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Course Code: WSOA7083

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Due Date: 15 March 2018

Topic: The application of African mourning rituals within the Drama therapy space in order to support responses to loss.

PLAIGIARISM DECLARATION

I hereby, declare that this essay serves as evidence of my own work. Any thoughts I have borrowed, I have properly quoted and referenced.

Signed: Date: 22 January 2019

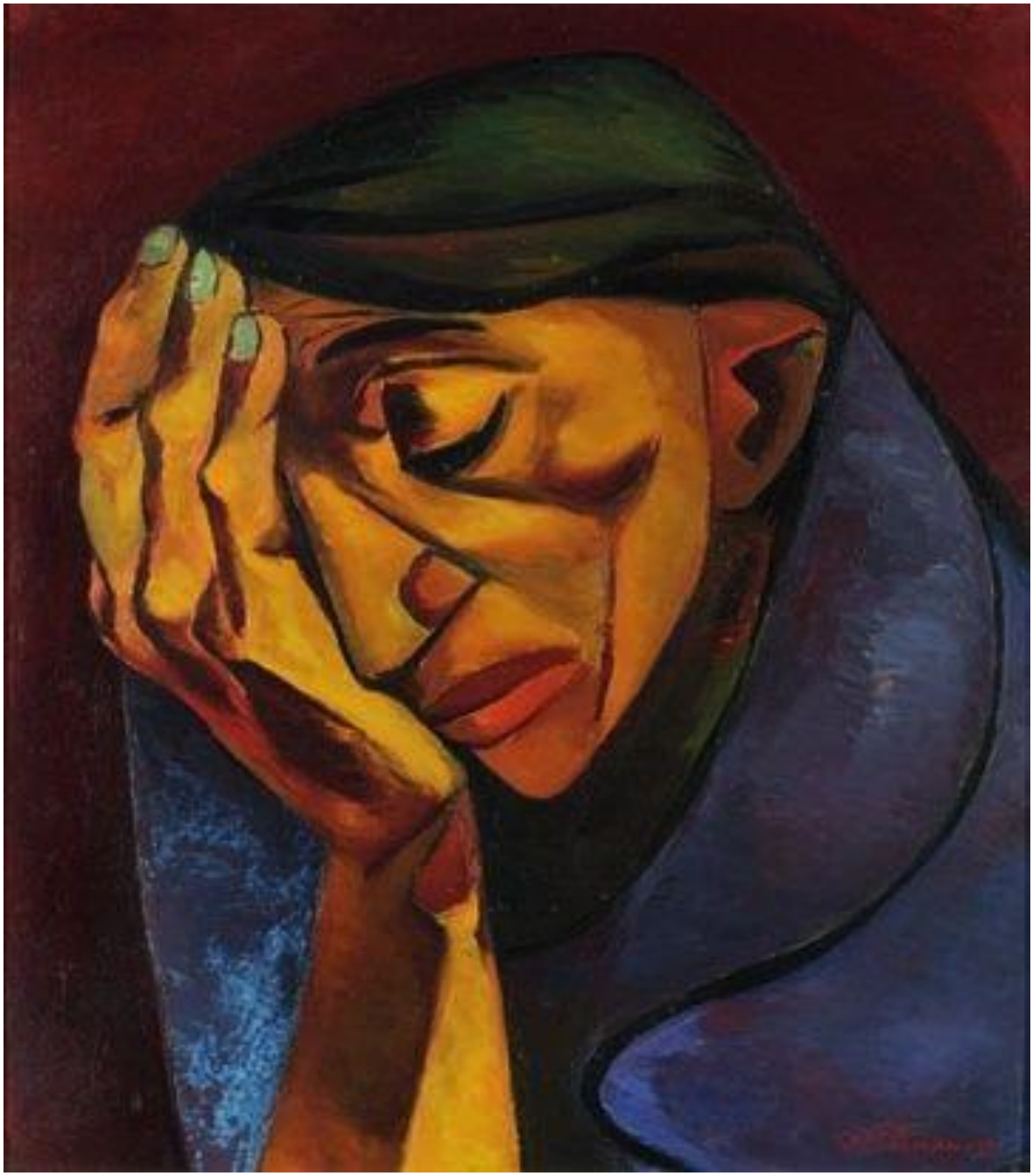


Figure 1: *Mourning Woman* Illustration by Eduardo Kingman (1963)

The application of African mourning rituals within the Drama therapy space in order to support responses to loss.

DEDICATION

This research is dedicated to all those who have had to deal with the adverse effects of loss in their lifetime. Your tenacity and hunger to rise up again and show up for your lives is truly inspiring, living up to the true essence of being human.

ACKNOWLEDGEMENTS

- To my **Heavenly Father**, for the grace and favour that has guided me during my journey of becoming a trainee therapist. Hallelujah!
- To my **son, Loyiso Jerome Mqwathi**, your support, understanding and faith in me kept me going even when every part of me wanted to give up. Even though you are a child, your innocence and faith in me reminded me of my own child-like faith and of my childhood dreams.
- To my **late parents, Joe Jabulani Mqwathi and Dolly Sibongile Mqwathi** strangely your deaths have inspired and propelled me and somehow I feel like you are celebrating with me.
- To my **best friend, Limpho Kou** I am forever grateful for your beautiful friendship and your patience with the woman I am becoming. Sometimes you gave me tough love just to remind me of who I am, thank you!
- To my **spiritual parents, Dr Soji Soogun and Mama Victoria Soogun** you have both modelled the love of God for me. Your support and prayers kept me sane and going. Ese!
- To my **two sisters, Mosa and Ntombizodwa and angels posing as friends** thank for your support, prayers and for encouraging me to hold on to this better sweet journey of becoming. Ndiayabulela!
- To my **drama therapy classmates of 2016**, being with you felt like being in a labour ward with a group of other pregnant women constantly pushing, crying and of course indulging in delicacies in the form of words (theory) just to make sure that we finally get to understand what drama therapy is and to begin to make peace with the fact that we will find our way to the "empty chair" and yes! cry, proving that after all, we are still human. I will forever be grateful to have been part of the different seasons of your

lives, with losses and beautiful additions to our team and families. I have learned a lot from each and every one of you and was also challenged until I brought all of me to class. Your encouraging words and tear stained-faces really shaped the kind of drama therapist I am becoming. Cling! Cling!

- To **a very special client, Ntando*** thank you for allowing me in your dark space which reminded me of my own shut off doors, where pain and loss lurked and were secretly locked in my attempts to avoid dealing with my own losses which hindered my own process of healing.
- To **Alex Semba** your perseverance and endless efforts to wake me from my slumber especially when giving up seemed best.
- Lastly to my **thesis supervisor Hazel Barnes** your patience and proactive approach to the work allowed for the creation of this paper. Thanks.

ABSTRACT

This heuristic research explores African mourning rituals as a possible drama therapy approach with particular attention to supporting responses to loss and grief, which are vital aspects of all human existence (Thompson, 2002). The word loss is related directly to grief and research shows that we don't necessarily grieve over something that doesn't have any meaning to us (Hunt, 2018). Making meaning in our lives is an important human endeavour. Both loss and grief are important building blocks of our life experiences, grief being the felt response to the factual event of loss. In addition, rituals have traditionally been used at times of loss because they intensify the intensity of a shared experience, allowing us to recognise that we are not alone but are part of an invisible whole. According to Roose-Evans, the greatest of all ritual expressions is religion. He defines religion as the search for meaning in the universe and offers a series of rituals to mark seasons or events in the life of an individual or nation (as cited in Pearson, 1996:104). This study seeks to enquire and demonstrate: in what ways can African mourning rituals be employed in drama therapy as a method to support clients' responses to loss.

An aim of this study is to explore the complex theme of loss, in order to gain insight into responses to different kinds of losses, which are not only death-related, and to investigate African mourning rituals in supporting clients' responses to loss within a drama therapy setting. The research as a whole provided a space for myself and for the participants' to share and reflect on stories about loss. Through a heuristic inquiry, the researcher engaged with two research participants and the findings of the study reflect that the two participants had different experiences with the use of ritual in a therapeutic space. One reported that the use of rituals during therapy was useful and effective whilst the other reported feeling alienated by the ritual, thus her overall feedback was that it was not useful in supporting her during therapy.

To help set the context, chapter one will provide the background of study and pose the research question: “How the performance of African mourning rituals might be used within the drama therapy space in order to support responses to loss?” Followed by a historic overview of responses to loss in chapter two, which suggests that loss brings a sense of loss of meaning, leading the grieving to start asking existential questions. Additionally, Thompson (2002) affirms that people’s responses to loss are partly shaped by their social contexts where the loss takes place. In chapter three, I focus on descriptions of African mourning rituals, and on theories within drama therapy that engage with loss. Chapter three provides an exploration of African mourning rituals as a drama therapy approach. The performance of mourning rituals are often aimed towards a specific purpose which could be for closure, celebration, asking blessings or for healing purposes. They also demonstrate how people identify themselves with their culture, religion and also with the deceased (Radzilani, 2010). Chapter four will define African mourning rituals as a drama therapy approach and outline possibilities for the use of African mourning rituals within drama therapy.

Chapter 5 outlines the process of investigation. The research method used is the heuristic inquiry which is a research method that was developed by Clark Moustakas (1990). This research method was developed to investigate and interpret an experience, which uses the self of the researcher (Hiles, 2001). However, it is also very demanding and does not fit within the traditional requirements of research in terms of providing proof. Chapter 6 will introduce the two research participants and their own process with ritual during the process of investigation. Chapter 7 offers a thematic analysis and presents the research results in a form of three poems, a drawing and a prayer. Lastly, Chapter 8 will offer the research conclusion, future research recommendations and outline the limitations of the study.

Keywords: African, mourning, ritual, loss, drama therapy

TABLE OF CONTENTS

DEDICATION…… iii

ACKNOWLEDGEMENTS…… iv
ABSTRACT…… vi
TABLE OF CONTENTS…… ix

CHAPTER ONE: INTRODUCTION

1.1 Introduction……. 1
1.2 Background of study…… 2
1.3 Justification for the research…… 4
1.4 Definitions of key concepts……. 7
1.5 Aims and objectives……. 7
1.5.1 Aim of the study…….. 7
1.5.2 Objectives of the study…… 8
1.6 Research Question…… 8
1.7 Research method and design……..……... 8
1.8 Limitations of the study …..…….…… 9
1.9 Structural Layout ……. 10

CHAPTER TWO: RESPONSES TO LOSS: A HISTORICAL OVERVIEW

2.1 Introduction…….. 12
2.2 A Theoretical Analysis of loss……. 13
2.2.1 A ‘dual process approach’ to loss……..……... 15
2.2.2 Meaning reconstruction Theory……... 16
2.2.3 Disenfranchised Grief…….. 16
2.3 Conclusion…… 18

CHAPTER THREE: DESCRIPTIONS OF AFRICAN MOURNING RITUALS

3.1 Introduction……... 19
3.2 What do people gain from performing mourning rituals?..... 19
3.3 A Theoretical Analysis of African mourning rituals…… 20
3.3.1 The symbolic language of ritual……... 22
3.3.2 Theories within drama therapy that engage with loss…….. 25
3.4 Conclusion…… 27

CHAPTER FOUR: AFRICAN MOURNING RITUALS AS DRAMA THERAPY APPROACH

4.1 Introduction……..……. 28
4.2 Defining Drama therapy..... 29
4.3 Drama therapy approaches and ethos…….…….. 30
4.4 How ritual is used in drama therapy …… 35
4.5 African Mourning Rituals as a Drama therapy Approach…… 37
4.5.1 Possibilities of Drama therapy……. 38
4.5.2 Comparisons between rituals and Drama therapy…….……... 42

4.6 Conclusion…… 43

CHAPTER FIVE: THE PROCESS OF INVESTIGATION

5.1 Introduction……... 44
5.2 Methodology……. 45
5.3 Heuristic inquiry method as a methodology……. 47
5.3.1 Rationale for using heuristic inquiry…… 47
5.3.2 Strengths and limitations of heuristic inquiry method……. 48
5.4 Study validity…… 48
5.5 Sampling……... 49
5.6 Research procedure…….. 50
5.6.1 Data collection……. 50
5.6.2 Data analysis……. 52
5.7 Ethical considerations……... 52
5.8 Personal Reflections……. 53
5.9 Conclusion…… 54

CHAPTER SIX: CASE STUDY

6.1 Introduction…….. 55
6.2 Meet the participants……. 55
6.3 Using ritual within process……... 65
6.4 Conclusion…… 66

CHAPTER SEVEN : THEMATIC ANALYSIS AND RESULTS

7.1 Introduction……... 67
7.2 Themes…….. 67
7.3 Results……... 68
7.3.1 Overall therapeutic analysis…….. 76
7.4 Conclusion…… 77

CHAPTER EIGHT: CONCLUSION, RECOMMENDATIONS AND LIMITATIONS

8.1 Introduction……... 78
8.1.1 Overview of preceding chapters……... 78
8.2 Conclusion about research question……. 79
8.3 Possible contributions……... 80
8.4 Limitations of the study …….. 80
8.5 Recommendations for further research…… 82
8.6 Conclusion…… 82

REFERENCE LIST…… 85
BIBLIOGRAPHY…… 98
APPENDIX……

Appendix A: Ethical clearance letter (University of the Witwatersrand)….. 103

Appendix B1: Participants information sheet…….. 104

Appendix C1: Consent form……. 106

CHAPTER ONE

> No one is beyond the reach of the hand of loss and the grief it brings. We cannot avoid it and so the challenge we face is to prepare ourselves as much as we reasonably can.
>
> Neil Thompson (2002: xii)

1.1 INTRODUCTION

According to Magudu (2004) traditional and cultural practices signify people's life cycles, marking and symbolising them in such a way that highlights their significance. Furthermore, traditional and cultural practices provide meaning, they support us to adapt to our environment and give us a sense of stability with our past (De la Rey, 1992). In addition, literature reveals that when people experience loss, they feel the need to do something to express their sorrow and to acknowledge their individual and shared sense of grief[1]. However, grief is considered to be a healthy and normal, condition and manifestation of bereavement or loss (Frisch & Frisch, 1998).

Katz (as cited in Thompson, 2002: 149) argues that every time one makes a change in life, there is loss involved. Moreover, loss might act as a catalyst for one to seek therapeutic intervention driven by the need to understand 'Why'?' one has responded with such feelings. Shorter (1996) makes a strong case that it is our deep human need to find meaning, transformation and connection to the sacred that brings us to the performance of rituals. People depend on their belief systems and rituals to help them cope with grief and loss because rituals validate and help to reinforce their abilities to cope with an unpredictable world (Roose-Evans as cited in Pearson, 1996:104). The purpose of rituals developed in therapy is to support people to successfully complete their own through grief, preferably building consecutively on the therapeutic foundation supplied by the funeral ritual, in cases where the loss is death of a loved one. A noteworthy example is Van Gennep's "rite de passage" with the description of the three phases of separation from a former state, transition into a new state, and incorporation into that new state (1960). The application of these principles is most overtly found in the exploration of the funeral as a rite of passage (Irion, 1966; Pine, 1976).

[1] Grief implies "heavy." It weighs you down. It is a personal experience to loss (Lindemann, 1944; Worden, 1982).

In responding to loss, religion brings to light many lessons. Buddhism teaches us that the acceptance of loss is the beginning of spirituality (Thompson, 2002). This suggests that it is only when we begin to accept the reality of loss (Lee, 2009) that we begin to glean the lesson and the meaning hidden within the experience. In Christianity the *Book of Job* is regarded as an original attempt to deal with the problem grief (Hiles, 2001). Carl Jung's response (as cited in Hiles) to this story is to elevate Job as an archetype[2] of the human response to human suffering. As human beings, we sometimes still try to make sense of a world that seems not to make sense, a world full of losses.

Furthermore, Williamson writes that we are at the same time collectively remembering that we are spiritual beings and the remembrance itself is like Atlantis rising from a sea of ancient forgetfulness (2002: 228). In considering loss, the cultural context is immensely significant, thus in our context in southern Africa cultural practices such as African mourning rituals hold depth and meaning. Thus a study devoted to exploring and demonstrating the ways in which the performance of African mourning rituals in drama therapy, in order to support client's responses to loss, is of importance. The following section will provide an outline of the background of the study.

1.2 BACKGROUND OF STUDY

The inspiration for this research occurred during my MA in Drama Therapy clinical placements at Netcare Rehabilitation Hospital where I worked with a 7-year-old boy named Ntando*[3]. Apart from being my first client, Ntando acted as a teacher and initiated me into a much-needed process of confronting and beginning the life-long process of accepting my own losses. Ntando's vulnerability and bravery demonstrated the two contrasting qualities that might be key in responding to any form of loss in life. Although I was meant to be the therapist/healer in the space, Ntando taught me a lot about the essence of being human when faced with a life-changing

[2] An archetype is defined as a way of relating to the past, the present, the future, things and ourselves.
[3] The real name of the participant has been concealed for confidentiality purposes.

experience such as having both your arms and legs amputated[4]. I also discovered later during reflection how he had created specific rituals during our time together, throughout his individual drama therapy sessions, Ntando made sure that since he couldn't physically move, he atleast got to play with cars. "Zikuphi izi moto?" (Where are the cars? in isiZulu) he would ask me as if all that mattered to him during his therapy session was just playing with the cars and watching them move. Even though, I was not fully conscious of it at the time, I now realise that Ntando seemed to be enjoying projective play especially because it allowed him to project aspects of himself onto the dramatic material (Jones, 2007: 83). For an example, Ntando's choice of playing with cars allowed him to project aspects of himself on to the cars and in how he possibly saw himself in the future. Landy (1994: 153) writes about dolls, puppets[5] and objects as one concept of projective techniques. He says that "in working with dolls, puppets and objects, the mode of reality changes substantially." The use of the objects, as well as dolls and puppets in a therapy situation can be helpful in discovering how children see themselves.

The second moment that led to this study, was during a session I had with Ntando where I used the "Children of wax" story to introduce and to explore the theme of loss and change. One of the challenges of working within the clinical setting was the limited space, particularly on the day we had to have our session in the dark room. Since I always have a candle as part of my drama therapy tools, I resolved to use my hands to create shadow puppets against the wall. Ntando appeared to be fascinated by the shadow puppets, I also found myself spellbound by the moment, it was as if something had magically shifted in my own understanding of drama especially drama therapy.

Jones (1991) writes about this magical process: that the importance lies in the way in which dramatic projection creates a vital relationship between inner emotional states and external forms and presences. Dramatic processes and forms, either playing with objects or role[6] play, connect outer expression in drama with inwardly held emotions or life experiences. Landy asserts that

[4] Ntando lost both his arms and legs due to having meningococcus disease which if untreated can result in sepsis, which is a more damaging and dangerous condition. Meningococcus and meningitis are major causes of illness, death and disability in both developed and under-developed countries (Meningitis Angels, 2018).

