lie in his coffin at the funeral parlour. She said she found this ritual so meaningful that by the time her brother was being buried, she had already accepted his death. The ritual of lying in her twin brother's coffin was not based on the Venda culture: it was devised by her family. She did not find this cumbersome despite its

being rigorous. Instead, she reported that it was both meaningful and helpful to her painful passage. Sanders (1992:186) advocates for the development of relevant rituals that give expression and meaning to our individualistic spirit. There is, in fact, nothing holier about lying in a coffin than eating some porridge mixed with roots. The difference between the two practices is that the former is more aligned to contemporary practices while the later seems old-fashioned.

One rarely finds the significance of African healing practice by merely focusing on some techniques which may, in many cases appear to be barbaric. What has proved worthwhile is to try and unearth underlying themes rather than look primarily for what is most easily criticized. This attitude helped Jane through a period of mourning during which she had to wear black clothes:

“As far as wearing black was concerned, it afforded me an opportunity to withdraw and kind of listen to myself. Some of my friends, especially the ones I used to school with, can be talkative. They are the kind who when they meet you, they will just run to you and make noise. My wearing black served to alert them of what I went through. Whenever they met me they would think twice and reckon that I could not just dress in black for nothing; there surely should be something. They then would cautiously approach me and ask me why I was dressed in black; then I would explain to them. It also helped me to abide by the elders’ rules as I could not enter any place I wanted to.”
(Jane).

The wearing of mourning clothes, especially by a young widow, is

sometimes easily be criticized. Sanders (1992) reports that the wearing of mourning clothes considered drab and old-fashioned by modern societies. For Jane, however, this dress code carried a message of personal sorrow and an unspoken request for consideration from her peers. Her positive regard for this prescribed behaviour brought her more insight than what the case would have been had she been negative. She found that this practice helped her to abide by the elders' demands in terms of her movements. It also afforded her an opportunity to withdraw so that her body could rest and be restored. The mourners's need to be alone in order to create some psychological space is essential if they are to adequately complete the grief work.

According to Littlewood (1993), death-related rituals should mark not only the separation and the transition; but the re-incorporation as well. There has to be some way to inaugurate the new beginning of the life of the bereaved without their loved one. The psychological space that was created and facilitated through the transitional stage does not last forever. The bereaved have to get on with their lives. During her mourning period, Jane seems to have experienced some alienation which made her appreciate the reincorporation ceremony when it was celebrated on her behalf:

“You know, according to the practices or the culture of the people where I come from, when you are dressed in black, they treat you different from how they used to treat you before. Whenever they meet you, they sometimes would just quietly pass you. Sometimes even when you call, say, a child to come, they would just run away. In other words they were trying to reincorporate me into the community, in a way, saying that I was still the same old person they knew. They

also admonished me with regard to how I should live, how I should dress, that I must respect myself. In other words, that the dignity that I had before should be maintained”(Jane).

Despite the need for some psychological space during the mourning period, the tendency to avoid the recently bereaved has been found by Littlewood (1993) to be quite distressing for survivors. The acquaintances of the bereaved may sometimes be ambivalent with regard to what they should say or what they should not say. Should this be the case, avoidance might seem a better option. Often the bereaved will also understand the code of conduct imposed on them, including the dress code, as an expression of how much they respected the deceased and valued the attachment they had with them. Successful completion of this period of transition brings some sense of relief and a new beginning for the bereaved. This is probably why the re-incorporation was generally welcomed by Jane.

4.5 RESUME

In this chapter, an elaborate discussion of themes and sub-themes has been preceded by a brief description of the research setting as well as a subjective portrayal of each interviewee. In the analysis of relevant excerpts from interviews, the researcher juxtaposed the interpretations of the experiences of the bereaved, and related them to the relevant literature review as well as previous studies on the subject. An evaluation of support, offered before, during, and after burial, concludes the chapter.

CHAPTER 5

CONCLUSION

5.1 INTRODUCTION

The aim of this chapter is to summarise major findings of the study and to explore their significance in terms of community psychology interventions. Guidelines for the development of a grief counselling programme will form part of the recommendations. In addition, the primary limitations of the research process as well as potential issues for further investigation are discussed.

5.2 SUMMARY OF RESEARCH FINDINGS

This study presents the experiences of ten survivors of bereavement who were identified as primary attachment figures to the deceased. Seven of them were female, and three were male.