[5] Any object, but also any part of the body, can be a puppet. In order to become that, they must meet certain requirements: they must be enriched by a sign, movement and, possibly, speech. Verbal speech is not indispensable. If the puppeteer uses preverbal speech, play then resembles a simple version of pantomime and its sources lie in the early child-environment communication (Bastašić, 2014).

[6] Role is a set of archetypal qualities representing one aspect of a person, an aspect that relates to others and when taken together, provides a meaningful and coherent view of self (Landy, 1993).

when the therapists uses dolls, puppets and objects in the therapeutic context, the children project aspects of themselves onto the object through an act of the imagination (1994).

The first time I saw Ntando, I remember being filled with compassion and an unexplainable pain. After he completed his individual drama therapy sessions, I quickly became aware of the re-occuring theme of loss, which I also later experienced with other clients who were battling with the effects of life-altering experiences that were forcing them to welcome the inevitable guest of change. This created a strong desire within me to begin to investigate the concept of loss, as well as a lived experience, most importantly, how we in the helping profession can best prepare ourselves to help our clients to respond to loss. Especially the anticipation of any kind of loss, as it is often unexpected and we might find ourselves like Jonah trapped in the belly of the whale (Jonah 1:17). Like Jonah, pain might swallow us and spit us out only when we cease to grapple with the need to find meaning from the loss we might have suffered. However, this acceptance is often difficult because of the degree of the pain and the desire to avoid it.

1.3 JUSTIFICATION FOR THE RESEARCH

> If you are called to give aid to people in distress, keep your eyes open and be quick to respond (Romans 12: 5-8 MSG).

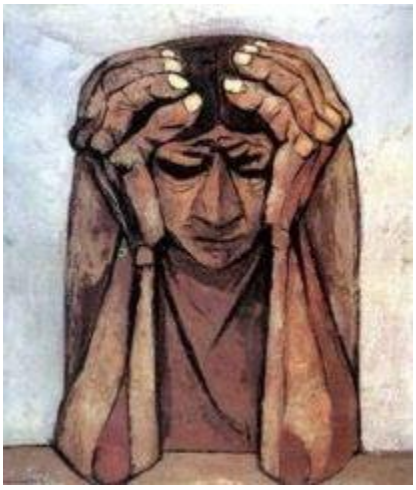


Figure 2: Kingman (1963) *Woman with Head on Table*.

The above quote from the book of Romans sums up the rationale behind this study. The justification for this research is also rooted in Hartshorne's argument that grief and mourning are both natural experiences in the life of most persons, however, our understanding of how people

cope with significant loss and how to assist our clients is still developing (Stroebe, 2001). Loss is often a universal theme in the human services and many regular users of welfare services have increasing and often poorly resolved experiences of loss (Lloyd, 1992; Currer, 2001). Throughout my training as a drama therapist, I often felt that there was a lack of African inspired and rooted techniques in working with clients which might be both conversant and relevant to their unique contexts.

Of all the reasons that can shed light on the importance of undertaking this study, one that stands out yet fails to satisfy my own intellect is my own personal experiences with loss. Whilst studying relevant literature for this research, I also discovered a lot about a number of theorists that I had strangely felt a great deal of connection with and felt drawn to study their writings, such as Carl Gustav Jung, William Blake, Sigmund Freud, Wilfred Bion. Mystics such as Caroline Myss and Clarisa Pinkola Estes, who have been long grappling with the theme of loss and human suffering. In his paper "Jung, William Blake and our answer to Job" Hiles (2001) makes a very interesting note that clients express their grief, and bring along their stories of pain and suffering that they have experienced and are experiencing. He argued that loss is an unavoidable theme in all counselling and within the therapeutic practice, and underlying all human loss lies a fundamental transpersonal and spiritual tension, what Laurens Van der Post refers to as "a capacity for grasping human suffering through participation" (1991: 76). It is also my observation as a drama therapist trainee that my role and responsibility as a therapist will include amongst others trying to understand my own personal experiences, creating and providing safe spaces for my clients whilst continuing in what I consider a lifelong process of exploring relevant ways to support our clients through their losses.

There seems to be a considerable gap in the literature that addresses responses to loss from an African perspective. On the contrary, most research seems to be addressing African mourning rituals and practices relating to death-related losses and not to an individual's response to loss. Studies also indicate that African psychologists are also exploring the complex processes involved in African bereavement rituals (Van Heerden, 2002; Makhaba et al, 2009; Yawa, 2010). Considering that South Africa is currently inundated with social challenges such as unemployment, teenage pregnancy and HIV/AIDS, it is in this context that a study that focuses on the therapeutic uses of African mourning rituals in order to support responses to loss in drama therapy should be

undertaken. More especially because as human beings we have sets of rituals that we perform at the time of a death, and these rituals provide a clear sign that we are dealing with loss and grief (Zulli, 1998: 2).

In the same vein, Akunna (2015) asserts that effective therapy such as dance/movement therapy requires an understanding of the cultural and ecological patterns governing a client's life, the different concepts of mind, body parts, time, space, effort, colour, texture and other patterns found in everyday life as well as the qualities and dynamics of movement (Pallaro, 1997). In the past, mourning and grief issues have been dominated by losses brought about by death (Thompson, 2000), however, it is my aim as a researcher to shed light on other losses. Additionally, most studies have attached slight or no importance to the role of loss and grief in people's lives, in the problems they encounter and to the significance of creating their own rituals in therapeutic settings.

This research is important in drawing out the implications of loss and grief for the practice of drama therapy in South Africa, because it follows the approach that if matters relating to loss and grief tend to be overlooked in the theory base, they are also likely not to get the attention they deserve within the practice field. This applies mostly to those losses that are not death-related, as these usually do not have the same level of recognition related with losses involving death. In his chapter *Ritual: Journeys of the Heart*, the Priest/Author James Roose-Evans wrote:

> Today we have no rituals for a broken marriage, a broken relationship, or a broken home and today we have no ritual for a woman who has been beaten or battered or raped; no rituals for men who have been raped; no rituals for pregnancy or for puberty in the male'. What rituals do we have for a child moving into a new home or to a new school? What rituals for a young woman's first menstruation? What rituals exist for the elders of our society? Why wait until someone is dead before we express appreciation of them? (1996:105).

I also believe that the understanding gained may provide an empathetic and a non-judgmental, unconventional perspective in responding to loss which may also add to the body of knowledge representing African indigenous psychology; and consequently present implications in the practice of drama therapy in South Africa. It is my wish that the documentation of such a complex theme and the sacred process explored within the therapeutic space may inspire others in the helping profession to explore African inspired tools as possible drama therapy strategies thus broadening the resources available to us as South African drama therapists.

1.4 DEFINITION OF KEY CONCEPTS

This paper will be frequently engaged with concepts of African mourning rituals and mourning. For my own purposes the term 'African' does not only apply to one specific ethnic group but to those born of the African soil thus my perspective of an African ritual is rooted in any ritual performed by those who consider themselves African, not limited by the chains of race. Nevertheless, it is also important to clarify terms as I begin to set up the context for this study. My definition of African mourning rituals is comprised of a number elements.

My understanding of ritual is that it is created by the intentional, conscious and creative use of various symbolic media to signal transitions in and out of a liminal space (Barnard, 2003: 2). Ritual is performed within a space where themes common to either an individual or a group are explored metaphorically through an improvised dramatic enactment, which is further performed within a consistent and organic structure. Similarly, mourning takes different forms for each individual. The condition for one to 'complete' their process must be that they are allowed to mourn in their own time. Mourning is defined as the process of adapting to loss, with particular reference to the cultural and social rituals (Raphael, 1994). It is not only expressed traditionally; it also involves an expression of spiritual affiliation. Within the African culture, mourning is not just an individual process but often requires the support of the family or community for a specific time to help the mourner to feel safe and this helps in affirming that although they might be undergoing a difficult time, the witnesses are there to support them.

1.5 AIMS AND OBJECTIVES

1.5.1 Aim of the study

The study aims to explore the application of African mourning rituals within the drama therapy space in order to support responses to loss.

1.5.2 Objectives of the study

The objectives of the study are:

- To explore African mourning rituals
- To gain insight into the performance of mourning and drama therapy rituals

- To explore how African mourning rituals can be applied in the practice of drama therapy in South Africa.

1.6 RESEARCH QUESTION

In what ways can the performance of African mourning rituals within the drama therapy space support participant's responses to loss?

1.7 RESEARCH METHOD AND DESIGN

I have chosen to use the heuristic inquiry method as my research paradigm. This is because it has a conceptual framework where the subjective is valued as a legitimate path to knowledge (Barnard, 2003: 3). Theoretically, the heuristic inquiry begins with the self, in the passion to know and understand. The researcher's individual experience as well as the means through which she formulates questions and understandings about the area of research is the central focus of the study. According to Douglass & Moustakas, it is unlike phenomenological research where the ultimate goal is to discover the essence of an experience distilled from and transcending its personalised manifestations, the essence sought for in heuristic inquiry is instead "the essence of the person in experience" (1985: 43).

This method best suits this study's research question because the process investigated has both taken place entirely within myself and is thus by nature highly personal, and has also involved working with two research participants. Another method that has partly influenced my research design is constructivism which Neimeyer (1993: 22) defines as a "view of human beings as active agents who, individually and collectively, co-constitute the meaning of the experiential world". As a result, this research is rooted in a qualitative approach as it involves an examination of both participant's and the researcher's and the response to loss and how the performance of African mourning rituals within a drama therapy setting can support participants' responses to loss. The participants that the research engaged with were two South African young women who were selected on the basis that they had an understanding of the performance of African mourning rituals. The participants were referred to me from Mokapelo[7] as they both needed

[7] Mokapelo is a reality TV show that airs on the national broadcaster SABC 1. The show aims to encourage self-love, personal and skills development in order to positively affect the individual's working, family and romantic

therapeutic interventions. I began the inquiry by designing drama therapy sessions for each of the participants to creatively explore the theme of loss and mourning as it occurred in their own social contexts. Once the individual drama therapy sessions were completed, I reconstructed the participants' stories in terms of various themes and then wrote a poem, and used another two poems by Cox (1995) and Barks (2003) to best capture the research findings.

The method of exploration within the study outlined above was individual drama therapy sessions with two participants in order to create a safe and contained space for the participants to begin to create their own rituals using the framework of African mourning rituals and ritual work in drama therapy. The data collected was analysed through the explication process which includes a complete investigation of what has been awakened in consciousness. During this process, I began consolidating and gaining a complete interpretation of the six core themes.

1.8 LIMITATIONS OF THE STUDY

The reality is that dealing with loss and grief is demanding work, as it often includes working with the extremes of dread and pain, in both those that we seek to help, and indeed ourselves within the helping professions (Thompson, 2002). Conversely, Freud argues that in our efforts to cope in a 'civilized' manner with the reality of death (and loss): 'we are living psychologically beyond our means' (as cited in Thompson, 2002). In this context, this study might fail to provide clear findings regarding the research question.

Most times the research participants' experiences resembled my own. I also struggled a lot in my role as a drama therapist trainee during the individual sessions as boundaries were quickly overstepped. I also found myself struggling to stay immersed in my own research which meant that I had to work hard to meet the University deadline for submission. One of the other challenges I experienced was finding an appropriate research method for my study and after I found it I struggled to understand it as I was an inexperienced researcher (Creswell, 1998).

relationships. It mostly tackles issues such unemployment, alcoholism, debt, grief, career development and disability.

Limitations of the research method

In their paper "Heuristic Inquiry: A personal Journey of Acculturation and Identity Reconstruction", Djuraskovic & Arthur (2010) assert that while the heuristic methodology might have many strengths, it also has limitations. One of the limitations is that there is little control on the research procedure since creative freedom often signifies a positive element which in this instance afforded the researcher flexibility to best explore the ways in which the performance of African mourning rituals within the drama therapy space might support clients' responses to loss. Conversely, Frick (1990) points out that the creative freedom might cause the researcher to be irresponsible and in the end to produce an underdeveloped research. Indeed, since I often felt overwhelmed, took long breaks from working on my research because I was working full time and was quite unsure about my research topic and where it was going, there were a lot of times when I struggled to focus on the two research participants' frame of reference. Interestingly enough, these were my biggest challenges: to stay interested in my research long enough to continue working on it.

1.9 STRUCTURAL LAYOUT

As this report unflolds, I will be defining and analysing loss, rituals and the role of African mourning rituals in drama therapy in supporting responses to loss. The written component of the research report consists of two phases, which are aimed at offering the two research participants who had experienced loss with a space to create and perform rituals using African mourning rituals as a reference in responding to loss within a therapeutic setting.

- **In Phase One** of the research the two participants were interviewed and questioned on their understanding of mourning rituals and if and how the performance of mourning rituals is relevant to them. The questions focused on finding out if the participants found value in performing rituals and if so, how the same experience could be applied within a drama therapeutic space in supporting their individual responses to loss.
- **Phase Two** involved the facilitation of drama therapy individual sessions in order to investigate how the application of African mourning rituals in drama therapy can be used to support responses to loss. These were 45 minutes sessions which were held in a space which was easily accessible to each participant.

CHAPTER TWO: RESPONSES TO LOSS: A HISTORICAL OVERVIEW

> While suffering creates a sense of dying, it also brings new life. Like the Phoenix, the mythic bird who continually rises from its own ashes, we too can rejuvenate from the depths of our despair. Lise Porter (2003: 105)

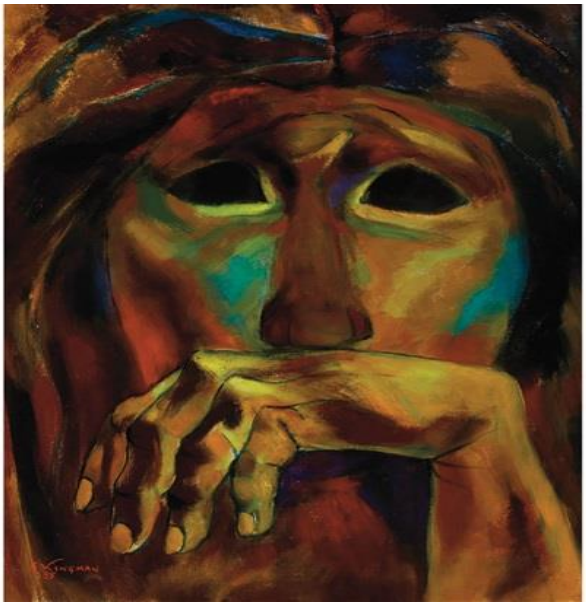


Figure 3: Eduardo, Kingman, 1913-1997 *Rostro (Spanish for Face),* 1985

2.1 INTRODUCTION

This chapter draws on an eclectic combination of literature. This section is limited to sources that have had a direct influence on this study. Rather than carrying out a general historical review on the writings of death-related and general writings on loss, I will outline a historical overview of loss, and provide a synopsis of how people respond to loss as well as indicate the different views held, whilst providing an indication of how this knowledge relates to the proposed project. To be able to construct a theoretical framework in which to discuss African mourning rituals as a drama therapeutic approach, this study is undertaken within the context of 'loss awareness' which is an adaptation from Irish, Lundquist & Nelson (2014).

These are listed as:

- Concrete losses - for example, of money, personal possessions, shares and job.

- Development losses - loss of fertility, hearing, hair and so on.
- Abstract losses - such as loss of dreams, faith, childhood, identity.
- Loss of self- includes illness, physical/emotional abuse, surgery and substance abuse.
- Loss of other people - including death of parent, lover, child or friend as well as loss through divorce or geographical moves.

2.2. A THEORETICAL ANALYSIS OF LOSS

David Hiles argues that 'human suffering takes many forms – from commonplace disappointments, illnesses, frustrations – through loss, loneliness, identity crises, emotional turmoil – to human response in the face of tragedy, disaster, death, pointless and meaningless acts of violence, war and genocide' (2001: 3). Thus, loss is a broad and well researched subject and it has also been alleged to be relatively 'invisible' in the dominant theoretical underpinnings of human service professions (Thompson, 2002: 1). Loss is defined as being denied of something invested with emotional energy by the self (Kissane, 2000). This definition best suits this study as it is not only looking at the responses to death-related loss but it aimed at exploring all kinds of losses that can give rise to grief or depression.

One of the best known theoretical frameworks to appropriately understand responses to loss is the 'stages model' a viewpoint by Elizabeth Kübler-Ross, a key figure in the development of loss theory (Kübler-Ross, 1969). Kübler-Ross founded the five stages that dying people were understood to go through denial, anger, bargaining, depression and acceptance. According to Thompson, this model was later extended to apply to grieving more generally and was adapted in a number of ways (2002: 3). John Bowlby (1973, 1980) has written about the sting of loss in the context of attachment – the complications of the uncertainty in lost attachments and the stress that encourages despair and letting go. Conversely, Weinstein (2002) affirms that loss awareness is significant in reminding us that death is only one type of loss, and not necessarily always the most important. In a substantial study dealing with loss awareness, Weinstein demonstrated the multiple layers of loss for an example the loss of a spouse through divorce, job loss, loss of memory and identity through the effects of dementia, and loss of childhood as we transition into adolescence, which according to Weinstein are an important part of our life's journey. This awareness has deepened my desire to understand how we in the helping professions can use

drama therapy approaches and African mourning rituals to best support our client's responses to loss.

Contemporary ideas about loss have been influenced by Western thinking. Nwoye (2005), writes about Western theories on bereavement that they have provided an awareness of the concepts of mourning and grief. Theorists such as (Clewell, 2004), Freud, Lindemann (1944), Bowlby (1980), Kübler-Ross (1969) to Stroebe, Stroebe and Hanson (1993), Stroebe and Schut (1999), Parkes (2001), Cook and Oltjenbruns (1998), Bonnano and Kaltman (1999) and Archer (2001) have all influenced ideas around loss. In traditional research literature, most emphasis has been placed on death-related losses with a psychological focus. Often neglected are two very significant dimensions - the cultural dimension (of shared meanings) and the structural dimension (of social relations) in general and in relation to power in particular (Thompson, 2002: 5). This according to Thompson this implies that such approaches can be objected for their 'psychological reductionism'. Meaning that, they reduce multifarious, multilevel phenomena to the simple level of individual psychology and in doing so neglecting to consider of some very important issues (2002:5).

Even so, there are also other losses that are very dominant influences in influencing our lives, since the types of losses we experience as human beings are complex by their nature and very difficult to understand or even to deal with. In their efforts to help clients deal with loss issues, practitioners particularly social workers and counsellors have had to adjust theories -" theoretical modification on the hoof" as they went along and this has also formed the basis of reflective practice (Thompson, 2002).

Grief work

The origins of grief work[8] can be traced back to 1917 in a paper written by Sigmund Freud. The expression of grief's emotions is also considered to be vital especially when a loved one dies external support is often times needed immediately to support the grieving. As the grieving often feel tired, emotionally drained, overwhelmed, weak and disorganized, and weak and need others to provide both emotional support and practical help. The Jewish tradition of sitting "Shiva"

[8] Grief work is the expression of grief's emotions and is considered always necessary for a successful resolution of grief.

adopts this much needed and healthy process. The bereaved person must stay at home and not do anything for a period of 7 days while friends and family pray with them, provide companion and bring food (Kolatch, 1993). Sadly, the socio-economic climate often dictates how long and if people will be able to do what is necessary to work through their feelings of grief especially in instances where there is a change of financial status, job loss, be going through a divorce or lost one's home etc. Those needing continual support usually have to go to support groups, therapy, or pastoral counselling (Sabar, 2000: 161).

2.2.1 A DUAL PROCESS APPROACH TO LOSS

The Dual Process Model of coping with bereavement is a taxonomic system to explain ways that people come to terms with the loss of a loved one (Stroebe & Schut, 1999: 211). In 1995 Margaret Stroebe and Henk Schut presented a paper at the International Work Group on Death, Dying and Bereavement Conference in Oxford where they defined what they termed a 'dual process approach' to loss (Stroebe and Schut, 1995). This theory maintains that when we experience a profound loss, we also experience a loss of meaning (Thompson, 2002: 7). Hence the unexplainable desire to find meaning in our loss will drive us to seek support. Furthermore, the dual process approach to loss seeks to describe grief reactions in terms of two concurrent processes or 'orientations'. These are described as 'loss orientation' and 'restoration orientation'. The loss orientation referring to what is traditionally perceived as grief and is characterised by sadness, anger and many others. Restoration orientation, by distinction, is described by efforts to reconstruct our life to move on as far as we reasonably can.

This approach emphasises that the orientations (loss and restoration orientation) do not follow a chronological order rather that they are experienced by the grieving concurrently. Both of these would feature in the lives of grief-stricken with a degree of regressive and onward movement between them (Thompson, 2002: 6). The process further suggests that we rather hesitate between the two orientations, with one dominating at any given time but yielding to the other before too long. Sometimes one might be heavily immersed in the feelings of loss and sadness, while at others one might feel more confident to move on and rebuild one's life or those parts that the loss has disturbed and destroyed. Stroebe & Schut argued that it is likely that loss orientation will dominate

in the early stages of a period of grief and that restoration will gain ascendancy over time (as cited in Thompson, 2002: 6). However, this is not an effortless switch from one stage to the other, it also suggests that even long after the restoration has established itself as the dominant orientation, loss orientation can still arise temporarily (for example, as in the well-established occurrence of feelings of sorrow and loss reappearing at important times such as during graduation ceremonies or anniversaries).

2.2.2 MEANING RECONSTRUCTION THEORY

The premise of this theory is that when we experience a profound loss, we also experience a loss of meaning, a potentially deep-going disruption of our life story (Thompson, 2002: 7). This approach also views human beings as inveterate meaning-makers, weavers of narratives that give thematic significance to the plot of their lives (Neimeyer, 2006: 184). There are two aspects to this theory: seeking meaning by looking back on the loss experience and its impact on the frameworks of understanding that are part of our identity and sense of personal well-being (which according to Thompson can be equated to loss orientation) and seeking meaning by looking forward, attempting to rebuild our lives and the meaning systems which also contribute to our ontological security-our sense of being comfortable with who we are and how we fit into the world. This has much in common with the "progressive-regressive" method of the existentialist theory (Thompson, 1992-1998a).

Therefore, the grieving can be seen as trying to make sense of the loss - responding to our own satisfaction of the existential, practical and possibly spiritual question of why it happened. Consequently, rebuilding what their lives mean, mainly those parts of their lives directly affected by the loss. Thompson, argues that in consequence, through mourning, we are struggling to integrate the meaning of the loss into our lives after our previous meaning system has been disrupted (2002: 7).

2.2.3. DISENFRANCHISED GRIEF

This concept was developed by American sociologist Kenneth Doka. It describes experiences of grief which are in some way not socially accepted, and which may, consequently, be more

challenging to deal with because of a lack of established rituals or social support (Doka, 2002). This approach demonstrates that grief is not just a psychological issue and has important social aspects. Specifically, it demonstrates that a person's response to loss is partially shaped by the social context in which the loss takes place (Thompson, 2002: 8). For an example, where someone will have to immediately find a solution to a loss thus depriving them of the space and time to grieve properly or to even initiate the much-needed process of grieving. Especially in the South African setting where the socio-economic status of many might rob them the luxury and the time to take the necessary time off from their everyday responsibilities in order to take the space and time to mourn properly.

This suggests that loss brings along a sense of loss of meaning, leading the grieving to start asking existential questions and that people's responses to loss are partially shaped by their social contexts where the loss takes place (Thompson, 2002). One can draw a conclusion that the main social structures available to support those experiencing loss are often friends and families who at times act as therapists/counsellors. In addition, media platforms such as the TV Show *Mokapelo*, which in my view might be very helpful however they also present a risk of being misinterpreted as the grieving person might end up being tempted to act in a specific way in front of the camera and of course for the audience. What most troubles me with such media platforms is that the nature of TV shows appears to be offering formula-like solutions instead of embracing and encouraging a multifarious approach to personal experiences that often accompany complex life issues especially when participants grapple with sensitive issues such as rape, loss and death of a loved one etc.

Additionally, this might encourage one to "perform" their journey to healing instead of fully experiencing it and the pain that it brings as a replacement of organically arriving at a point where they can begin to experience real healing. Attig (1996), further asserts, that as the mourning deal with the shock of a new charted life after an overwhelming loss, change only through a 'relearning' of the world and this is usually done in an organic way. In light of this, I think what is further needed is the creation of more safe spaces where people particularly those experiencing loss can begin to explore creative ways to individually respond to their issues through the performance of African mourning rituals in the presence of a trained drama therapist.

2.3 CONCLUSION

As previously mentioned, I think that there is still a need for more safe spaces where clients can re-create rituals that can enable them to respond to their different losses in a safe and distanced way. Especially because our societies are currently fractured and often support is offered via social media platforms such as Facebook, WhatsApp and Instagram, this in a way, leaves people with no real structure of support and and as a result, people don't receive consistent support during their journeys through grief.

Western theories connect to the African experience because they recognize that there isn't a specific "grief process'', but rather multifaceted exchanges between two opposing orientations. As related to the African experience, Western theories tend to avoid oversimplifying instead they show that the grieving process is not an easy, linear pathway that the mourning go through in a series of stages (Thompson, 2002). Furthermore, they place importance on understanding broader social facets of grief – for an example, gender and cultural differences. In line with this, the following chapter will outline explanations of African mourning rituals and the theories within drama therapy that engage with loss. I personally think that it is still important to engage with African mourning rituals even though the Western view is so acceptable because there is a way that Africans deal with the mourning process which often adopts the African philosophy and worldview (Baloyi, 2009: 232). Especially because for Africans loss/death is often accompanied by a sequence of the perfomance of rituals which connects the living to the dead**.**

CHAPTER THREE: DESCRIPTIONS OF AFRICAN MOURNING RITUALS

3.1 INTRODUCTION

This chapter focuses on descriptions of African mourning rituals and the theories within drama therapy that engage with loss. This section is therefore important for providing descriptions of already existant African mourning rituals.

3.2 WHAT DO PEOPLE GAIN FROM PERFORMING MOURNING RITUALS?

The performance of mourning rituals in southern Africa is often aimed at a specific purpose. It could be for closure, a celebration of a life, asking blessings or for healing purposes. It also embodies how people identify themselves with their religion, culture and also with the deceased (Setsiba, 2012). It is understood that the funeral rituals which are the most universal ritual are a source of valued support to humanity in general and to those who are grieving, in particular, and they play a healing role to bring back a healthy state to the grieving (Setsiba, 2012: 3).

According to Radzilani (2010), the prescriptive and repetitive nature of rituals usually ease feelings of worry because they provide order and structure in times of disorder and chaos in the family that is grieving. They are also believed to provide a platform for wellbeing and relief. Correspondingly, Ngonyama ka Sigogo and Modipa (in Ratele, 2004) assert that some socio-cultural rituals bring a feeling of relief and health into societies. Setsiba (2012) further emphasises that Africans enact rituals to deal with the effect of the death of a loved one. This suggests that by performing mourning rituals people gain a sense of support and health. During the performance of a mourning ritual as in any ritual, metaphoric explorations with representational items and actions are given meaning by the group or the individual performing the ritual. In turn that creates a sense of community and harmony with others because in the African context the excruciating road from loss to healing is not just immediate family concern, but the whole community (Selepe & Edwards, 2008).

3.3 A THEORETICAL ANALYSIS OF AFRICAN MOURNING RITUALS

To understand the importance of the performance of African mourning rituals, I will first explain the two key concepts: African and mourning. Baloyi (2009) defines the African world point of view as the way in which Africans see their world which, in turn, impacts their ways of understanding and doing things. These ideas provide a framework for helping Africans respond to loss in a therapeutic setting. Nobles (2006) affirm that African (Black) way of life is rooted in the nature of Black philosophy which is based on particular cultural philosophical traditions (as cited in Baloyi, 2009). He further suggests that rituals are forms of expressions and connections performed by people, groups of people or communities in communication with the living-dead[9] and with God.

On the other hand, according to an online source on Theories of Grief, Sigmund Freud pioneered the study of mourning. According to Sabar (2000) mourning means "remembering with care and sorrow". Additionally, Brown & Goodman (2005) define mourning as traditional practices through which grief and bereavement are expressed. During mourning, the living mourners and the dead form a special group, located between the world of the dead and the world of the living, and how soon living persons leave that group depends on the intimacy of their relationship with the dead individual (Van Gennep, 1960).

Conversely, Butler (2004) equates mourning to a task. She claims that when one grieves, one admits that by the loss one experiences one will be transformed, possibly forever, and she further suggests that mourning has to do with undergoing transformation (2004: 21). When one loses, one is confronted with something mysterious: something is hiding in the loss; something is lost within the recesses of loss. As previously mentioned, mourning is not only expressed traditionally; it also involves an expression of spiritual affiliation. Magudu further affirms that mourning takes different forms with each individual. The condition for a person to "complete" meticulous their procedure should be that they are allowed to grieve in their own time and on their own (2004).

In traditional African concepts of death, the mourning process is symbolised by rituals such as the mourning members cutting their hair and the slaughtering of a domestic animal such as a cow,

[9] In African societies, the departed are also referred to as 'living dead' or the ancestors and thorough care is taken to perform mourning rituals to avoid causing any offence to them (Mbiti, 1975).

sheep or goat. These bereavement rituals are believed to help with the cleansing of the mourners who are supposed to be contaminated from connection with the deceased. Members of the community take part in rituals that are thought to be vital for the elimination of the polluted spirit and permit the mourning to re-enter society and resume to the process of living. Additionally, to common rituals, some traditional African religions perceive pre-burial rituals and post-burial cleansing rituals (Selepe & Edwards, 2008). This is due to the idea that death floats over them like a shadow until such a time that they undergo a cleansing ritual. Failure to purify or cleanse as a prerequisite by belief is thought to bring evil to the family or people close to the deceased or at times bad luck (i.e. misfortune). In this context, rituals are strongly thought to offer relief and comfort.

As previously mentioned, Ngonyama ka Sigogo and Modipa (in Ratele, 2004) affirm that specific socio-cultural rites bring a sense of wellbeing and relief into communities. Such rites may act as a psychological means of change in the face of hardships. This is similar to Magudu's rationale on traditional and cultural practices which demonstrate people's life cycles, symbolising and marking them in a specific certain way (2004). In South Africa among the Zulu people, going to the river suggests a cleansing ritual, which indicates an important release of pollution[10] (Ngubane, 1977: 80). Additionally, African women cover their heads and everyone wears formal clothing at a typical African funeral. The death of a person is marked by a ritual called ukuzila which is expressed as "show[ing] respect to by avoidance" (Ngubane, 2000: 49). Most importantly refraining from certain behaviours and places to show reverence for the dead (Magudu, 2004) and this is supposed to last until the completion of the set grieving period.

Baloyi (2009) further posits that the enactment of these rites is seen as vital in keeping balance and harmony between the dead and the living and are enacted on the foundation that the connection between the spiritual and physical and ontologies are thus kept and improved. Not long ago, Radzilani (2010) focused on enactment of mourning rituals in a Tshivenda speaking community. Radzilani defines ritual is a certain activity or behaviour that gives figurative expression to certain thoughts or thoughts of individuals or groups. Radzilani (2010) pointed out that it is important to understand that mourning rites have great therapeutic importance to some bereaved and that

[10] Among the Zulu people the mourning is seen as being in a state of pollution and needing to be cleansed because they are vulnerable to environmental diseases.

individuals should be aware of their value in the healing of the individual and the community after a loss, especially for those who believe in the significance of rituals in people's lives. The unique features of rituals, and their power are contained in the use of symbols within an enactment background. The enactment may be either privately or publicly performed. The content of the symbols may be modified descriptions of private emotionally charged material or encompass societally created meanings. Suggesting that rituals act as a container to hold strong emotions and for expression.

Furthermore, Scott (2009) argues that bereavement rituals do not repair reality; they repair us, but only partially. We cannot find complete wholeness in the aftermath of loss. For the bereaved the world remains forever changed and forever broken: they do not magically heal from the "slings and arrows of outrageous fortune". However, through a continuous, imaginative process of mourning, those suffering from loss can find support in responding to their losses and find hope once again.

3.3.1 THE SYMBOLIC LANGUAGE OF RITUAL

The word "ritual" is also present in "spiritual". When defining spirituality in the context of human services, practitioners Canda and Furman gave a thought-provoking suggestion:

> Spirituality is at the heart of the helping. It is the heart of empathy and care, the pulse of compassion, the vital flow of practice wisdom, and the driving force of action for service. (as cited in Thompson, 2002: 37).

The above definition resonates with me since this has been part of my experience during my clinical placements. Since the beginning of my drama therapy training, I have experienced times of feeling both drawn to communicating in images rather than in words. Throughout this time, I began to feel as if I was being born-again. This birth introduced me to trusting my own intuition, to not be terrified of my own creativity and most importantly to allow myself to be present for my clients. I was working with a metaphor of a woman carrying a calabash over-flowing with water (as illustrated in Figure 4) which I painted as part of my Honours in drama therapy Autobiographical performance. The fresh water appeared to be flowing out from the calabash. The theme I connected with during that time was one of cleansing in order to begin to embrace the

drama therapist I was becoming. This theme of cleansing links directly with my current interest of exploring ways in which the performance of African mourning rituals in a drama therapy setting can support clients'responses to loss. It also appears that the process of investigation had long begun.



Figure 4*: Honours Drama Therapy Autobiographical performance*: Cleansing ritual at night (18 Nov 2015)

Within the African milieu, water holds a very sacred position especially, during mourning rituals. It signifies the cleansing of the mourner as it is often believed that the mourning are contaminated spiritually and they often need to be cleansed of this contamination which can externally present itself as badluck.

In his chapter on teaching and learning about loss in the informative book on *Loss and Grief: A Guide for Human Services Practitioners*, Weinstein argues that as practitioners we need to integrate our beliefs about religion and/or the pursuit for deeper meaning to existence. Alerting us that if we are religious, we also have to recognise that religious beliefs and practices might help amplify feelings, and can also deflect feelings and beliefs away from loss (2002: 203).

The elements of African mourning rituals which I used in this research were mainly the candle which according to my own opinion symbolises hope and life. In my own life, hope has played a significant role. I strongly believe that hope is ultimately about perspective and maintaining a positive outlook in life regardless of current circumstances that one might find themselves in. During my young adult years, hope was connected to my religious faith. During difficult times, such as losing both my parents to what I still consider untimely deaths, I held on to hope in order to cope and in the process I became very religious. In my quest to stay hopeful, I also devoted myself to prayer. Prayer is a traditional way of asking for support from forces more powerful than oneself, be they ancestors, angels or deities. Prayer enables one to leave one's problems in the hands of the powerful and to gain comfort from feeling listened to and supported. Prayer engages

with a heightened language whose poetry is comforting in its beauty and rhythm. In African tradition much prayer is engaged in through singing, enhancing breathing and expression of feeling in a contained communal context. The burning of impepho[11] (a herb) is a traditional African ritual which connects the community to the ancestors and can induce trance states through which one can enter the spiritual world. It also has cleansing and medicinal properties. According to (Saguti, 2016), in many societies in Africa, herbs are the main source healing. The traditional healer uses a variety of herbs in healing people. I also believe that prayer, art and healing all take us into our inner world, the world of emotion and imagery of visions and feelings.

In certain Christian practices and Eastern religions incense is burnt for similar reasons - to engage the senses and calm the mind through inhaling the smell of the herb, thus creating an altered ambience of calm and focus. I maintained rituals such as prayer, lighting the incense and sometimes a candle as a symbol for asking for light and guidance in my life. It was then that I learned that maintaining a religious faith entailed having hope for a better future for myself and my two sisters. Lighting the candle during my drama therapy sessions allowed me to both mark the therapeutic space and to create a safe and hopeful environment although it wasn't always the case with all my participants.

The other elements of ritual that I used during the sessions were the use of symbolic objects. As Barnard explains, it is through symbolic interaction with metaphors that we discover our relationships with the reality that is represented symbolically (2003). Because symbolic enactment allows for aesthetic distance that will in turn allow one to discover a new perspective on a situation, pattern or dynamic. It is through performing a ritual that we are able to practice a new way of being to any old life situation. Similarly, objects are used in traditional African mourning rituals and also in most religions because they are vital elements of ritual. The peculiar features of rituals, and their power are contained in the use of symbols within a performance framework. In this way the African mourning rituals used during the individual drama therapy sessions with my two research participants also acted as a container to hold their strong emotions, while at the same time allowing for their expression. As previously mentioned, I used the candle a lot with my two participants to symbolize hope. Boyd (2000), argues that the therapist must kindle the light of hope in therapeutic

[11] Impepho is well-known to the majority of Sub Saharan Africans as it is used to communicate with their ancestors and it is also used by traditional healers to communicate with the deceased. It is used in various ceremonies, as well as in traditional feasts, when chickens, goats or cows are offered to the ancestors.

encounters providing the client with support until she is able to gain strength from the glow, and nurture hope within herself. I also used a cleansing ritual during the session (Thando's performance) in assisting her to de-role[12]. De-roling is a form of cleansing oneself of a role. Other cleansing rituals are writing feelings on paper and then burning them to let go or to cleanse yourself from what you might have expressed on paper. I encouraged Thando to de-role after her performance to let go of the character she had played and to also let go of the negative feelings she was feeling after her performance.