Grief counselling as practised in communities in this study was found to be an informed process. It took the bereaved step-by-step from the initial stage of being informed about the death, through the shock and denial into the awareness of loss phase. Burial ceremonies accentuated the deceased departure from among the living, while offering solace, support and solidarity to the bereaved as they were confronted with the reality of death. Not much was found to be done in terms of post-burial support except for the purification rites and traditional inquests with healers and prophets. Of the ten participants that were interviewed, eight attributed the death of their loved ones to witchcraft. The wearing of mourning clothes facilitated the withdrawal of the bereaved for purposes of their healing over a period of

time. This transitional period culminated into the re-incorporation celebration.

Responses to the initial research questions, showed that the nature of survivors' relationship to the deceased influenced their reaction to the news about the death of their loved one. The most extreme reaction was fainting, and this was in the case of conjugal bereavement. This supports findings by Corr et.al (1997) who rates the death of a spouse, especially when the partner dies young, as one of the most difficult losses.

How participants conceptualized their attachment to the deceased was also found to influence the outcome of their grief work. The significance of the loss was thus understood in terms of how participants conceptualized their attachments. Despite the commonly held view that the purpose of grief work is for survivors to detach from the deceased, it was evident that some survivors were not willing to detach. They continued to relate to the dead, sustaining a relationship with them in any ways that made them perceive their bond to the deceased as still intact. The basis for this has been found to be the fact that many religions defy the finality of death. Death is perceived as a passage of the deceased into another life hereafter.

Gender and age were found to be determining variables with regard to how participants expressed their grief. The bereaved males took an unequivocal stance of manliness demonstrated in their resistance to any outward expression of emotions. Keeping a stiff upper lip in order not to upset younger survivors was also some survivors' way of showing strength. Cultural differences were similarly found to be significant in this regard. Overt expression of emotions was permissible and spontaneous among the

Shangaans, while it was deemed undesirable by the Vha-Venda.

Participants described the various techniques used for informing them about the death of their loved ones. It was established that the process of breaking the bad news forms an integral part of the community intervention in grief counselling. The questions, 'Who does it?, Where?, When?, and How?' were crucial. In most cases, subtle deception was used in order to get the principal bereaved to places considered conducive to the breaking of such news. The use of figures of speech and euphemism was preferred to directly reporting that the person had died. Phrases like "he has left us" or "she is no more" were among the most commonly used. This manner of communicating indirectly about death shows, among other things, respect for the deceased. Nzewi (1989) reports similar approaches about the Igbo of Nigeria. When the Igbo have to break the bad news, they use "ambiguous" language like, "the person has left" or "has gone home". These are efforts to avoid the severe shock which could result in mental illness if the unpleasant news is untactfully presented.

Although the process of informing bereaved adults was found to be meticulously and skilfully done, no conscious efforts were made to do the same with bereaved children. The rationale for this was the need to protect them from the pain that is associated with grief. Webb(1993), however, argues that if adults cannot confront and make peace with their own fears about the end of life, they cannot and should not expect children to find it easy to admit to the reality of death. Adults often refrain from discussing death with children because of their own anxiety about the subject. This anxiety often results from the fact that adults do not know how best to communicate death to children.

What participants in this study believed to be the cause of their loved ones' death undermined medically established causes revealed through autopsy. Community traditional inquests with diviners and prophets attributed seventy percent (70%) of the deaths to witchcraft. There were some cases where the deceased were believed to be still alive, albeit as Zombies. Insight into these mystical allegations perplexed some survivors. It also triggered anger from others who also sought to avenge the deaths of their loved ones. These findings affirm what has been reported by Rosenblatt (1997): that in cultures where deaths are seen to have been caused by someone else, the emotions of grief may include a great deal of rage, determination to identify the attacker and desire for revenge.

Shock and denial were characteristic of participants upon hearing about death for the first time. In order to facilitate movement from the initial phase of shock to the next one of awareness of loss, rituals were employed. Participants found viewing of the body of the deceased helpful. This ritual is called **u tovhowa** in Tshivenda. It was after **u tovhowa** that participants began to confront the reality of their loss. Factors that facilitate the facing of reality are diverse: the need for the bereaved to communicate about the death to significant others, the presence and condolences of others who acknowledge the death, and the need to arrange for the disposal of the body. In this study, evening prayers were found to help survivors to face reality. This model has its basis in African Indigenous Churches (AIC's).