There are other African mourning rituals, such as the role that the community plays during the time of mourning to support the grieving. According to Setsiba (2012: 24), it is usual for a death in Africa to bring family members, some of whom come from a distance, and the whole community together. This in drama therapy can be likened to active witnessing, the process where the participants/clients get to witness. 'Witnessing in drama therapy can take place briefly, as one person witnesses an improvisation of another or others; as the group observers the improvisation of a small sub-group or pair; or in a more sustained way as during an individual's work, when the therapist and the group members become audience to the enactment or role play which develops. Often a crucial part of the drama therapist's role can be as a witness to the clients 'expressions' (Jones, 2007: 102). Another African mourning ritual that is used after the funeral is the washing of hands, where everybody may wash off the dust and dirt from the graveyard before they enter the house, to wash off any bad luck that they might still be carrying from visiting the grave yard.

3.3.2 THEORIES WITHIN DRAMA THERAPY THAT ENGAGE WITH LOSS.

Drama therapy has its roots in the rituals, dances and actions of our ancestors which were used to promote the wellbeing of their community over a range of experience. Each community had a councillor, confidante and leader of rituals called the shaman, who in time became particularly associated with the rituals of healing. The fact that he was consulted about both personal and community problems illustrates that the links between social organization and health were recognized long before they were rediscovered in more recent times (Langley & Langley, 1991).

[12] De-roling has its historical roots in acting, a therapeutic underpinning is sought to define its purpose in a healing context. The application of de-roling is found to include interventions utilizing: physical, verbal, props, space, costumes and cognitive aspects. (Lassken, 2016).

The above quote emphasises that drama therapy as a practice is founded in rituals of which their role was to promote the wellbeing of community. Regarding the notion of loss, at the root of each loss is attachment (Dor-Bahar, 1996: 2) which suggests that people mourn because they have lost something or someone that they had an attachment to. In his informative article *Drama therapy & Bereavement*, Dor-Bahar affirms that before the loss there has been an attachment and affinity (1996). British psychologist, psychiatrist, and psychoanalyst John Bowlby has pioneered the "attachment theory". The theory postulates that there is a most important attachment between mother and child from birth that does not rely on "oral drives" or reward by nurturing whose evolutionary role was guarding from predation. Thus suggesting that maternal caregivers appeared to be doing more than just meeting the physiological needs of their infants, calling this missing piece attachment behaviour (1958), which evolved into attachment theory (Bowlby [1969] 1982). Bowlby further suggests that in healthy growth the attachment figure is a 'secure base' which endures all through life (Dor-Bahar, 1996).

According to Linnehan (as cited in Bordere, 2013) much has been written regarding the healing power of the arts in the face of loss (Duffy, 2007; St. Thomas & Johnson, 2007Berger, 2006; Bertman, 1999; Neimeyer, 2012;) and art modalities have been widely recognized for their efficacy in the treatment of trauma (Carey, 2006; Cohen, Mannarino, & Deblinger, 2012; Foa, Keane, Friedman, & Cohen, 2009; Van der Kolk, 2006). Levine (1997) also declare that when we feel stuck in a web of words or overcome by feelings such as horror and grief, our bodies and our creativity can support us to find a way forward, using the expressive arts to explore the past and express imaginative understanding. As McNiff (2004) would say, when the soul is in suffering, art offers itself as a capable healer.

Creative techniques and props (masks, costumes, puppets, musical instruments, etc.) can be employed as catalysts for expression. However, each intervention must be designed to meet the client's personal interests and needs. For an example, both of my two research participants were not all comfortable with using the same rituals in therapy: Thando using projective play and role play while Nomsa was only comfortable with telling her story using rocks and not with the shells as she felt the process was abit voodoo-like for her.

3.4 CONCLUSION

This Chapter has summarized descriptions of African mourning rituals and the theories within drama therapy that engage with loss. As previously mentioned, the perfomance of mourning rituals is often aimed at a specific purpose which could be for closure, celebration, asking blessings or for healing purposes. They similarly embody how societies characterise themselves with their beliefs, culture and also with the dead. It is also believed that mourning rituals are at the root of valued support to people in general and to those who have been grieving, in particular they play a therapeutic role in bringing back and maintain the wellbeing of the grieving (Setsiba, 2012: 3) and they also facilitate our renegotiation of reality (Scott, 2009).

CHAPTER FOUR: AFRICAN MOURNING RITUALS AS A DRAMA THERAPY APPROACH

Mourning rituals do not repair reality; they repair us, but only partially. We cannot find complete wholeness in the aftermath of loss. For the bereaved the world remains forever changed and forever broken: they do not magically heal from the "slings and arrows of outrageous fortune" (Hamlet, III.i.57 as cited in (Copingcentre.com, 2018).



Figure 4: Kingman (1963) *Untitled*.

4.1 INTRODUCTION

This chapter will define drama therapy and outline how rituals are currently employed in drama therapy. It also makes links between the perfomance of African mourning rituals and rituals in drama therapy. It serves the purposes of connecting drama therapy to African mourning rituals whilst highlighting how African mourning rituals can be applied within the therapeutic space in order to support clients responses to loss.

4.2 DEFINING DRAMA THERAPY

According to the North American Drama Therapy Association (NADTA), Drama Therapy is an active, experiential approach to facilitating change through storytelling, projective play, purposeful improvisation, and performance, participants are invited to rehearse desired behaviours, practice being in relationship, expand and find flexibility between life roles, and perform the change they wish to be and see in the world (2014). Meldrum (1994: 14) writes that drama therapy is the obvious combination of two big processes: drama and therapy. She does, however, go on to say that a lot of definitions of drama therapy stress the influence of the creative and expressive. This stands in contrast with a methodology such as psychoanalytic psychotherapy, that focuses on the relationship between the therapist and the client, and works with the tension and conflict within that connection in what is termed transference and countertransference (Pitruzzella, 2004: 131).

One of the key principles of drama therapy is to enhance a client's creativity and expressiveness through the use of drama structures and non-verbal and symbolic expression of emotion. This however does not exclude the use of verbal emotional disclosure which can often happen through the drama itself and not essentially directly (Myburgh, 2015). In its simplest definition, drama therapy can be described as a ritualised practice that employs repetition of a structure or exercises to provide a sense of security and containment within a liminal time and space. At the centre of drama therapy are nine core processes as identified by Jones (2007: 81). The core processes are the basics that make drama therapy effective and therapeutic. They are not merely techniques but underlying principles that guide the techniques that drama therapists use. These include projective identification, therapeutic performance process, personification and impersonation dramatic empathy and distancing, interactive audience and witnessing, embodiment, playing, life-drama connection and transformation.

According to Landy (1993: 26), when people take on and play out roles based in the events that make up their lives, they create new narratives about themselves through taking on a role, which provides an understanding and gives significance to their existence. In playing a role and telling a story the client in drama therapy enters the creative, fictional reality for the purpose of observing or reflecting upon the everyday reality (Landy, 1993: 99). Furthermore, Reneé Emunah concluded that drama therapy asks us to discover and incorporate undeveloped parts of ourselves, stretch our idea of who we are, and experience our intrinsic connection with others (1994: 302). When clients

come to a drama therapy session they bring underlying problems they want to work with. These problems may be clearly defined such as anger, loss of a job, death of a parent etc.

A Drama Therapy Session

A typical drama therapy session starts with a "Check-in" in which client's talk about how they are currently feeling. This provides vital information to the drama therapist about how to lead the session that day, what problems are ready to be worked on, and what struggles will need to be worked past to get the group to function smoothly and openly. Next, the "Warm-up" to get everyone focused on each other and on being in the "here and now." A warm-up also relaxes muscles that may be used in activities later in the session so no one gets hurt and prepares imaginations so that everyone is ready to work together creatively and safely. Each session usually has at least one major drama therapy activity that is participated in and then discussed by the group. Those who have taken on a role need to "de-role" afterwards in order to reconnect with themselves. The group ends with a closure activity: a game, a ritual, a review of the session, or a song (Johnson, 1982). The drama therapy session structure also applies during a group or in an individual client session.

4.3 DRAMA THERAPY APPROACHES AND ETHOS

Approaches

Jones (2007), affirms that drama therapy enables change through drama processes by using the potential of drama to transform and reflect on life experiences in order to support clients to express and work through the problems they are experiening or to maintain a client's well-being and health. Drama therapy approaches allow for healthy distancing between the cleint and any issues they might be dealing with in therapy. Through using the content of drama activities, the process of creating performances, and the relationships formed between those taking part in the work within a therapeutic framework. A connection is then formed between the client's inner world, problematic situation or life experience and the activity in the dramatherapy session. The client then pursues to accomplish a new relationship towards the complications or life experiences they bring to therapy. Sometimes clients will report that drama therapy has helped them deal with a

difficult problem and changing their perspective about their problems (Jones, 2007: 8). The overall aim in drama therapy is to support the client find a new relationship solution, release, a new understanding or improved ways of being.

As indicated, dramatherapy sessions include a extensive range of expressive dramatic forms which are geared towards a specific aim. Such as illustrated by Jones (2007: 10) as:

- the use of created or scripted roles and characters, or playing oneself in a fictional reality, in order to explore life experiences, the use of materials such as objects, small toys and puppets to play out and work with problematic feelings, relationships or experiences.
- the use of the body in dramatic form through disguise, masking, mime or performance art to explore the self, image, relationship.
- the use of scripts, stories and myths to evoke and act out themes, personal issues or archetypal material with a view to the exploration of problems.
- the creation of dramatic rituals to work through areas of life experience.
- moving through different developmental stages in drama to assist in the development of new ways of relating to oneself and to others.

Ethics

According to the North American Drama Therapy Association[13] (NADTA), their code of ethics, reflects their ethical principles and values. The purpose of the NADTA code of ethical principles is to serve its members and the general public by providing standards of professional competence in the field of drama therapy. This also suggests that the drama therapy ethos encompases the values of drama therapy and all the members of the NADTA are responsible to ensure that they are familiar with this Code of Ethics, understand its application to their professional conduct, and strive to adhere to its principles and standards.

To achieve this goal drama therapists work together to maintain open and constructive communication and to resolve conflicts. Below are the Drama therapy ethics (Nadta.org, 2018:1-3):

[13] The South African Association of Drama therapist (SAAD) adheres to these ethics as well.

1. Professional Responsibility and Respect

Drama therapists are responsible for providing professional services respectful of the legal and civil rights of others, adhere to the NADTA professional and ethical guidelines, and safeguard the dignity and rights of their clients, students, colleagues, and research participants.

- A drama therapist accepts responsibility for actions in clinicalwork, teaching, supervision, and/or research and complies with ethical and legal standards of behavior.
- A drama therapist does not knowingly make statements that are false, deceptive, or fraudulent concerning research, clinical or business practices, or other work activities on behalf of themselves or those organizations with which the member is affiliated.
- A drama therapist is responsible to report any conduct by another drama therapist that has substantially harmed or is likely to substantially harm a person or organization, and which is not appropriate for informal resolution.
- A drama therapist is obligated to cooperate in any ethical investigations or proceedings required by the NADTA.

2. Competence

Drama therapists limit their practice and services to those which are in their professional competence by virtue of their education and professional experience, and consistent with any requirements for state/provincial and national/international credentials. Drama therapists seek supervision/consultation or refer clients to other professionals when the therapeutic needs of clients exceed their level of competence.

- Drama therapists accurately represent their training, techniques and skills, and do not present information that is misleading or inaccurate.
- Drama therapists use only initials to which they are legally entitled, for example: degree(s) from an accredited institution and/or registration or certification from professional organizations.
- A drama therapist takes adequate steps, through supervision or personal psychotherapy, to prevent personal circumstances from interfering with the quality of service offered to others.
- A drama therapist follows standard guidelines for referencing another's theories, research or clinical work in publications or presentations.
- Drama therapists refrain from initiating any drama therapy activity if there is a substantial likelihood that personal circumstances will prevent them from performing work-related activities in a competent manner.
- A drama therapist who becomes aware of personal circumstances that may interfere with the ability to engage in drama therapy sessions must take appropriate measures, such as obtaining professional consultation or assistance,and determine whether to limit, suspend, or terminate work related duties.

- A drama therapist keeps up to date with new clinical developments related to practice, continues to develop professional skills and cultural competence, and maintains credentials through continuing education.

3. Confidentiality

Drama therapists have a primary responsibility to maintain confidentiality with respect to the therapeutic relationship and all information and creative works resulting from clinical sessions and the therapeutic relationship. Exceptions to confidentiality are only acceptable when disclosure is required by specific state and federal legal requirements, to prevent serious and imminent danger to client or others, and to protect a child, older adult, or other vulnerable person(s) from abuse or neglect.

- A drama therapist maintains confidentiality, whether obtained in the course of practice, supervision, teaching, or research.
- A drama therapist obtains informed consent before releasing confidential information about a client.
- A drama therapist maintains informed consent when giving information about a client through publications, or written or verbal presentations.
- A drama therapist takes strict precautions to ensure clients'records are stored in a secure location, and ensures records and client information are available to authorized personnel only.

4. Informed Consent

Drama therapists take responsibility to keep clients, students, and research participants informed of potential risks and benefits at the initiation of therapy and at all times during therapy, supervision or research projects. This includes, but is not limited to, goals, techniques and methodologies, procedures, limitations, potential risks and benefits, and any other pertinent information, so that the client(s) can make informed decisions about consenting to participate in therapy.

- When conducting therapy, research, or providing assessment or consulting services a drama therapist obtains informed consent of the individual(s) or legal guardian(s).
- A drama therapist uses culturally and developmentally appropriate language on the consent form that is understandable to the person(s) providing the consent.
- Where limitations to understanding are apparent such as cognitive deficits or with young children, the drama therapist secures informed consent from a legal guardian and obtains assent from the individual.
- A drama therapist informs clients and research subjects that they have the right to refuse services or participation in research without consequence.
- A drama therapist gains permission from the individual(s) to whom services are provided, or their legal representatives, before recording voices or images.
- A drama therapist ensures that clients understand the implication of any assessment, fee arrangements, record keeping, therapeutic plan, and limits to confidentiality.
- Drama therapists periodically review their informed consent procedures with clients.

5. Principles of Physical Contact, Role Play, and Other DramaTherapy Activities

Drama therapists are responsible to practice in a manner that maintains professional boundaries, based on the individual's therapeutic goals, safety, and best interests.

- A drama therapist uses physical contact, movement, and/or roleplay: 1) when they are consistent with the client's therapeutic goals, 2) with the client's informed consent, and 3) in a safe, respectful, and culturally sensitive manner.
- A drama therapist never imposes or requires that an individual make physical contact, and informs the client that they may refrain from or refuse physical contact at any time.
- A drama therapist makes continuous assessments regarding the usefulness of physical touch with each client, and periodically renews the consent from the client. They also document the use of physical touch and its therapeutic effects.
- A drama therapist appreciates that physical contact may evoke strong feelings from the client and seeks consultation on a regular basis regarding their use of physical contact.

6. Responsibility to Research Participants

Drama therapy researchers respect the dignity and protect the welfare of participants in research.

- A drama therapist researcher adheres to laws, regulations, and professional standards governing the conduct of research.
- Drama therapist researchers follow all criteria and processes established by the Institutional Review Board of the organization or institution in which they conduct research with human subjects.
- In the absence of an Institutional Review Board, a drama therapist seeks the ethical advice of qualified professionals not directly involved in the investigation to determine the extent to which research participants may be compromised by participation in research. The researcher observes safe guards to protect the rights of research participants.
- A drama therapist researcher requesting participants involvement in research informs them of all aspects of the study that might reasonably be expected to influence willingness to participate. Investigators take all reasonable steps necessary to avoid coercion of potential research subjects.
- A drama therapist researcher respects participants' freedom to decline participation in, or to withdraw from, a research study at any time with no negative consequences to their treatment.
- A drama therapist researcher cannot use information about a research participant during the course of an investigation unless there is authorization previously obtained in writing. When thereis a risk that others, including family members, may obtain access to such information, this risk, together with the plan for protecting confidentiality, is to be explained as part of the procedure for obtaining informed consent.

4.4 HOW RITUAL IS USED IN DRAMA THERAPY

In his writings *Symbols in African Ritual*, Victor Turner defined ritual as a 'stereotyped sequence of activities involving words, gestures and objects, performed in a sequestered place, and designed to influence supernatural beings or powers on behalf of the actors' goals and interest' (1977: 183). Turner suggests that people depend on belief systems and rituals to help them deal with with loss and grief He also pointed to the importance of not only focusing on space and temporality in ritual (1967: 19), but also of symbols, which may include activities, words, objects, relationships, gestures, or spatial units (as cited in Deflem, 1991). Drama therapy combines various theoretical methods and uses one or more of the following creative methods; mime, dramatic play, puppetry, mask work, role-playing, enactment, ritual, improvisation, psychodrama, storytelling, theatre-making, theatre production, drama games and text. These processes are aimed at facilitating the clients' ability to tell personal stories, solve problems, set goals and gain insight into personal behaviours (Nebe, 2016).

Taylor (1980) states that rituals signify a representational declaration of values by means of traditionally standardized expressions and activities. From this viewpoint, rituals appear to perform particular purposes in a given culture or society and employ symbols as a means of communication. Ritual also includes identifying the various rites of passage that cultures use to manage, or fail to manage, loss (Weinstein, 2002: 203). In the same vein, ritual can be described as a journey of the heart which should lead into an inner realm of the psyche - the ''ground of our being' – and if we carry out such rituals with devotion and passion they will increase our aspiration and reinforce our ability to live (Roose-Evans as cited in Pearson, 1996: 106).

Furthermore, Turner (1987) highlighted that the meanings of symbols used during rituals are not fixed, but can be negotiated and innovated by the ritual participants in the course of their social interactions. Symbols and their multivalence are, therefore, considered essential for the ritual and for its transformative efficiency (Turner 1967, 1969). Defining ritual, Roose-Evans suggests that rituals take many forms and that at their simplest level there are those repeated private rituals which we all use for waking up, going to work, settling down to work, coming home, going to sleep. All of these personal rituals also assist us to come to terms with the reality of each day, enforcing some

order on what otherwise might be chaotic (1996: 104). In societies, dramatic rituals[14] were means in which people marked points of change, shared fears, burdens, desires and accomplishments, and celebrated events (Johnson & Emunah, 2009: 78).

In light of all the similarities present within the performance of rituals and in drama therapy, Jones (2007) asserts that drama therapy as a practice is not a ritual and the drama therapist is not a shaman. However rituals can be used in drama therapy to provide a sense of structure and predictability during sessions such as using a dramatic ritual at the beginning and at the end of a drama therapy session. During the individual drama therapy sessions with my two research participants, I often lit the candle to mark the opening of each the session (opening ritual) sometimes along with burning an incense for its inviting, lovely, calming scent, and ending each session with a song, prayer. Sometimes, I will make eye contact with them to acknowledge their presence in the space and to affirm that I see them and I am honoured to be creating and holding the therapeutic space for them (closing ritual).

Rituals by their nature also offer form, meaning, structure, and unique opportunities for ventilation, communication, and appropriate acting-out throughout all of social life. They can be formed to function in therapy as they function in other parts of life. Jungian analyst Bani Shorter's writings are considered to be rich with useful guiding principle for the use of ritual as a therapeutic tool. She stresses the importance of the therapist cultivating a creative and conscious relationship with him/herself as well as with the sacred before trying to guide others (Barnard, 2003: 13). Especially because the therapist misses an opening if he or she focuses only on speech alone, or only on those "becoming" methods found in Gestalt grief work[15] and miss the mark to use therapeutic rituals.

Ritual also speaks to the language of symbols, creates "a two-way mirror" exposing the soul of the person to the sacred and archetypal patterns (Barnard, 2003). Ritual also sets us thinking; it may remind, reassure, stimulate us (Baralsky, 2009). On the other hand, rituals which are too under distanced or over distanced meaning that they do not have enough emotional meaning or content to the griever will be non therapeutic.

[14] A dramatic ritual is a set of performed actions involving metaphor and symbol, which not only communicates to us about change, status, and values but also affects us.
[15] Gestalt grief work is defined as the accompanying, supporting, and working with grief due to loss of a loved one through death: Denial and Isolation; Bargaining and Ritual; Rage; Sadness; Acceptance.

In his Chapter on Drama therapy and ritual, Jones (2007) outlined a number of themes concerning ritual that are often considered significant to drama therapy such as:

- ritual as a means of connecting with a reality or state which is different from everyday
- the ritual use of artifacts
- behaviours and expressions particular to ritual healing and ritual
- the relationship between dramatic enactment and ritual

According to Jones much attention in dramatherapy has often focused upon the relationship of healing to ritual and this can be achieved through creating a safe space for a client to recreate a dramatic ritual in order to work through different areas of their experience (2007: 8).

4. 5 AFRICAN MOURNING RITUALS AS A DRAMA THERAPY APPROACH

According to Jones a connection between ritual and dramatherapy has been put forward by a number of theoreticians and parallels have also been often drawn between practice, theatre and social and religious ritual (2007: 272). It is the space in between, "liminal space", which creates the potential to look at old assumptions and patterns from an entirely different perspective as well as the freedom to gain new insight. The same might be said about African bereavement rituals because the grieving are the performers and often their actions and symbols used during the perfomance of the ritual are a sign and are intended to communicate a specific message to either themselves, family members, community and the deceased.

Additionally, African mourning rites speak to change in role and status, community tensions, relocating the deceased into a new role and in the community and reworking previous losses (Friesen, 1990; Kilonzo & Hogan, 1999). This implies that rituals also assist the alteration to transformation in status and in role of the late. For an example, the Dagara people of West Africa often form a sacred ritual mourning space (Somé, 1993) where they seat the late on a chair with a elder woman on each side. In the process, there is non-stop drumming, and a big circle is marked on the ground in front of them. Within that circle turbulence and chaos are allowed. The grieving can cry, scream, be enraged, roll on the ground, run around, dance their emotions and sing. Though,

this manifestation of reactions is, at the same time, cautiously contained and limited. Residents contain the circle ensuring that the grieving don't go outside that space or kill or harm themselves (Setsiba, 2012: 4). Akin to drama therapy enactment where cleints sit in a circle and within the circle they are allowed to dance, run around, play and explore any role that they might feel drawn to play often when there is a life-drama connection (Jones, 2007) with the content explored within the thearapeutic space. Like the Dagara people, the drama therapist will sit on the side, taking on the role of the observer ensuring that the clients expression of emotions is contained within a safe space.

Rando (1993) also affirm that rituals are mostly employed to smooth the lettng go of relationships and the switch into a new role. Suggesting that dramatherapy and rituals might be linked as they both use performance to deal with experiences of pain. It also appears that there is a parallel to drama therapy's "play/safe space," which is the safe space of the therapy background, where strong emotions and behaviours are acceptable to be expressed and tried out and at the same time are carefully limited through play (Yontef, 1993: 56).

4.5.1 POSSIBILITIES OF DRAMA THERAPY

Considering that Drama therapy has its roots in drama, theatre and ritual amongst others, it will be appropriate to provide the context of the relationship between Drama, theatre and ritual to explore the possibilities of employing African mourning rituals within the Drama therapy space. According to Jones, Grotowski, Artaud, Barba and Brook have all founded their theatre in the opinion of enactment as a method of ritual (2007: 273) as they often point out its effectiveness as a method of communication, and its inherent influence to touch the actor and the spectators emotionally and through amplified feeling. These different theatre experimenters have connected their ideas and everyday work to the theories and animated languages of ritual. In addition, Grotowski's Theatre of Sources or Para-theatrical activities, for example, have been likened with ritual (Jones, 2007). Grotowski described these forms as 'transporting us back to the foundations of life, to direct primitive experience, to organic primary experience' (Roose-Evans, 1984: 154).

In his book *Towards a poor theatre* Grotowski argued that he is not simply the director or producer or "spiritual instructor."

> In the first place, my relation to the work is certainly not one-way or didactic. If my suggestions are reflected in the spatial compositions of our architect Gurawski, it must be understood that my vision has been formed by years of collaboration with him. There is something incomparably intimate and productive in the work with the actor entrusted to me. He must be attentive and confident and free, for our labor is to explore his possibilities to the utmost. His growth is attended by observation, astonishment, and desire to help; my growth is projected onto him, or, rather, is found in him - and our common growth becomes revelation. This is not instruction of a pupil but utter opening to another person, in which the phenomenon of "shared or double birth" becomes possible. The actor is reborn - not only as an actor but as a man - and with him, I am reborn. It is a clumsy way of expressing it, but what is achieved is a total acceptance of one human being by another (Grotowski, 2012: 25).

Growtoski also used ritual, voice and body in his para-theatrecial workshops Langley (2006). He, hated the gulf between audience and perfomer, and developed a form of theatre that everyone present was involved and the focus was mostly placed on what was happening in the present moment. To date, his techniques have been adapted for drama therapy and these adaptations are described by Mitchell (1992: 58-67) through the use of candles to create a ritual perimeter.

Mitchell describes his way of working which is similar to Growtoski's as:

> In this approach to dramatherapy, the process of therapy involves enabling the clients to devise their own healing rituals. The ritual is not the change itself but the preparation for change…The para-theatrical model of dramatherapy I believe truly offers drama therapists an alternative rationale for groupwork which has its roots in theatre and dramatic art (1992: 67).

According to Barnard (2003) meaning appears to be a critical element of ritual for Mitchell, he emphasises the importance to the client of creating the ritual structure for himself or herself (1998). Additionally, practitioners such as Artaurd and Schechner (1988) have also begun to develop an approach to performance and to ritual that tries to establish a model of intercultural working which is less rooted in racism and colonialism. This approach emphases the significance of a negotiation between beliefs, between practitioners and traditional customs rather than the simple misuse of external elements of non-western forms by Western individuals.



Figure 5: Kingman (1981) *Desconsuelo* (Spanish for despair)

The above image by Eduardo Kingman is a visual illustration of despair - defined as the complete loss or absence of hope. Similarly to the image, I often sensed that African mourning rituals elements (candles, shells and the use of cloths) have been present in drama therapy practice but had their hand on their face, however, I think in South Africa we are faced with a dilemma of having to acknowledge and use African mourning rituals within a context of drama therapy especially when it comes to dealing with issues of loss which often bring people to therapy. Furthermore,drama therapy is considered to be a ritualized practice with every session having a fixed structure, although it can be easily adapted from time to time to meet the client's needs.

Sociologist Tom Scheff's writings are considered to be particularly useful in studying drama therapy's relationship to ritual and describe 'ritual and myth as theatrical practises for coping with general emotional distress' (1979: 115). He defined ritual as the 'potentially distanced restoration of conditions' of emotional distress that are 'virtually universal in a given culture' (Scheff, 1979: 118). Scheff further asserts that there must to be an correct amount of emotional distancing in any ritual in order for it to be in effect and that the ritual must include a sensible experience allowing the person to be both an observer and a participant, thus constructing the circumstances for the suitable release of distress leaving the person feeling revitalised at the end of the ritual (Scheff, 1977). This concept has been important in the development of drama therapy.

In practice, Drama therapy uses of dramatic ritual and ritual to construct a space where opportunities of existence can be discovered. The use of ritual in drama therapy is for change and also to release that which is unspoken but often felt. Akin to the performance of African mourning rituals where the ritual space is often marked out in some way (often by a candle) to symbolize the grieving space where mourners can gather to offer support to the bereaved. In most communitiess, rituals such as prayers, memorial services and funerals function as a community respect that a loss has occurred and they provide an opening for the community display of grief (Cook and Oltjenbruns, 1989; Romanoff & Terenzio, 1998).

This is similar to a drama therapy group setting, when a client performs a ritual such as taking on a role of confronting the villain (during an enactment), their brave act of publicly taking on the role allows for the group to witness, to increase their role repertoire and for the process of healing to begin. Especially because when life turn out to be actively mirrored in the performing of the ritual, 'it acquires a new meaning, it becomes his life, something he has created' (Evreinov et al.,2013: 27). Myerhoff (1982) and Scheff (1979) argue that rituals provide a vehicle for the containment and expression of strong emotions; their repeated and arranged nature eases feelings of impotence and anxiety whilst provideing an order and structure at times of disorder and chaos.

4.5.2 COMPARISONS BETWEEN RITUALS AND DRAMA THERAPY

In drama therapy, Deane argues that the structure of the sessions (warm up, bridge in, main activity, bridge out and grounding) all serve as a container, enabling the urge to discover the unknown in order to grow (as cited in Pearson, 1996: 112). A parallel can be drawn between the performance African mourning rituals and the drama therapy session as both have specific structure and hold a possibility for a transformational performance and they are segmented into stages or phases with particular actions and gestures and also they follow to a tri-partite model with a distinct beginning, middle and end (1996).

Drama therapy is comparable to ritual especially with what Jones (2007: 273) refers to as the ritual space, which is also seen by some to be akin to dramatic space. Landy, for example, says: 'Ritual activity is dramatic, as it appeals to the believer to construct a figurative world through representative means' (Landy, 1986: 67). However, as previously mentioned the drama therapist

won't take on the role of other forms of healers such as shamans because the drama therapist is not a shaman (Jones, 2007: 273) though when in role, the therapist can take on the role of a shaman and submit to the spirits of the "illud tempus[16]" (Cole, 1975) in order to bring the client revelation. Also when in session, the drama therapist plays multiple roles: as the therapist and the client interact, the client also casts the role of the therapist according to roles from his/her past or current life, through the transference (Landy, 1986). When summing up the relationship between ritual and drama therapy, Jones comments as follows:

The client in drama therapy:

- Can bring content from rituals that have being performed in their lives which were experienced as challenging.
- Can create dramatic representations of these experiences in order to work with and resolve the problem.
- Can create their own dramatic rituals to deal with personal material.

The drama therapist:

- Can help clients to re-create experiences of ritual that are problematic in order to deal with the difficulty they have encountered.
- Can work with clients to construct their own dramatic rituals using the individual's own or group's or cultural language of ritual.

Lastly Jones (2007), observes that ritual in drama therapy is then re-created within a framework that allows for the individual to explore the ritual and its relationship to them. The performance of the ritual suggests that it can be used in improvisation and the individual can discover different ways of reacting to it, or can accommodate the ritual to themselves by adjusting its form.

4.6 CONCLUSION

This chapter defined African mourning rituals as a Drama Therapy approach. Parallels were drawn however, two things remain: drama therapy as a practice is not a ritual and the drama

[16]Illud tempus is defined as a mythical time before time.

therapist is not a shaman (Jones, 2007). The use of African mourning rituals in drama therapy can help provide structure and predictability, allow for the expression of feelings, validation of feelings, and for bonding in a safe and contained space. Borrowing from the above quote "mourning rituals [in this instance the performance of African mourning rituals] do not repair reality; they repair us, but only partially. Since we never find complete wholeness in the aftermath of loss" (Copingcentre.com, 2018). This revelation will help guide me in how I will answer my research question in Chapter 8.

CHAPTER FIVE: THE PROCESS OF INVESTIGATION

> Many of the most significant and exciting life events and extraordinary experiences-moments of clarity, illumination, and healing – have been systematically excluded from conventional research. Braud & Anderson (1998: 3)

5.1 INTRODUCTION

This chapter describess the process of investigation followed in the current inquiry. It will first provide an outline of the methodology applied and the rationale for using it. Hiles, a counsellor and therapist defines research as an addition to knowledge, he further asserts that we often carry out inquiries because we want to make a difference and we care (2001: 1). Hiles research definition of provides a synopsis for the motivation of this study and the overall process of investigation.

As a researcher, I initially struggled to locate the best appropriate research method for this study. However as the months went by and as destiny will have its way, I came across Dave Hiles lecture titled: *'Heuristic Inquiry and Transpersonal Research'*. After careful study, I found this method appropriate for my study, especially since heuristic inquiries are often placed within the topic of human science (Giorgi, 1970; 1994). According to Polkinghorne (1983), human science strive for to know the reality which is mainly our own, the truth of our experience, activities, and expressions. This realm is the closest to us, yet it is most resistant to our efforts to grasp it with understanding. For the reason that the accomplishment we have had knowing the world around us, the human realm has stretched its control to such an degree that we can perform to construct physical security and wellbeing and threaten and impose untold pain and damage. "Serious and rigorous re-searching of the human realm is required" (1983: 280-1). As a scholar of the humanities studies within the field of drama therapy, I find Polkinghorne's appeal for rigorous and deep research "re-searching of the human realm" quite motivating and self explanatory in writing about my process of investigation. The following section aims to provide an explanation for the proposed methodology.

5.2 METHODOLOGY

Heuristic inquiry was developed by Clark Moustakas (1990) and holds some striking similarity to the notion of a lived inquiry, developed by John Heron (1998) and mindful inquiry developed by Bentz & Shapiro (1998). Hiles (2001) maintains that this method is a process that is aimed for the study and understanding of knowledge which uses the self of the researcher. This inquiry is an adaptation of the phenomenological inquiry, on the other hand it overtly recognises the participation of the researcher, to the degree that the lived experience of the researcher becomes the central focus of the investigation (Hiles, 2001: 3).

Heuristic inquiry is a very demanding process, because it involves discipline, self commitment, self-reflection and rigorous self-searching , and eventually a submission to the process (Hiles, 2001). The researcher also needs to be passionate about the research question (West, 1998b) whilst keeping a critical awareness. The main emphasis of this investigation is the transformative influence of the investigation on the researcher's own experience. In his lecture, Hiles further asserts that this process is often achieved by "discernment".

Additionally, this method poses a challenge since it doesnt suit a set time-frame for research and should also not be attempted casually. The following is a summary of Moustaka's phases of heuristic inquiry (Moustakas, 1990: 27-37). This process includes:

- **Initial engagement**, the task of the first stage is to realize a deep interest, a passionate distress that calls out to the researcher, one that holds significant personal and social meanings, compelling consequences. The research question that surfaces lingers with the researcher, until the disciplined commitment that will disclose its underlying meanings.
- **Immersion**, the research question is lived in waking, sleeping and even dream states. This needs awareness, focus and self-searching. Practically everything linked with the question becomes raw content for absorption.
- **Incubation**, this includes a withdrawal from the intense, rigorous focus, permitting the development of knowledge to take place at a more subtle level, allowing the internal tactic aspect and instinct to illuminate and extend understanding.
- **Illumination** this includes a development, a process of awakening that happens naturally when the researcher is receptive to tacit understanding and instinct. It includes opening a

door to new consciousness, an alteration of an old understanding, a mixture of disjointed awareness, or new discovery.

- **Explication** includes a full analysis of what has been awakened in awareness. What is required is organization and a complete description of the core themes.
- **Creative synthesis** this when the researcher is throughly acquainted with the information, and following a preparative phase of isolation and contemplation, the researcher puts the components and core themes usually into the form of creative synthesis conveyed as a report, a narrative account, , a thesis, a story, drawing, painting, poem, etc.
- **Validation of the heuristic inquiry** in this phase the question of validity is one of meaning. Does the synthesis present vividly, comprehensively and accurately the meanings and essences of the experience? Returning again and again to the data gathered to check whether they embrace the necessary and sufficient meanings. Finally, feedback is gained through participant validation, and getting respones from others.

The core and focus of heuristic inquiry is on the experience and change of the researcher. Furthermore, Moustakas describes this distinctive methodology to research as follows:

> …a process of **internal search** through which one discovers the nature and meaning of experience and develops methods and procedures for further investigation and analysis. The **self of the researcher** is present throughout the process and, while understanding the phenomenon with increasing depth, the **researcher also experiences growing self-awereness and self-knowledge** (1990: 9)
>
> In heuristic research the investigator must have had a direct, **personal encounter** with the phenomenon being investigated. There must have been actual autobiographical connections (14)

Moustakas continues to explain that heuristic inquiry is not a method that merely permits the researcher to analyze their own experience only, but that the researcher engages with the research question, studies their own experience in the midst of a number of investigations and follows this through with an awereness of the transformative process (Hiles, 2001: 5). It is also a research process that is difficult to set clear limitations to, with respect to scope and duration. It is a "following your nose" method, however it involves a highest degree of rigour and meticulousness. With this method, the research chooses you as the researcher, and is often of deep origin.

5.3 HEURISTIC INQUIRY METHOD AS A METHODOLOGY

Heuristic research starts and ends with the researcher. It relies on the researchers ‘’internal frame of reference’’which is the basis of all data (Moustakas, 1990: 26): To know and comprehend the nature, meanings, and essences of any human experience, one relies on the internal frame of reference of the person who has had, is having, or will have the experience. In other words, if the researcher does not honour the individual’s internal frame of reference, the risk is that the individual’s thoughts, experiences, feelings, perceptions, and meanings will be distorted (Combs, Richards, & Richards, 1976).

5.3.1 RATIONALE FOR USING HEURISTIC INQUIRY

The motivation for using the heuristic inquiry is because it is a methodology that focuses on the experience and transformation of the researcher (Hiles, 2001: 4). Having experienced a number of losses and having worked with two participants who I came to recognise had had parallel experiences. I found this reseach method most appropriate because as a researcher my experiences were also permitted to be present during the course of the process and while, understanding the phenomenon with increasing depth, I grew in self knowledge and self-awareness(Moustakas, 1990: 9).

According to Hiles (2001) heuristic inquiry offers a considerably broader context for the researcher to engage with the research question and examine their personal experience amid a number of other discoveries. This approach allows the researcher’s creativity on how to present the research findings which also appealed to me as a researcher. Also because with heuristic inquiry, the research question chooses you, and in my case I found that I had been somehow preoccupied with the theme of loss for a while now since my training. Lastly because there is an unusual parallel between the techniques of heuristic inquiry and the practice of psychotherapy and counselling and, particulary with regard to the use of the “self”. For that reason it is a method that echoes with the counselling and therapy related issues inquiry (Hiles, 2001: 5-6).