In this study the AIC model of grief counselling was found to be helpful in the early days following the death. Prayer meetings followed a progressive intrusion of the reality of the absence of the dead, thus leading to a lessening of the denial. In case where the AIC model was fully administered as a mode

of intervention for the bereaved, prayers culminated in a night vigil a day before the burial. In order to consolidate reality, the principal bereaved had a special wake with their dead in seclusion. This was found helpful in making the bereaved develop an image of their loved ones as dead as well as getting ready for the body to be disposed of. The privacy that is afforded the principal mourners to be with the dead is recommended by Raphael (1996) as an important part of the adjustment process.

One level of denial is relinquished when the person is accepted as dead. A further acknowledgement of reality is required to arrange the funeral and participate in it. Participants agreed that funeral ceremonies facilitated transition for the living as well as the dead. In contrast to stereotypic views about religion as a way to deny negative events, the AIC model encouraged the bereaved to face the fact that death has occurred. Relevant scriptures were read, juxtaposed with funeral dirges and songs of hope about the hereafter.

It was also established that Venda royal funerals are still conducted at night and that they are exclusive to members of the royal family in terms of attendance. It was revealed that keeping royal deaths a secret was necessary for preventing disarray in tribes as well as avoiding possible disputes among royals themselves who might fight for succession and other positions, especially that of the chieftainship.

When someone is newly bereaved, the Vha-Venda believe that death hovers over them like a shade until they undergo the purification rite called **u bvisa tshirunzi** (Venda for "removing the shade"). In this study purification rituals were performed in cases of conjugal bereavement in cognizance of the

closeness of the bereaved to the deceased. Although the burials were conducted in a somewhat Christian way, post-burial rituals followed tradition. Bathing was symbolic of a new beginning and played two major roles: remediation and prevention. The former was in view of the injury caused by the loss and the latter was for purposes of preventing the principal bereaved from following the deceased or contaminating those around them.

The need to help the bereaved deal with memories of the deceased was also found to be crucial. Healing in grief work is considered complete when the bereaved is in a position to allow happy memories to come back along with sad ones without being disintegrated (Corr et.al, 1997). The ritual used for this purpose is called **vhulivhadza** (Venda for “make-to-forget”). This ritual was also reported as useful in alleviating physical symptoms that are associated with grief.

As far as the transition period was concerned, it afforded survivors some time for recovery and rehabilitation. In part, it entailed social suspension for the bereaved, which, in some cases, was accentuated by the wearing of black mourning clothes. The sombre nature of the dress was also considered to enable the bereaved to abide by the prescribed code of conduct appropriate for the transitional period. The psychological space necessary for the healing to take place was highly valued by the bereaved.

It was evident that mourning was guided by a strict code of conduct. Guided mourning was intended to provide the bereaved with the idea that their grief has a beginning and an approved ending. Grief work cannot continued indefinitely (Nwoye, 1989). Community interventions employed in this study to support survivors also had some way of signalling to the bereaved that

their grief work had an end. This was marked by the re-incorporation rites after the stipulated period of mourning. Due to its significance, re-incorporation was celebrated with festivity, firstly to acknowledge the successful completion of the mourning, and secondly to mainstream them back into the community from which they were temporarily socially marginalised.

As far as active participation in rituals was concerned, it was in most cases not the initiative of the bereaved. Despite the agony involved in some of the processes that they had to undergo, the bereaved gave their unequivocal consent to participate. For those who said they did not quite believe in the effectiveness of rituals, their rationale for undergoing them was fear that they might be blamed if anything went wrong.

5.3 THE SIGNIFICANCE OF THE RESEARCH FINDINGS FOR COMMUNITY PSYCHOLOGY

The findings of this study have some implications for community psychology. As an academic and professional discipline, community psychology was born at a conference in Swampscott, Massachusetts, in May 1965. The themes at that conference and other subsequent conferences were:

- to give modern scientific psychology away to the people, and
- to help the community help themselves by working in the community, making better use of local resources and creating new resources (Edwards, 1997)

Education has been found to be one of the important modes of intervention in community psychology. A closer look at some community grief

counselling interventions in this study reveals education as important for purposes of helping griever to come to grips with their loss. In the AIC model, for example, focus was on educating both the bereaved and supporters. Education has also been reported by Humphrey & Zimpfer (1996) as being an important component of grief counselling. The more death is accepted and dealt with as inevitable, the better people will be in a position to deal with it.

In Ban Ko Phoung village in Laos, South-East Asia, Mayisela (1999) reports that every villager has a coffin which is made long before they die. Coffins are a constant reminder of the villagers' closeness to death in view of their unhealthy life style. They smoke a lot while eating too little. Tribute is paid to the deceased by putting packs of cigarettes beside the corpse so that they can smoke happily ever after in the next life. Although Mayisela's account of the Ban Ko Phoung villagers gives an extreme portrayal of how much the inevitability of death can be accepted, it does suggest that individuals could be prepared to deal with death as and when it occurs to them or others affected. Studies show that people cope better with life challenges when they are armed with appropriate information and expectations (Humphrey & Zimpfer, 1996).

The idea of death as a maturational crisis that completes the life cycle of every individual was briefly discussed in the first chapter. It has also been noted that death has a two-dimensional feature: it marks some ending for the dead, and signals a beginning for survivors. It is as much a developmental crisis for the deceased, as it is for survivors, albeit an idiosyncratic experience.

Although grief is a universal experience, there are substantial individual variations in its specific manifestations and in the speed with which people move through the process. An appropriate model for grief counselling should therefore recognise the universality of grief as an experience, while acknowledging the uniqueness of each individual as they journey through it. The phenomenological model in community psychology could form the basis for programme design in grief counselling. This model's focus is on promoting the psychology of democracy which embraces persons in their diversity as well as uniqueness and universality (Edwards, 1997).

- **Diversity:** Consideration for diversity is important as there are no worldwide standards with regard to how people should grieve. Intervention programmes should be sensitised to respect any cultural differences.
- **Uniqueness:** The process of grief is an individual journey. Although losses appear to have similar qualities, each individual has unique issues to cope with.
- **Universalities:** There are universal dimensions of grief. Normal grief has, for example, been found to follow a progression of phases as discussed in chapter two (refer to 2.4.3).

Guidelines for a generic lifeskills grief counselling programme have already been suggested under 2.9.3 (above). Psycho-educational programmes need, however, recognize the needs of people who may be at risk for morbid grief. For such individuals, education as such may not be sufficient to address their fears, anxieties or any other grief reaction: referral for personal counselling and/or psychotherapy may be appropriate. Support offered to bereaved

children must be tailored to suit the uniqueness of each child's situation in order to ensure a healthy negotiation of their developmental tasks.

Findings in this study have revealed the important role played by community informal helpers in grief counselling. Egan (1994:4) also notes that helping and problem solving is a common human experience. Training in these areas must therefore be as common as training in reading and mathematics. Miller cited in Quinn (1995:2) sums it up as follows:

“The secrets of our trade need not be reserved for highly trained specialists. Psychological facts should be passed on freely to all that need and can use them. There are simply not enough psychologists, including non-professionals, to meet every need for psychological services. The people at large will have to be their own psychologists, and make their own applications of established principles.”

The aim of such training should be to enable community helpers to do what they have been doing more effectively, and also to act as intermediaries between the bereaved and professional support services. Training should be based on the principles of applied psychology. This field of psychology emphasises the practical use of psychology rather than its history and theories (Quinn, 1995). For purposes of training helpers to offer appropriate and sensitive community support to the bereaved, programmes should make better use of local resources specific for grief counselling such as rituals and music. The following chronological order is suggested for the development of a programme that would guide the bereaved through the process of grief:

- Communicating the news about the death of a loved one to the bereaved for the first time.

- Support during the initial stage of shock and denial.
- Facilitating the awareness of loss prior to the burial.
- Support during the burial.
- Support during the transition period.
- Main-streaming the bereaved through the re-incorporation rites.

5.4 LIMITATIONS OF THE STUDY

The limitations of this study relate to both the research methodology used and the actual field investigation.

A general limitation of qualitative research arises from the amount of effort required to accomplish a satisfactory qualitative study. Research tasks such as interviewing, transcribing from tapes, translations (in this case from vernacular to English), and coding of data were very labour-intensive and quite demanding. Because of its respect for the complexity of the phenomenon being studied, and the enhancement of understanding as its goal, the process had to be slow, based on sensitivity, and therefore rigorous. The challenge of extracting all relevant themes from participants' discussions from a variety of content was also daunting. The subjective selection of themes and relevant extracts barely did justice to the voluminous data that was collected.