5.3.2 STRENGTHS AND LIMITATIONS OF HEURISTIC INQUIRY METHOD

Strengths

One of the strengths of the heuristic method is that it places little control on the overall research procedure (Djuraskovic & Arthur, 2010: 1583). This affords the researcher creative freedom. In addition, as a research method heuristic inquiry is the appropriate process as it explores counselling and therapy related issues (Hiles, 2001).

Limitations

One of the limitations of this method is that the it begins and ends with the researcher (Djuraskovic & Arthur, 2010: 1579). As a result, I found myself struggling to combine my own experiences with my two research participants' experiences in writing. Since the heuristic method places significance on the individual experience of the phenomenon in question, I also found that I became more biased in my approach to the research question and this often made it easy for me to loose focus and interest as I continue dreaming about what I could do and I could present my overall findings. Because of this creative freedom given to the researcher there is also huge temptation for one to be irresponsible or even present an underdeveloped research. However, this research methodology also necessitates that the researcher should have firm knowledge in its theoretical roots which according to Creswell (1998) might be challenging for an inexperienced researcher. As previously stated, one other limitations of the heuristic inquiry is that it is difficult to fix limitations with regards to the length and extent of the research.

5.4 STUDY VALIDITY

Hiles (2001), argues that the confirmation of the research is two-fold, including a process of self validation (and possibly participants confirmation) that is important to the sixth phase of the heuristic inquiry. When attempting to evaluate the validity of heuristic research, the researcher is encouraged to be more concerned with meaning. Correspondingly, the researcher must go back to the collected data several times to compare and validate whether precise descriptions were attained. For an example, after I finished the process of writing, I had to watch the Mokapelo TV show episodes again and to listen to the two participants feedback regarding their sessions to check

for any data I might have missed or chosen to omit. Consequently, after extracting the themes, I then created a table with the lists of themes where I compared participant one and participant two themes.

5.5 SAMPLING

Forming part of the Mokapelo TV show, two black, South African young women were referred to me for individual drama therapy sessions. I chose to work with the two participants because they had prior knowledge of African mourning rituals. Vallie and Halling (1989) affirm that subjects chosen must be individuals who are able to act as informers by giving rich accounts of the experience being investigated. The two participants also had both experienced loss prior consenting to participate the research process.

Non-probability purposive sampling was used in choosing the two participants. Non-probability sampling is a process that depends firstly only on availability of the research subject and their commitment to participate (Terre Blanche, Durrheim & Painter, 2006). The participants were also chosen based on their availability to atttend sessions as they were all relying on Mokapelo's transport and support to attend the sessions.

5.6 RESEARCH PROCEDURE

> Working with clients in intense distress can be terrifying for us too because we are companions on the journey. As we walk into the existential pit of pain, it is important to remember that "what is to give light must endure burning.
>
> (Victor Frankel in Hart and Singh 2009: 103)

This section will cover the research procedure. Because this research procedure begins and ends with the researcher (Djuraskovic & Aurthur, 2010: 1579)I often felt the need to reflect on my own process. Similarly, I also found that I was drawn to reflecting on my process. This birthed frustration, hopelessness and confusion, and it all started feeling like I was slowly loosing focus on the main objective: to explore how African mourning rituals might best support participant's

responses to loss within the drama therapy space. How I dealt with this challenge was by taking long breaks from my study to gain new perspective. This also presented another challenge as I often lost track of time and failed to meet the University deadline.

5.6.1 DATA COLLECTION

The first stage of the data collection consisted of contact sessions where administrative matters were explained and finalized. These included the clarification of drama therapy, the aim of the research and the signing of the consent forms. The age group of the participants varied from 25 to 28 years, one female and one transwoman. The second stage of data gathering consisted of six individual drama therapy sessions for participant one and two sessions (one formal session) for participant two. The sessions lasted for 45 minutes and participants were met once and sometimes twice in a week depending on their availability. At the start of the process, I introduced myself to the participants and allowed for enough time to create a safe space. The participants were informed about the aims of the study, their role in it, the benefits of participating and how their participation will be captured at the end of their individual drama therapy sessions. They were also informed that they should they feel the need to not continue with the study, they were free to pull out from there will be no negative consequences.

The individual drama therapy sessions took place when participants were available to attend. The sessions allowed for a unrestricted flow of material, and often encouraged participants to be creative and open in the space. According to Moustakas (1990: 47), this form of gathering data is dependable in rhythm and flow to heuristic investigation and the search for meaning. All sessions were facilitated in IsiZulu, Setswana and sometimes in English. The sessions were recorded for Mokapelo and both myself and the participants had access to the videos immediately after they were produced. I developed a set of questions to assess the participants knowledge on mourning rituals. The following questions were asked to each participant during the first contact session:

- What is mourning for you?
- Are there any specific mourning rituals in your culture that are performed?
- What role do you think these rituals perform in your life? And are there any that you perform for specific reasons?

- Do you consider them useful and relevant, if so how?
- What do you think of the topic of exploring mourning rituals in South Africa?

After the individual sessions were completed, I began the data analysis. The following section will outline how the sessions were held and shaped.

The candle

In the beginning of each individual session with my two research participants, I was drawn to using a candle for marking the opening and for ritualizing the ending of each session. It was during reflection that I began to realize the signifant meaning of lighting a candle in any meeting and event. In Christianity, candles are commonly used during times of devotion both for decoration and for creating a specific atmosphere, and also as a sign that symbolises the light of God or explicitly, the light of Christ. I also found that my clients started to relax everytime I had lit the candle. It was as if they were also inviting their own Higher Power for guidance which left me with what appeared to be appeared as angelic assistance moments. I also used the candle as a symbol of hope[17] and life during the sessions as I invited participants to light the candle if they felt confident to do so.

5.6.2 DATA ANALYSIS

The data will be analysed using heuristic inquiry or what others refer to as phenomenology. The emphasis here is on how people experience the world (Moustakas, 1990). It also stresses personal meaning to individuals. It is more like trying to bracket yourself out and entering into the other persons perspectives and experience. Moreover it places emphasis on the researchers-personal experience of the research. The question: how does this affect me as the researcher?

[17] Elizabeth Kübler-Ross made a patient's hope a significant factor in health outcomes, including death (1969).

5.7 ETHICAL CONSIDERATIONS

Research ethics deals mostly with the contact between researchers and the people involved in the study with the function to look after the wellbeing of the research participants (Setsiba, 2012: 62). According to Wassenaar, 2007 in Terre Blanche *et al*., 2006) in South Africa, most prominent Institutions of higher education expect that all social science research concerning human participants be reviewed by an independent research ethics committee. As result, this research was only conducted after obtaining the ethical clearance letter from the University of the Witwatersrand (Appendix A). This ensured protection of the participants in terms of informed consent, anonimity and access to counselling.

5.8 PERSONAL REFLECTIONS DURING THE INVESTIGATION

> Heuristic reasearch is a demanding process…in heuristic research the investigator must have had a direct, personal encounter with the phenomenon investigated
>
> (Moustakas 1990:14).



Figure 6: Kingman (1963), *Woman with her hands on the table*

My own personal process during the investigation has been very difficult, sometimes I felt overwhelmed and insecure about my choice to explore the theme of loss and the use of African mourning rituals within the Drama therapy space. I even second guessed my choices. My overall personal experience felt like what Thomas Moore (2004) refers to as *The Dark Night of the Soul* a spiritual journey and a search for meaning during life's darkest hours: the loss of a loved one, the

end of a relationship, aging and illness, career dissapointment or just an ongoing dissatisfaction with life which is also synonymous with my research topic however in more depth. I was not satisfied with the how my research process was going and felt like giving up. Especially since part of my investigation included facing my own losses and a lot of self reflection. As a researcher, I chose this method because there are similarities between the method of heuristic inquiry and the practice of counselling and psychotherapy with much emphasis on the "self". Similarly, Hiles cites Barrineau & Bozarth (1989) as follows:

> ..the difference between therapy and heuristic research of the person-centered model is a moot one," and "…the heuristic process requires direct and active participation of the therapist…Such participation involves special moments of self-awareness and an openess to metaphysical forms of knowing (105).

5.9 CONCLUSION

In this chapter the process of investigation of the study was outlined. The heuristic inquiry offered an organised way of including myself into the research, allowing me as the researcher to investigate the question more closely. However moving this journey has been, it has also been very challenging emotionally, spiritually, mentally and physically. At times I experienced months where I felt disconnected from my research as I was completely burned out because I had previously experienced the immersion phase so strongly. The above painting by Eduardo Kingman captures my experience before being forced by a series of events to take a break from my study. During this process there were moments of frustration and a constant temptation to give up. The following chapter will introduce the two research participants and provide an account of my process as a researcher during the investigation.

CHAPTER SIX: CASE STUDY

> When we are hurting badly, we deserve to be listened to and to tell the story of our losses.
>
> (Gersie, 1991: 97)

6.1 INTRODUCTION

This chapter will introduce the two research participants and provide narrative descriptions for each of their sessions, it will also describe how African mourning rituals were included in each session along with my own personal reflections from working with the two participants.

6.2 MEET THE PARTICIPANTS

Stake (1995) asserts that, a case study is the study of the particularity and complexity of a single case, coming to understand its activity within significant conditions. Also, it is where we study some phenomenon by identifying then observing and recording a 'typical' or an 'untypical' example, and then examining the data, looking for its special characteristics. Such is the case with my two research participants, who will be introduced in detail in the next sections. Out of the two participants, I will be writing more about participant one because I had more sessions with her rather than participant two who only had one formal session.

Participant 1: Thando

Thando is 24 years old and she is a candidate for a National TV Show -Mokapelo (please refer to page 9 footnote). She is a mother of a 4 year old boy. She loves acting and working with young people. She lives with her sister in a rented room. As as child she was physically and emotionally abused by her aunt and was also raped - although she did not share any details about her rape except that she strongly believes that it was her aunt's fault that she was raped because sometimes she forced her and her then 12 year old sister to sleep outside. She considers herself to be struggling with anger[18] which also makes it difficult for her to relate to her son. She also gets involved in

[18] Anger is another form of emotional distress, including chronic irritability, rage, and difficulties in expressing anger in a constructive way. Anger has obvious implications for parenting and other relationships (Kendall-Tackett, 2001).

fights a lot as she easily gets irritated and struggles to keep a job because most times her employers feel that she has a bad attitude.

When I first met Thando during the contact session, she cried a lot and revealed that her mother died when she was very young and as a result she had to stay with her Uncle and Aunt. She also couldn't go to School and desires to develop herself so that she can get a job and take care of herself and her child. Her expectations for coming to therapy were to find a healthy way to begin to express her anger which was affecting how she related to her 5 year old son.

Thando also presented Post Traumatic Stress Disorder (PTSD) pathology. Many adult survivors of physical, sexual or severe emotional abuse show symptoms of PTSD. Some of the major PTSD symptoms are anger, anxiety, hyper arousal symptoms, including sleep disturbance, impulsivity and startle responses (Van Der Kolk, 1987). Additionally, according to Kendall-Tackett (2001) for one to obtain a formal diagnosis of PTSD, there must be a discernible traumatic event, such as a past sexual abuse which in Thando's case she had experienced sexual abuse in a form of rape. Because Thando struggled to express her anger in a constructive way, she also presented symptoms of emotional distress and since anger has obvious implications for parenting and other relationships, Thando felt that it was important for her to learn to express her anger in healthy ways in order to build a healthy relationship with her son.

The central aim for our therapeutic work was to provide a safe, creative and contained space in which Thando could explore creative ways to express her anger. It was also important for Thando to begin to find healthy ways to learn to express herself. In therapy, I wanted our work to be a nurturing process, creating a safe space for her to create rituals where she could begin mourning her lost childhood and to begin reaffirming herself as a person. The focus of our drama therapy work was on the use of African mourning rituals in order to support her to express herself and to deal with her losses.

Thando had a total of 6 sessions, one of which had to be recorded[19] for Mokapelo. This brought about a new set of challenges such as having to constantly check in with the participants about their rights regarding therapy and ensuring that their names and any data that could be used in the

[19] Thando gave consent to the crew to record a part of her first session, the actual drama therapy sessions were still kept confidential and the crew were not allowed to record.

study was kept confidential. I started each of our sessions by a lighting the candle to signify our need for hope during our time together and I ended each session by inviting Thando to blow it out. During the first session and as part of the assessment process using Mooli Lahad's 6-six piece storymaking method (6PSM)[20], I asked Thando to think about the six parts of a story: the main character in their setting, the task facing main character, things that hinder the main character, things that help, the main action-turning point of the story and the aftermath following the main action. Thando's story is later illustrated (see figure 9). During check-in, when I gave Thando a number of toy animals to chose one that best discribed her, she chose an elephant because she felt that it symbolises her strength. Surprisingly, an elephant is also a symbol of nurture since elephants are known to take good care of their young. During the session, Thando continued to recount her own life story that as children they were forced to use papers as sanitary pads even though her aunt had enough money to buy them however she wasn't willing to take care of them.

I also discovered that Thando suffered from considerable mood swings and blamed her aunt a lot for all of her life's struggles. Her demeanour suggested that she often had displaced feelings of anger towards her aunt and her rapist who became objects of her fantasy or obsession at various times. I constantly asked myself what role I was supposed to play to not appear like I was condescending. Additionally, I found myself grappling with my role as drama therapist, was I an actor playing the role of a therapist or was a therapist acting? What sort of bond could develop between us, how could it be explored and ultimately broken when the therapy ended? I therefore decided to be extremely cautious about creating and maintaining a safe space for her. I also took many risks, particularly regarding our relationship outside the therapeutic setting by sharing my cell phone number with her. I often encouraged her to not only focus on her anger but to start thinking of positive and contructive goals.

At the time, I did not fully appreciate how important this was for Thando because her life had indeed become centred upon negative aspects (i.e. anger towards her aunt, getting into fights and her inability to keep a job). During the end of our drama therapy sessions, as we were reviewing

[20]The six-piece story making instrument (6-PSM) was developed in Israel by Mooli Lahad in late 1980s. It is a therapeutic technique which uses the story and storytelling in order to assist the individual to reach self-awareness and improve internal and external communication. During the process the participant follows instructions to draw a story in 6 parts, then they tell it aloud. Final questions follow to elaborate details, Mooli Lahad (1992), created the 6-PSM to assess the coping styles of individuals under conditions of stress and trauma.

the work we had done together, Thando revealed the part of our sessions that stood out the most for her which was the structured role-playing process. Thando was familiar with the dramatic language and was also equally comfortable with dramatic methods, and her ease with the process somehow simplified the transition into action. I initiated the role-playing process and introduced the structure, which was based on a process outlined by Steve Mitchell (1996) in *The ritual of individual dramatherapy*. In this role-play, for the sake of simplicity, we also borrowed the psychodramatic "empty chair" technique (Blatner, 1996) and adapted it a little. Thando placed two chairs in the space and designated each chair for herself and the other empty chair to her aunt's character. As she sat on each chair, she began confronting her aunt and asking most of the questions she often felt that she couldn't ask her because of fear.

Through character,Thando was able to physically and verbally demonstrate aspects of her lived experience, in a distanced form. This, for her, had been important. Maybe role play was helpful for Thando because it also presented a safe and contained platform for her to confront her aunt, in a way she arrived at a new realization that as much as she was still angry with her aunt, she also had a future ahead of her and that she was better off focusing on her passions such as acting, working with kids to better develop herself. Landy (1993) suggests that in drama therapy, role is "an expression in behavior containing feelings, thoughts, and values associated with a single persona, rather than with a total personality" (p.31). Furthermore, Christopher Doyle (1998) believes role is always an "expression of an aspect of the self," (p. 224) regardless of how the role is shown. My sense is that the character that Thando chose during role play expressed a brave, courageous self unlike the angry and fearful person she always presented herself to be.

Thando also seemed to need a space in which she could unload her thoughts and feelings about her past and her current situation of being unemployed. I then introduced journaling as a way that she could express herself more at anytime. During our drama therapy sessions, I found that I often lost track of time and also struggled to be disciplined in keeping to the time limit. Cox (1995: 155) argues that time is significant during therapeutic sessions. She asserts that it might seem to go fast or seem to drag. Whilst working with Thando, it seemed like time was going too fast and we struggled to always finish on time. However,at the end of our drama therapy sessions we had both achieved most of our therapeutic goals. Thando worked through her anger and began pursuing her personal development goals, through dramatic projection, she had connected with her inner child

and feelings of anger. Role-play served as an effective tool for Thando, as she worked towards a healthy expression of her anger. The characters Thando explored within drama therapy seemed to serve as safe "containers" for self-expression, and allowed her to express herself and to explore parts of herself she had forgotten-that she could begin dreaming and planning a different and better future.

The African mourning ritual that I used with Thando was the candle which she always voluntered to light, during which she kneeled and paused before lighting it. Watching Thando light the candle was like witnessing someone carry out a sacred ritual. Occasionally, Thando would ask that we close the session with a prayer especially when she began embarking on a job search. At the time she was going for auditions for a local TV series and she strongly felt that it was her time to start her acting career especially after publicly performing at the shopping mall around her home. In this performance she used the symbolic object of a string to symbolize the things that caused her pain over the past years. I used the candle with Thando to create a ritual perimeter. Simillar to drama therapist Steven Mitchell's approach to drama therapy which enables the client to create their own healing ritual (1992: 67). During our check-in exercises I sometimes used rocks/shells and asked her to choose a rock that represented how she was feeling. Every now and then, following Thando's lead I used the heightened language of prayer as a closing ritual.

Ritual performance of Thando's burdens



Figure 7: Kingman (1963) *Untitled.*

I chose the above illustration by Eduardo Kingman to represent how Thando's feelings about most of her life prior to coming to therapy. As part of her Mokapelo recording, Thando was tasked by the show producers to research the use of drama for healing. I personally found this a strange coincidence, because like Thando I had also publicly performed my journey before as part of the Perfomance as Research (PaR) exam which formed part of my research course work. Thando's perfomance was about her life, her struggles of carrying the burden of growing up without the love and support of both parents. She used the symbol of a string which she had tied around her wrists with words tied to it such as abuse, anger, torture and rape. During the perfomance she confronted her abusers (where she enrolled her audience through interacting with them), she then tore the black plastic string and walked away. When she talked about her perfomance, she shared that the black string symbolized things that had previously imprisoned her in life and blocked her from becoming her real self.

Participant 2: Nomsa

> "I am playing my own music actually now, I am not yet where I wanna be, I am still on a journey to find myself" Nomsa (12, 2017).

Nomsa is a stylish and full of life transwoman. She was born male, at the age of 5 she discovered that she was a woman trapped in a man's body. She has recently completed her process of

transitioning from male to female. She is an only child and was raised by her late mother. She seemed direct, assertive, frank, present and very inquisitive. During her individual drama therapy session, she was quite engaged and abit sceptical which made me anxious in anticipation of her constant questions regarding why we did what we did. The Mokapelo team referred Nomsa to drama therapy. Nomsa worked for an organisation that assisted sex-workers. The reasons for her referral was that the show's producers felt that drama therapy might allow Nomsa to express her emotions.I initially met Nomsa in order to establish some goals for out work together. She expressed her desire to establish an organisation that will help raise awareness about sexuality issues in order to curb the stigma and the discrimination that the LGBTI Community sometimes experience. I sensed Nomsa's dificulties in talking about her own personal goal, it was as if focusing on others allowed her to avoid her own issues.

I started our session by a lighting the candle to indicate our need for hope and healing and I ended the session by inviting Nomsa to blow it out and to also mark the therapeutic space. During the assesment session, when I asked her to choose an image that best described her, she chose a picture of a naked woman who appeared to be trying to cover herself and who was sitting in the dark. She reflected on the picture that she felt vulnerable because she was verbally abused and stigmatized as a child. Her expectation for attending drama therapy was to start the necessary process to begin her journey to healing from her past wounds. This initially presented me with a challenge until I realised that I mainly work with a client-led approach and that I could not work with her towards a predetermined end.

Also, Nomsa refused to switch off her cellphone at the beginning of the session when I suggested that switching it off would ensure less distractions which will allow her to fully focus on the session. She laughed and somehow the phone couldn't be on silent/vibrate only so throughout she smiled when she had a notification for a new message. This suggested that Nomsa enjoyed attention and wasn't willing to let go of it. Themes which seemed to emerge through the first session included: desire for companionship, loss, change, fear and courage, leadership and organization, being strong versus being vulnerable and loneliness, hiding and success. Success was an important theme during our session as illustrated at figure 8 Nomsa drew a represtation of how she was feeling after the session after which she recounted that she wanted to change the world by

helping and healing people, and the opened box that symbolized her coming out and embracing who she believed she is – a beautiful woman.

Nomsa also explored the theme of loneliness through projective play using shells and rocks to represent the significant people in his life, I then asked him to sculpt the shells in relation to each other, close, far or too close especially because we were exploring Nomsa's feeling of loneliness and vulnerability. The sculpt was three fold (Dokter, 1996: 186), the present image, significant past and what he hoped his future to look like. This provided a good way for us to discuss his future aims. I also encouraged Nomsa to realize that people love and accept her just as she is. The theme of loss was also quite important as she shared that before her mother died she had told her to promise that she will always live her own life, and according to Nomsa transitioning from being male to female strongly symbolized that she was beginning to live her own life.

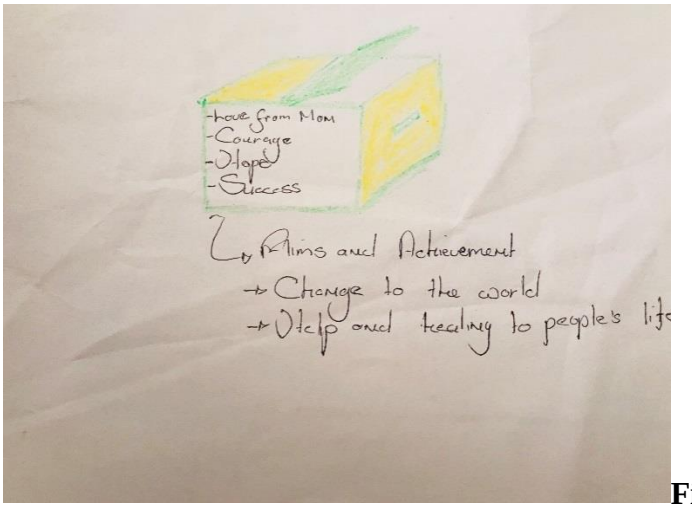


Figure 8: Nomsa's hopes for the future.

I struggled to find suitable rituals for Nomsa to perform because although she had prior knowledge of African mourning rituals, she never found them useful and often felt that they were some kind of voodoo. At the end of the session she asked why I had used shells and why we had to sit in the middle of a circle which I had created using cloths in order to create a physical container. I was then met with the challange of trying to simplify the performance of the African mourning rituals in the therapeutic space.

This led to me to question if the application of African mourning rituals will really be useful in supporting clients' responses to loss in all cases. My initial assumptions were also challenged. I believe that through projective play Nomsa was able to explore one aspect of her life, and alter her

perspective towards her life. Although I believe that the perfomance of African mourning ritual made room for expression of emotions, Nomsa was also uncomfortable sitting on the floor and playing with shells as she felt that it was abit voodo like. Shells are ritualistic within the Yoruba[21] and they are used during divination, to send symbolic messages, to prepare medicinal herbs, to decorate musical instruments among others and they can be used in African mourning rituals to communicate with ancestors.

My personal reflection

I love collecting rocks, feathers, huge planks and anything old. My heart still dances with joy everytime a friend gives me what they consider old and useless. I am also drawn to paintings particulary the abstract meaning they often possess which allows my imagination to transport me to new and unoccupied terrains. As a child, I never demanded a lot , only a doll, old clothes, needle, pin and a thread. Whilst my peers had long abandoned their dolls and were stepping into the chaotic world of adolescence, I was still hooked on playing and dressing mine up. Thinking back, I can see how my life has always been rich with symbolic objects and that I learned to perform symbolic actions which somehow allowed me to learn new ways of being when I facing a difficult and life changing experience. During that time rituals kept me stable but then growing up like every teenager I stopped playing.

In exploring ritual, I had to both enact and gain its theoretical background and the reasons why people found comfort in performing them. During the individual drama therapy sessions with my two research participants, I found that there were re-occuring themes. It was as if the two participants were both referred to therapy because of their need for a space to deal with a loss. Also working with different clients during my placements somehow led me to begin asking one question: how can we learn to heal ourselves through the experience of therapy since we know that any form of help is limited in time? This question also became problematic for me as I grappled with trying to be relevant with both the theoretical knowledge and drama therapy tools in preparation of holding the drama therapeutic space. However, like Casement (1985), I knew that my clients had a lot to teach me as they offered me cues to the therapeutic experience and the importance of learning to trust my internal supervisor.

[21] The Yoruba are of the major ethnic groups in Nigeria. Others are the Hausa and Igbo.

On another note, I was overwhelmed by the amount of stress and anger that Thando's behaviour caused in her own life and at times I felt cast in the role of the person who is going to fix things for her. Another challenge on the list was the presence of the crew with cameras, the lack of time in which to address a rather large number of issues that arguably required far more time than 6 weeks, such as anger, loss, despair. The reality of time and its pressures forced me to narrow the scope of my aims and objectives, always taking the lead from Thando. Eventually I felt that through the exploration of her past and losses I could create and hold a therapeutic space for her in order to help her to get in touch with other aspects of her life as a young, single mother.

Transference[22] was a central issue from the very beginning of our work together. Although I didn't realize it at the beginning, I worked within it. Cox suggests that working alongside transference often leads to internal change (1995: 121). Thando always showered me with compliments about the work I was doing with her. She also appeared keen to please me in how she always arrived to sessions on time and seemed to do everything right. My prime task during the study was to structure time, depth and mutuality, within the context of a therapeutic space through the use a series of drama therapy tools, to help provide meaning for the clients and for the facilitation of their own self-healing (Barnard, 2003: 9). Furthermore, Cox asserts that the psychotherapeutic process is one in which the patient is enabled to do for himself what he cannot do on his own (1995: 4).

I also struggled in my role as a drama therapist trainee during the individual drama therapy sessions as boundaries were quickly overstepped. Also because my role as drama therapist was perpetually shifting. At times I was quite direct in my approach, and at times I was a witness following my participants processes. I continuously experimented with my roles as a participant-observer (Dimock, 1993), an interviewer, and an active listener. Entering the work in role, I physically engaged in my participant's world and actively facilitated authentic connection through the perfomance of African mourning rituals. Working in role allowed me to gain a deeper understanding of my participants' points-of-view, and also allowed my participants to feel understood. Balancing my role as a participant observer within the therapeutic process was

[22] Transference refers to the transferring of feelings, drives, and attitudes from the there-and-then to the here-and-now (and vice versa) invested in the therapist by the patient (Cox, 1995).

particularly difficult for me, as I was constantly learning to understand and negotiate the participants'needs.

6.3 USING RITUAL WITHIN PROCESS

> Ritual is defined as a symbolic action on symbolic objects, which allows one to realize, rehearse, and commit to new actions, new choices in reality. In ritual, one is invited to create a metaphor, either assigning its meaning or not. Then its followed by the acting and responding to the metaphor. One is then able discover their attitude, intentions, fears and hopes toward the reality the metaphor represents (Kazimea as cited in Barnard, 2003: 25).

Descriptions of rituals created with participants

- The creation of a **play space** in dramatherapy akin to the mourning space in African mourning rituals. The play space, involves the creation of an area set apart from, but connected to, the everyday world and which has specific rules and ways of being. It enables the client in drama therapy to create within the sessions a playful relationship with reality. The ritual space is seen by some to be similar to dramatic space. Landy, for example, says: 'Ritual activity . . . is dramatic, as it calls for the subject to create a representational world through symbolic means' (Landy, 1986: 67).
- The use of **the candle** is a symbolism of celebration, to soothe senses, to define ceremony, hope and life. I used the candles to also create a warm and lovely-physically bring light into the space especially since we were exploring two heavy topics of loss and mourning.
- **Dramatic projection** which is the process by which clients project aspects of themselves or their experience into theatrical or dramatic materials (cloths) or into enactment such as masks, and thereby externalise inner conflicts. This is a ritual because clients can use props and masks during a drama therapy activity to help them to take on and explore different roles or the different aspects of themselves such as shame, guilt, anger etc. Masks can also be used as projective tools for clients toreflect their experiences onto (Trepal-Wollenzier & Wester, 2002). Additionally, In Africa, ritual masks are used in many different ways. In West Africa, they are used in ceremonies whose purpose is to communicate with ancestral spirits akin to how I used shells in the drama therapy sessions. Masks can be made out of wood, with great skill and such masks are used in ritual masquerades of Edo, Yoruba and Igbo cultures.

- Role taking or **role playing** refers to processes such as someone playing themselves, or an imaginary character or a person taken from life experience within a role play or improvisation. Using role play to perform memories about her childhood and through witnessing (Jones, 2007) Thando's public perfomance at a shopping mall next to her home. In this way, role play symbolised a container and an enabler for her to confront difficult issues in a way that allowed her to feel safe through the use of symbols such a string tied to her wrist. Role play then links to ritual by becoming a repeated use of embodiment, which provides a heightened "language" of performance through which feelings and insight can be reached.

6.4 CONCLUSION

The creation of a safe space for cleints to re-create rituals in drama therapy can assist them to deal with difficult issues in a safe, contained and distanced way. In the case of Thando, she used the material from her own life experiences to re-create ritual through role play. On the contrary, Nomsa used shells (which are elements of African mourning rituals) to reflect her life experiences also in safe and distanced way. She used shells to sculpt herself in relation to the signifiant people in her life. The process opened up a space for the two participants to reflect on their concerns or problems in safe and distanced way. For the two cases, there was a perfomance of African mourning rituals which were used to support them through their losses.

CHAPTER SEVEN: THEMATIC ANALYSIS AND RESULTS

7.1 INTRODUCTION

This chapter will demonstrate findings from the data collected during the individual drama therapy sessions. These will first be presented in the form of a table to outline themes and creatively in a form of three poems, a drawing and a prayer to demonstarte the qualities that emerged during the overall research process. This is in line with the fifth phase of heuristic inquiry, explication phase which refers to the process of deep analysis of themes and qualities that have emerged during the illumination phase[23].

7.2 TABLE 1: THEMES

PARTICIPANT ONE: THANDO*	PARTICIPANT TWO: NOMSA*
Expectation: Personal development and to learn to express her anger in a healthy way.	Expectation: To learn to express her emotions in a healthy way.
Need for Belonging	Identity construction (Trangender)
Need for parental care	Desire for a nurturing relationship
Grieving the loss of her parents	Grieving loss of mother
Struggling with anger	Struggling to express her emotions
Symbols chosen in therapy: elephant connecting to its strength, shells, strings to symbolize things that had previously held her captive and a picture of man playing a musical instrument.	Symbols/object chosen in therapy: Picture of half naked woman sitting in the dark trying to cover herself, rocks and shells.

[23] During the illumination phase, the researcher engages in focusing, indwelling, self-exploration, and self-disclosure which in turn allows him/her to recognize the uniqueness of experiences (Moustakas, 1990).

Number of sessions: only had a total of six sessions, during the ending session I still felt as if she still needed to more sessions.	Number of sessions: had only one session due to transport difficulties.
Experienced ritual to be effective: it had meaning for her, at the end of the sessions, she shared that it was useful.	Experienced ritual to be alien, meaningless and irrelevant. At the end of the session, she shared that it was like voodoo.

7.3 RESULTS

The results of this research are potrayed within the 5th phase of heuristic inquiry which is the creative synthesis. This method represents the final intergration of the data, qualities, and themes discovered in the explication phase (Moustakas, 1990). The creative synthesis can be presented in a form of a poem, painting, story or some other creative form. However, it is not just a mere summary of the what happened during the study (Djuraskovic & Arthur, 2010: 1579). It is rather a representation of a human experience of the therapy in all its entirety. The results of the research are portrayed in three poems: The Life of a Person, The Guest House from Gary Zukav and Linda Francis's thought-provoking book "*The Heart of the Soul: Emotional awareness*" followed by disclosures of an inner world phenomenon which occurred within the therapeutic space led by Murray Cox (1995), one drawing by Thando which materialised during her assesment session and lastly a prayer from the book of Psalms. The three poems are a poetic representation of the two research participants experiences during our work together.

Poem 1

The life of a person

How fragile we are, like the petals of a rose only our childhood created in painful experiences ,

With time, we grow to be men and women or sometimes men becoming women,

In the School of life we learn to master the art of building walls all in an attempt to protect ourselves from the adverse effects of life as it continues its dance of giving and taking

Leaving us with mere reflections of what used to be.

We fall in love, give birth and as fate will have her way, we bid farewell to life as we know it and everyone in it.

We leave our children before and sometimes on time.

However, before you let the demon of despair and anger possess you

Remember that this my dear ones, is the life of a person.

– **Zandile Mqwathi**

This poem"*The life of a person*" came about during my own process of automatic writing. According to (Jones, 2005), the notion of automatic drawing and writing is a way to create the optimum state for material from the unconsious to emerge which is similar to the the 5th phase of the heuristic inquiry (creative synthesis). During this creative phase, I was inspired by both Thando's and Nomsa's feelings of loneliness coupled with my own personal experiences at the time.

Poem 2

The Guest House

This being human is a guest house.
Every morning a new arrival.
A joy, a depression, a meanness,
some momentary awareness comes as an unexpected visitor.
Welcome and entertain them all!
Even if they're a crowd of sorrows,
who violently sweep your house
Empty of its furniture,
Still, treat each guest honorably.
He may be clearing you out for some new delight.
The dark thought, the shame, the malice,
meet them at the door laughing, and invite them in.
Be grateful for whoever comes, because each has been sent as a
guide from beyond.

(Jelaluddin Rumi, as cited in Zukav and Francis, 2007)

The Guest House by the Muslim poet, theologian and Sufi mystic Rumi encourages us to be open to the unexpected in life with a sense of curiousity. Especially because loss and grief are fundamental building blocks of a life of a person.

Poem 3

Loneliness…that's the business now.

Half my life and all my troubles came flooding back.

He frightened me so much … he was such a 'nothing' person, you cold drown in him.

I kept apart, to prevent rejection.

My childhood wasn't.

There are some things I can't show, so I have to be partly here and there.

I had so many problems that I tried to solve them by *becoming a problem*.

I am rushing towards something in myself.

Since I finished the relationship, I've been less alone.

I never had a childhood.

Hiding behind your symptoms, you are nowhere near my chaos.

What I did alienated me from my own feelings.

I've no idea what is inside me …I am not what I seem.

I ran out of reality. (Implying there was 'no reality left', or 'I stepped out of, or ran away from reality because it was unbearable')

I can remember my childhood in great detail … but I can't re-feel it.

Anyone who is not my mother, I simply don't want.

I am dustbin material. The whole of life put me in a dustbin and put a lid on.

I've got nothing to look back on.

I've been living in the future all my life … looking … waiting.

Fear is all around … death is all around.

I was never sure whether I was hiding behind my mother… or from her.

The pain (of scalding water) was big enough for all the other pain which I've felt inside for years, to flow into.

I will never get over this … *never at the moment*.

Loving was there … but it wasn't there. I am not me … but it's not that I am someone else. Part of me is outside myself and can't get back in; or it's too much in me …and can't get out.

I felt the absence of feeling and it was terrible.

The group enlarges my feeling, I had to pretend to be someone else.

I felt lost in life and all that goes with it.

I wanted love and affection … she couldn't give them and I hated her for it.

My mother's time and presence were rationed.

I want to be like what I hate.

There are the married and the single, and others who drift through life never really knowing,

Since I've never been in the group I'm not so apologetic for existing.

I've got someone in my life. I'm that sort of person.

Chaos is a smokescreen; if I saw it head on, I'd go hysterical. (What is it? … 'Change'.)

Part of me is my mother and sister, so I'm not in control.

I felt as if I was in the deepest part of me.

There's nothing I wouldn't have missed for anything.

I never like doing it because it reminds me of what I've done!

I can't be a new person to my family, I can only be a new person to myself.

I'm not an individual, I'm a thing other people can enlarge on. I'm a joke.

What I did upset the flow of life.

I'm afraid of this power that keeps me unfed.

The pain of her pain is more than I can bear–

Cox, 1995: 25

I chose this poem from Murray Cox's informative book *Structuring the therapeutic process* because it captured the experiences I had with my two research participants. The poem relates to what happens during the therapeutic process and manages to capture the therapist's responses towards his/her client during the therapeutic process. In my own personal view, the relationship between all these creative findings to African mourning rituals is that they all offer an effective and creative expressions for participants to confront their problematic materials or issues. In dramatherapy, ritual is then re-created within a framework that allows the individual to explore

their relationship to them. The performance of the ritual means that it can be used in improvisation, the individual can discover different ways of responding to it, or can accommodate it to themselves by adjusting its form (Jones, 2007: 278).



Figure 9: Thando's *Assessment session*: The life of a person

The life of a person (see Figure 9) was drawn by Thando during the initial assessment session using an adaptation of Mooi Lahad'ssix-piece storymaking (6-PSM). The drawing is in my view a literal and concrete representation of her coping styles in life (Lahad as cited in Landy et al., 2003). This can be analysed through Lahad's model, BASIC Ph,which identifies the following coping styles:

B: coping through Beliefs and Values;

A: coping through Affective means;

S: coping through Social relationships;

I: coping through Imaginative means;

C: coping through Cognitive means;

Ph: coping through Physical means.