In view of the sensitivity of the study, some participants tended to be philosophical about the phenomenon instead of describing their own experiences as required by the research. Others expressed discomfort with

the process as it triggered feelings that they had never confronted at the time of their loss.

Another limitation pertained to the language. The English language emotion words like 'grief', 'anger', 'sadness' and 'rage' do not necessarily translate well into Tshi-Venda. Similarly emotion phrases and metaphors such as **mbilu ya nga ya fhanduwa** (Venda for "my heart cracked") do not translate well into English. Attempts at translating some of these phrases somewhat compromised precision in meaning.

Gender differences play an integral role with regard to how survivors are supported. The researcher encountered a problem in getting bereaved males to participate in the study. Appointments were often scheduled but never honoured. The obvious gender imbalance in this study reduced the probable range of themes which could have emerged from interviews.

5.5 INDICATION FOR FUTURE RESEARCH

With regard to future research, more efforts are needed in the area of gender differences in grief counselling and accompanying rituals. Further investigations are also necessary for the efficacy of rituals in terms of their ability to facilitate healing. An investigation into children's needs in times of bereavement can also be a helpful inquiry. More advocacy is called for in sensitizing communities about the reality of grief among bereaved children.

REFERENCES

- Adkins, W.R. (1984). Lifeskills Education: A video-based counselling/learning delivery system. In Lasson, D.(Ed.) Teaching Psychological Skills: Models for Giving Psychology Away: California: Brooks Publishing Company.
- Aguilera, D.C. (1990). Crisis Intervention: Theory and Methodology. (6th ed.). California: C.V. Mosby Company.
- Alexander, H. (1994). Bereavement: A shared experience. Australia: Albatross Books (Pty) Ltd.
- Bailey, K.D. (1987). Methods of Social Research. (3rd ed.). New York: The Free Press.
- Banister, P.; Burman, E.; Parker, I. ; Taylor, M. & Tindall, C. (1995). Qualitative methods in Psychology: A research guide. Buckingham: Open University Press.
- Bloom, B.L. (1984). Community Mental Health. (2nd ed.). California: Cole Publishing Company.
- Bodibe, R.C. (1998). Counselling Beyond 2000: Which wings are most important. Paper presented at the SSCSA 19th Annual Conference. Vista University, Bloemfontein Campus 15 - 18 September.
- Bourke, A. (1987). The Irish traditional lament and the grieving process. Paper presented at the 3rd International Interdisciplinary Congress of Women, Dublin, July 1987.
- Brenner, M.; Brown, J. & Carter, D. (1985). The Research Interview. Uses and approaches. New Jersey: Prentice Hall.

- Bunt, L. (1996). Music Therapy: An art beyond words. New York: Routledge.
- Chirban, J.T. (1990). Interviewing in Depth. London: Sage Publications.
- Corey, G. (1996). Theory and Practice of Counselling & Psychotherapy. (3rd ed). New York: Cole Public Company.
- Corr, C.A.; Nabe, C.M. & Corr, D.M. (1997). Death and Dying Life and Living. (2nd ed.). Johannesburg: Cole Publishing Company.
- Corsini, R.J. & Wedding, D.(1989). Current Psychotherapies. (3rd ed.). Lanais. FE Peacock Publishers..
- Creswell, J.W. (1994). Research Design. Qualitative and Qualitative Approaches. London: SAGE Publication.
- Dennis, L.B. & Hassol, J. (1983) Introduction to Human Development and Health Issues. Mexico: W.B. Saunders Company.
- Denzin, N.K. & Lincoln, Y.S. (1994). Handbook of Qualitative Research. London: Sage Publications.
- Edwards, S.D. (1997). A community psychology narrative with special reference to Zululand, South Africa. Paper presented at the First African Conference of Psychotherapy, Kampala, 24-28 November.
- Edwards, S.D. (1999). Developing Community Psychology in Zululand, South Africa. Paper Presentation: 2nd World Congress for Psychotherapy. Viena.
- Egan, G. (1994). The Skilled Helper: A systematic approach to effective helping. (5th ed.. California: Cole Publishing Company.

Eisenbruch, M. (1984). Cross-cultural aspects of Bereavement. A conceptual Framework for comparative analysis. Culture, In Medicine and Psychiatry, 8, 283 - 309.

Gazda, G.M. (1984). Multiple impact training: a Lifeskills approach. In Lasson, D. (Ed.) Psychological skills: models for giving psychology away. California: Brooks Publishing Company.