Lahad (1992: 48) asserts that this is "my assumption is that by telling a projected story based on the elements of fairytale or myth, I may be able to see the way the self projects itself in an organised reality in order to meet the world". This suggests that the drawing also symbolises Thando's self-actualization process (May, 1975: 40). The drawing evoked a sense of loneliness, loss, desire for companionship and hope. The first image, a rose which is often used as a symbol of love and passion suggests her feelings of desire for companionship, the single leaf suggests loneliness, the bricked wall with a small gate-feelings of loss. Similar to the bottom three images, the first one on the left also suggests loneliness, the two people in my view indicate Thando's deceased parents (loss) however the last image of a person sitting down and with the sun shining somehow suggests hope or a desire for a better future.

In terms of my research aims, Thando's drawing proposes that African mourning rituals hold a strong creative element which can be therapeutic. Analogous to dramatic projection, African mourning rituals offer a safe, contained space in a distanced way to deal with life's difficult issues. Further, within the Western context Klaesi, 1922 & Müller- Thalheim, 1975 (as cited in Jones, 2007) have put forward the notion that creativity has within it inherent self-healing processes. According to Jones, Müller-Thalheim sees 'inspiration,change, new combinations, new actions' (2007) as inherent to much creativity, and claims that these are significant to health and to development from ill health or problematic conditions. He indicates a natural healing process involved in art making. This creativity can be seen both in Thando's final performance and in this initial drawing which seemed to both shed light into her world.

The following prayer, Psalm 143 seems to be appropriate to demonstrate my own personal experience. This prayer is believed to be an outcry of an overwhelmed spirit which is unable to abide in the highest state of spiritual prayer, again and again sinking to lament its deep temporal distress; yet evermore struggling to rise to the best of things. Like David, the psalmist I too have had moments of great distress that have made it difficult for me to even utter words of prayer however that led me to begin exploring journaling my prayers instead. Furthermore, this prayer is relevant because within the African context, prayer plays a significant role during times of celebration and mourning. In the case of a death of a loved one or a family member most African communities spend the night before the funeral perfoming traditional rituals such as singing

which is followed by moments of prayer: often led by a Preacher, elderly family member or a respected member of the community.

Psalm 143

A psalm of David.

Lord, hear my prayer,
listen to my cry for mercy;
in your faithfulness and righteousness
come to my relief.
Do not bring your servant into judgment,
for no one living is righteous before you.
The enemy pursues me,
he crushes me to the ground;
he makes me dwell in the darkness
like those long dead.
So my spirit grows faint within me;
my heart within me is dismayed.
I remember the days of long ago;
I meditate on all your works
and consider what your hands have done.
I spread out my hands to you;
I thirst for you like a parched land.

Answer me quickly, Lord;
my spirit fails.
Do not hide your face from me
or I will be like those who go down to the pit.

Let the morning bring me word of your unfailing love,
for I have put my trust in you.
Show me the way I should go,
for to you I entrust my life.
Rescue me from my enemies, Lord,
for I hide myself in you.
Teach me to do your will,
for you are my God;
may your good Spirit
lead me on level ground.

For your name's sake, Lord, preserve my life;
in your righteousness, bring me out of trouble.
In your unfailing love, silence my enemies;
destroy all my foes,
for I am your servant.

(**Bible Gateway, 2018**)

7.3.2 OVERALL THERAPEUTIC ANALYSIS

There was a total of six core themes which were emerged during the overall research process: belonging, identity construction, need for parental care, desire for companionship, loss, and struggle with the healthy expression of emotions. The overall significance of these six themes is that they all tell a story of the different aspects of my two research participants lives and they also connected to the theme of loss. Discovering these themes encouraged the participants to begin to reflect on their own lives in a distanced way through the use of African mourning rituals: elements such as shells, the lighting of the candle and rocks. Personally, it helped me to understand that the only way out of suffering is through it which is in fact a vital process in one's life in order to begin to separate the dross from the gold (Porter, 2003: 105).

7.4 CONCLUSION

This chapter presented findings of the research through the creative synthesis. The researcher used a drawing which developed during her assessment session, three poems and a prayer to demonstrate the overall findings. The three poems and a prayer were not used during the drama therapy sessions but managed to capture the essense of the whole research process. In total there were six main themes. In answering in what ways might African mourning be performed in drama therapy to support responses to loss, I would suggest that the perfomance of African mourning rituals within the drama therapy space can provide clients with safe, contained space: and with tools which are culturally familiar to them to support them to best deal with their difficult situations. Especially because the relationship between creativity and African mourning is based on expression.

CHAPTER EIGHT: CONCLUSION, RECOMMENDATIONS AND LIMITATIONS

> The Challenge for the experienced clinician is to remember that the process of helping people is a constant act of discovery (Emunah, 1994: 24).

8.1 INTRODUCTION

In the last chapter I demonstrated the overall research findings. I will now conclude the whole study by proposing some recommendations for further research and by sharing the limitations of this creative research process where new insights were generated and meaning took a different shape than what I had initially envisioned. The aims and objectives of the study were to explore the ways that the performance of African mourning rituals within the drama therapy space could support participant's responses to loss by:

- Exploring African mourning rituals
- Investigating the performance of mourning and drama therapy rituals
- Discovering how African mourning rituals can be applied in the practice of drama therapy in South Africa.

8.2 OVERVIEW OF PRECEDING CHAPTERS

In the preceding chapters, I have made an effort to position myself within my topic, proceeded to define loss as fundemantal to one's life, provided a historic overview of loss, considered why people perform mourning rituals, explained and justifyed my research method. I then proceeded to introduce the two research participants through case studies, creatively demonstrated the research findings: six core themes which offered both myself and my two research participants a platform to reflect on our lives. Whilst attempting to hold a safe container for my clients to re-create African mourning rituals in order to respond to their losses, I too was reminded of my own pain in a way that I had not expected.

8.3 CONCLUSION ABOUT RESEARCH QUESTION

Throughout the study, I engaged with two research participants and with my own process in relation to the study, and explored how the perfomance of African mourning rituals can be applied within the drama therapy space in order to support clients responses to loss. This section will provide a conclusion based on the findings discovered during this investigation. The principles and healing properties of African mourning rituals may possibly be practically integrated into Drama therapy sessions as a container for supporting responses to loss and to aid the process of mourning. This can be done through using African mourning ritual elements such as the lighting of the candle to physically and symbolically represent hope to best support our clients responses to loss, also through the use of symbolic objects such as strings to represent feelings that might be difficult for our clients, which might feel but find it difficult to talk about and also through the use of shells which play a very important role within the African context such as communicating with ancestors. However, to be effective, therapy rituals cannot be applied willy-nilly but must be co-created with the client as the client attempts to find a way of being in a changed world (Romanoff & Terenzio, 1998).

Moreover, considering that most of the investigation was mainly focused on my own personal experience and my two research participants experiences, which was informed by my research method where the essence sought for is instead "the essence of the person in the experience" Douglass & Moustakas, (1985: 43). My observation is that in a diverse country like South Africa which its people have various cultural believes and practices, the application of African mourning rituals within drama therapy might be possible and effective only with careful consideration. However, drama therapy as a practice is not a ritual but it has a very ritualistic structure and the drama therapist is no way a shaman but then again, can play the role of a shaman: and if and when the drama therapist desires to explore the use of rituals within a therapeutic setting he/she should also conversant with them prior to introducing them to their client.

As Linnehan (as cited in Bordere, 2013), asserts that participating in the creative process evokes a language of symbols, images and metaphors which can communicate from different parts of the self. Therefore the thoughtful use of various art modalities promotes self-regulation, resilience, meaning and community. The expressive medium, be it a painting, a poem, a story, a

song or a dance can provide a structure to uncover, express and integrate the wide range of emotions that may surface after loss while offering the mourning with an opportunity to create new visions of hope and wholeness. Regarding the research question my suggestion is that maybe as drama therapists we can continue to explore other possible diverse uses of ritual within the therapy space to best support our clients responses to loss.

8.3 POSSIBLE CONTRIBUTIONS

The proposed study findings are hoped to assist in making ritual work more practical and relevant for the South African client whilst providing the practicing drama therapist with more insight into the complex process of working with and responding to loss. The findings are also aimed at providing the drama therapist in training with a framework for using rituals within the drama therapy space.

8.4. LIMITATIONS OF THE STUDY

Literature

The available literature that specifically focuses on mourning rituals in African psychology seems to be limited, as a result there were not enough studies to compare with the findings of this study. As previously mentioned, most concepts of bereavement in psychological literature are historically dominated by Western contributions (Bowlby, 1961; Kübler-Ross, 1969; Stroebe, Stroebe, & Hansson, 1993; Sutcliffe, Tufnell, & Cornish, 1998; Kübler-Ross & Kessler, 2005; Lobar, Youngblut, & Brooten, 2006) as cited in Martin, Van Wijk, Hans-Arendse & Makhaba (2013) this might negatively impact my intial aim to capture the African intellect in responding to loss.

Theoretical framework

Since the field of loss and grief is enormous, I acknowledge that one of the limitations of this study will be that the topic will not be able to be covered in its totality. I am equally mindful of

the complexity of dealing with loss especially in the context of the broad range of losses all of which will present their own unique challenges.

Research method

Considering that heuristic research is often meant to be ongoing, the outcomes were not always easy to summarize. Additionally, the natural and the invisible dissimilarity between drama therapy and ritual suggestes that there is a huge need for the drama therapist to be conscious of the differences when using methods such as African mourning rituals which are rooted in another time and in another social context (Schmais, 1988: 283).

Data Collection

Although brief drama therapy might present serious difficulties for the drama therapist and client alike, in particular the decision about the length of treatment may not result from an agreement between therapist and client but may be forced on them by external factors, such as limited time and financial resources of the agency that employs the therapist (Zografou, 2002). Working within very tight time boundaries due to the duration that Mokapelo could support my research participants with transport fare this has brought out issues of containment, holding, relationship and separation which could otherwise be explored and worked through with less pressure.

All these are affected because instead of working on the therapeutic relationship which often requires time and trust: I felt pressure to arrive at the solution (collect data) way sooner and this contradicts the tenets of therapy which maintain that what is considered therapy is not necessarily what happens in the therapeutic space. Most importantly it cuts short the most crucial tool in therapy which is the therapist's feeling response towards the client.Throughout my research process I have been faced with time constraints as I was working fulltime and travelling a lot which left me exhausted and presented me with difficulty to stay disciplined in order to meet the research report submission date.

8.5 RECOMMENDATIONS FOR FURTHER RESEARCH

A follow-up study is recommended on the importance for the drama therapist to perfom specific rituals in preparation for a drama therapy session. A follow-up study on understanding the role of the drama therapist in preparing the therapeutic space and gaining an awereness of African mourning rituals with special consideration of their possible consequences within the South African context would be valuable; as would a comparative study on the use of African tools in drama therapy and the importance of understanding why we do what we do in the therapy space.

It will be interesting to get feedback in a form of written accounts from clients/participants' on how they feel when the drama therapist invites them to close their eyes, speak to an empty chair, imagine seeing someone they would have loved to confront etc.

A study that will seek to address the ambiguity of the relationship of ritual and drama therapy would add to the knowledge availalble.

Based on the findings of this study on the application of African mouring rituals in order to support participants' responses to loss within a drama therapy space, a follow up study could also explore in detail the different roles of the drama therapist in a therapeutic space.

8.6 CONCLUSION

Drama and theatre processes involve ritual and sacred space. Creating a "sacred space," in which the work can safely unfold, was a vital part of the therapeutic process with my two research participants. This sacred space was grounded on acknowledgement. It appears as if Thando and Nomsa needed a space in which to be authentically themselves and to explore different parts of themselves. In our work together, the task of externalizing was most often accomplished through the use of dramatic projection and role-play. Akin to drama therapy, the performance of African mourning rituals in a therapeutic space can enhance a client's creativity and expressiveness through the use of drama structures and non-verbal and symbolic expression of emotion such as projective play and through playing with objects. Similarly, drama therapy can enable clients to use their own cultural experiences of ritual form and content to re-create their own rituals. As a result, African mourning rituals already have a place in drama therapy and for the drama therapist

who intends to use them they must be familiar with them and should not take them lightly. Equally, it is useful to describe these as dramatic rituals as it differentiates them from social and religious rituals present in society at large (Jones 2007: 281). These differ because according to Jones, social and religious rituals are the creation of large, historic processes and have generally evolved over a period of time (2007: 281).

Current studies indicate two possible positions regarding ritual. One perspective promotes the power and effectiveness of ritual, the other stresses alienation and the lack of effectiveness (i.e. negative effects of ritual). One asserts that ritual can function in a number of ways which have beneficial and positive functions for group and individual processes. The other view is that they contain and oppress and at times contemporary rituals might be ineffective (Jones, 2007). This was the case with my two research participants as one felt that they were useful and the other one found the process to be an alienating experience. As stated, drama therapy is a ritualized practice however the drama therapist is not to think of themselves as a shaman (Jones, 2007) with power over the client but rather having a critical task of holding a sacred container whilst clients experience their own pain, fear or chaos during a session (Porter, 2003: 105) and to, amongst other roles, continue to play the role of a co-creator in the discovery of meaningful ritual.

Loss is a very broad concept and client's responses and the support required will often differ from one client to another. The findings of this study therefore suggest that the current ambiguity in relation to the efficacy of the performance of rituals within the drama therapy space should remain at the heart of the way in which drama therapy and ritual can usefully connect (Jones, 2007). Healing is a life-long process and there are no short cuts to it and the support and tools needed in therapy will differ from person to person. This research continues as we consider the challenge that still awaits us as experienced clinicians: to never forget that the process of helping people is a constant act of discovery (Emunah, 1994:24). In conclusion and in answering how we in the helping profession can best prepare ourselves to help our clients to respond to loss, I concur with Henri Nouwen that, "nobody escapes being wounded. We are all wounded people, whether physically, emotionally, mentally, or spiritually. The question is not, 'How we can hide our wounds? 'so we don't have to be embarrassed, but, 'How can we put our woundedness in the

service of others?' When our wounds cease to be a source of shame, and become a source of healing, we have become wounded healers[24]" (Nouwen, 1979).

[24] Wounded healer is a term created by psychologist Carl Jung. The idea states that an analyst is compelled to treat patients because the analyst himself is "wounded". Research has also shown that 73.9% of counselors and psychotherapists have experienced one or more wounding experiences leading to their career choice.

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APPENDIX A

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

HUMAN RESEARCH ETHICS COMMITTEE (NON MEDICAL)
Veronicah Zandile Mqwathi

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: WSOA161109**
PROJECT	The application of African mourning rituals within the Drama therapy space in order to support responses to loss
INVESTIGATORS	Veronicah Zandile Mqwathi
DEPARTMENT	Wits School of Arts
DATE CONSIDERED	08.11.2016
DECISION OF THE COMMITTEE	Approved

Unless otherwise specified this ethical clearance is valid for 2 years and may be renewed upon application

DATE 17.11.2016 **CHAIRPERSON** .....
(Dr. Tanja Sikota-Kokot)

cc: Supervisor: Prof Hazel Barnes

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10005, 10th Floor, Senate House, University.

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to a completion of a yearly progress report.**

Signature

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

APPENDIX B1

Participant Information Sheet

The application of African mourning rituals within the Drama therapy space in order to support responses to loss.

Dear Potential Participant

My name is Veronicah Zandile Mqwathi and I am a Drama Therapy Masters student at the University of the Witwatersrand. I am investigating whether the application of African mourning rituals within the Drama therapy space can support responses to loss.

This research will explore how the performance of African mourning and drama therapy rituals can be utilized in Drama Therapy to support people's responses to loss. I would like to invite you to be part of this study.

This study requires the participants to partake in all three components of the research. The first part of the research study is to come to an audio recorded interview which will take 30 minutes. The second part of the interview will be about the participant's understanding and opinions regarding the performance of rituals within his/her environment. Your responses will be treated with the utmost of confidentiality and are for research purposes only. The third part of this research will be a facilitation of individual drama therapy sessions to investigate how the application of African mourning rituals in Drama Therapy can be used to support responses to loss. If you do agree, you will need to commit to the individual drama therapy sessions, for 6 sessions. The sessions will only be for 45 minutes and the time and place will all be discussed and negotiated to suit the participants. The last part of the research will be a group therapy session to discuss whether the interventions were effective and able to support responses to loss. This group process will only be an hour and will be audio-recorded .All data will only be available to myself and my supervisor.

This participation is voluntary and refusal to participate will involve no adverse consequence of any sort. You may refuse to answer questions if they make you feel uncomfortable, and may withdraw from the study at any time. If you would like to be a part of the group, but you change your mind during the course of the intervention, you can always ask to stop attending both the

individual and group drama therapy sessions. Confidentiality and privacy will be adhered to at all times. Pseudonyms will be used to protect your identity. However, you have a choice whether to disclose some basic information such as age, gender and culture. At the end of the group, I will write a report that will speak back whether this intervention was effective or not.

At the culmination of the study, the research report will be made available to you should you wish to read it. As the report will be available freely as a Masters Research Paper, this paper may be read by many different people, but they won't be able to tell that it was you in the group. If you need someone to talk to during or after the process, you can visit CCDU or FAMSA to speak to one of the counselors.

CCDU's contact details are: (0)11 717 1000 and FAMSA Soweto - 011 984 0266, I would like to take this opportunity to thank you for availing yourself and thereby contributing valuable input towards my research.

If you have any queries, more information may be obtained from me or contact my supervisor.

Thank you very much for your time,

Zandile Mqwathi (Zmqwathi@yahoo.com/ 083 396 6422)

Supervisor: Hazel Barnes (barneshaze@gmail.com/ 076 334 2231)

APPENDIX C1

Dear Participant.

Consent form:

The application of African mourning rituals within the Drama therapy space in order to support responses to loss.

I hereby consent to participate in a research in-depth interview regarding my understanding of the performance of mourning rituals. I consent to the individual Drama therapy sessions as well as the group therapy held after. I consent to the group process being audio- recorded, and understand that only the researcher and the research supervisor will have access to this audio recording.

I understand that I am giving this consent freely and without being forced to do so. I also understand that I can withdraw from the process at any time should I not wish to continue and that this decision will not affect me negatively in any way.

The purpose of the study has been explained to me. I take into consideration that the topic of responding to loss through the application of African mourning rituals can be a difficult topic to discuss and explore and I am aware that should I feel the need or require additional counseling support whilst engaging in the research the facilitator will provide me with a referral to appropriate services. I will remain nameless and confidentiality and boundaries will be established with the group.

Consent to attend the interview ☐

Consent to be part of the individual Drama Therapeutic sessions ☐

Consent for audio-recording during the focus group



Signed by: Participant_____

Date_____