Gilliland, B.E. & James, R.K. (1997). Crisis Intervention Strategies. Pacific Grove: Cole Publishing Company.

Graig, G.J. (1989). Human Development. (5th ed.). Englewood Cliffs: Prentice Hall.

Griffith, E.E.H & Maly, G.E. (1984). Psychological Benefits of Spiritual Baptism "Mourning". AM. J. Psychiatry, 141, 769 - 773.

Holloway, I. (1997). Basic Concepts for Qualitative Research. London: Sage Publications.

Humphrey, G.M. & Zimpfer, D.G. (1996). Counselling for grief and bereavement. London: SAGE Publications.

Hunt, G.T. & Eadie, W.F. (1987). Interviewing: A communication approach. New York: CBS College Publishing.

Ivey, A.E. & Simek-Dawning, L. (1980). Counselling and Psychotherapy: Skills, theories and practice. London: Prentice-Hall International.

Jacobs, E.E; Harvill, R.L. & Masson, R.L. (1994). Group Counselling Strategies and Skills. (2nd ed.) California: Wadsworth, Inc.

Kauuova, W.R. (1997). The Religious of Wouthern Africa: A synopsis of their basic beliefs. Potchefstroomse Universiteit: Institute for Reformational studies.

Klass, P.; Silverman, R., & Nickman, S.L. (1997). New Understanding of Grief. Mortality, 2, 173 - 175.

Krige, E.J. (1985). The Social System of the Zulu. (2nd ed). Pietermaritzburg: Shater & Shooter.

Kvale, S. (1996). Interviews: An introduction to qualitative interviewing. London: Sage Publications.

Lewis, J.A. & Lewis, M.D. (1989). Community Counselling. USA: Cole Publishing Company.

Littlewood, J. (1993). Aspects of Grief. New York: Routledge Publication.

Madima, M.C. (1996). The development and evaluation of a programme on the prevention of teenage pregnancy in rural Venda. Auckland Park: Rand Afrikaans University (Thesis- M.A. Counselling Psychology).

Mayisela, T. (1999) Tobacco heaven of the Coffin People. Drum, December 1999, 108 - 109.

Maykut, P. & Morehouse, R. (1996). Beginning Qualitative Research: A philosophic and practical guide. London: The Falmer Press.

McLaren, J. (1998). A new understanding of grief. A Counsellor's perspective. Mortality, 3, 275 - 291.

Mc Leon, J. (1996). Qualitative Research Methods in Counselling Psychology. In

Woolfe, R.& Dryden, W. (eds). Handbook of Counselling Psychology. London: SAGE Publication Ltd.

Meier, S.T. & Davis, S.R. (1992). The Elements of Counselling (2nd ed.) California: Cole Publishing Company.

Miles, M.B. & Huberman, A.M. (1994). Qualitative Data Analysis. (2nd ed.). California: SAGE Publications.

National Council for Mental Health (1986). Life-Skills for Self-Development. National Council for Mental Health: Johannesburg

Nwoye, A. (1998). The Theory and Practice of African Grief Therapy. In Madu, S.N., Baguma, P.k. & Pritz, A. (Eds.) In Quest for Psychotherapy for Modern Africa. Pietersburg: Unin Press.

Nzewi, E.N. (1989). Cultural factors in the classification of Psychotherapy in Nigeria. In Peltzer, K. & Ebigbo, P.O.(Eds.) Clinical Psychology in Africa (South of the Sahara, the Caribbean and Afro-Latin America). Nigeria: Chuka Printing Co. Ltd.

Oskowitz, B. & Muelenberg-Buskens, I. (1997). Preparing Researchers for a Qualitative Investigation of a Particular Sensitive nature: Reflections from the field. South African Journal of Psychology, 27 (2): 3-8.

Osterweis, M.; Solomon, F.; & Green, M. (1984). Bereavement. Reactions, Consequences and Care. Washington, D.C: National Academy Press.

Orford, J. (1992). Community Psychology: Theory & Practice. New York: John Wiley & Sons.

Papalia, D.E. & Olds, S.W. (1986). Human Development. (3rd ed.). New York: McGraw Hill Book Company.

Papenbrock, R.N. & Voss, R.F. (1990). Loss. How children and teenagers can cope with death and other kinds of loss. Redmond: Medic Publishing Company.

Pickworth, G.E. (1989). Lifeskills Training and Career Development from a Career Guidance Perspective. Pretoria: University of Pretoria (Thesis - Masters).

Prochaska, J.O. & Norcross, J.C. (1994). Systems of Psychotherapy: A Transtheoretical Analysis. (3rd Ed). California: Wadsworth.

Provini, C. & Everett, J.R. (2000). Adults mourning suicide. Self-reported concerns about bereavement, needs for assistance, and help-seeking behaviour. Death Studies, 1, 1 - 19.

Psychological Association of South Africa. Ethical Code for Psychologists.

Quinn, V.N. (1995). Applying Psychology (3rd ed.). New York: McGraw Hill.

Raphael, B. (1996). The Anatomy of Bereavement: A handbook for the caring professions. Great Britain: Biddles Ltd.

Rooth, E. (1995). Lifeskills. Swaziland: Macmillan Boleswa Publishers (Pty)Ltd.

Rosenblatt, P.C. (1997). 'Grief in small-scale societies'. In Parkes, C.M.; Laungani, P.& Young B. (Eds.). Death and Bereaved across cultures. New York: Routledge Publishing Company.

Rubin, H.J. & Rubin, I.S. (1995). Qualitative Interviewing: The art of hearing data. London: Sage Publications.

Sanders, C.M. (1992). Surviving Grief and Learning to Live Again. New York: John Wiley & Sons.

Selepe-Madima, M.C. (1999). Crisis Intervention with special focus on grief counselling. Paper presentation. Unizulu.

Sibaya, P.T. (1999). Community Psychology Research Methods. Kwadlangezwa: University of Zululand.

Smaling, A. (1992). Varieties of Methodological Intersubjectivity: the relation with qualitative research and with objectivity. Quality & Quantity, 26, 169 - 180.

Sodi, T. (1996). The Healing Drum: Taking a look at Malopo dance. In Madu, S.N. Baguma, P.K. & Pritz, A.(Eds.). Psychotherapy in Africa. Viena: Anton Riegelnik.

Stayt, H.A. (1968). The Bavenda. London: Frank Cass.

Steinbach, A. (1993). 'A shoulder to cry on'. Journal of Grief Therapy, 181 (3), 43-46.

Stevens, G.R. (1995). The Racialised Discourses of a Group of Black Parents and Adolescents in a Western Cape Community. Bellville: University of Western Cape (Thesis- Masters of Psychology).

Stinson, K.M. & Lasker, J.N. (1992). Parents Grief Following Pregnancy Loss: A comparison of mothers and fathers. Family Relations 41 (2), 218 - 223.

Strauss, A & Corbin, J. (1990). Basics of Qualitative Research. London: SAGE Publication.

Suffla, S. (1996). Induced Abortion Among a Group of Black South African Women: An exploratory study of factors influencieng short-term post-abortion adjustment. Bellville: University of Western Cape (M. Psych Thesis).

Thakhathi, T. (1996). Women in Educational Management: A case study in the Northern Province. Beville: University of The Western Cape (Thesis - Masters of Education).

The Devotional Study Bible Version (1994). Japan: Zondervan Corporation.

Thompson, S. (1995). 'Bereavement'. In Keithley, J. & Marsh, G. (Eds.) Counselling in Primary Health Care. New York: Oxford Univ. Press 223 - 239.

Trent, D.R & Herron, S. (1999). 'Operationalising Mental Health: A theoretical basis'. International Journal of Mental Health Promotion 1(3), 22 - 25.

Webb, N. (1993). Helping Bereaved Children: A handbook for practitioners. New York: Guilford Press.

Wilson, H.S. & Kneisl, C.R. (1983). Psychiatric Nursing. (2nd ed.). California: Addison-Wesly Publishing Company.

Zilberfein, F. (1999). 'Coping with Death: Anticipatory grief and bereavement'. Generations. 23(1), 69-74.

APPENDIX A

Semi-Structure Interview Guide

1. BIOGRAPHICAL DETAILS

Age

Residence

Religious Affiliation

Date when the loved one died

Relationship to the deceased

2. CIRCUMSTANCES REGARDING THE DEATH

How did they come to know about the death

The cause of death

The first reaction to the news

3. SUPPORT OFFERED

During the initial stages

Pre-Burial

During the Burial

Post-Burial

4. RE-INCORPORATION

5. EVALUATION OF SUPPORT OFFERED