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THE EXPERIENCES OF BEREAVED CONTEMPORARY AFRICAN WOMEN IN THE CONTEXT OF CULTURAL FUNERAL RITES

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1384401

A research report submitted to the Faculty of Health Sciences, University of the Witwatersrand, in partial fulfilment of the requirements for the degree of Master of Medicine in the branch of Psychiatry

Johannesburg,

2021

Plagiarism Declaration

I, Gagu Siboniso Matsebula, declare that this research report is my own work. It is being submitted in partial fulfilment of the requirements for the degree of Master of Medicine in the branch of psychiatry. It has not been submitted before for any degree or examination at this or any other university.

Gagu Siboniso Matsebula
(signature of candidate)
Date: 10 November 2021
Place: Sterkfontein Psychiatry Hospital, Krugersdorp

Dedication

To:

the Omniscient, Omnipresent, and Omnipotent One;

my wife and two little ones;

my grandmothers, mothers, and sisters to whom I dedicate this body of work,

the participants whose story I hope I have told with the respect and sensitivity that it so richly deserves; and

Professor AB Janse van Rensburg, my mentor, who left us so suddenly in April 2020, who made such a powerful impact on my life, and who will never been forgotten;

. . . a heartfelt and profuse thank you. Words cannot begin to express my gratitude.

ABSTRACT

Across the African continent, diverse cultures have different practices and beliefs surrounding death and death rituals. Women remain especially subject to repressive societal attitudes in mourning. This is a descriptive phenomenological qualitative inquiry into the experiences of contemporary African women's grief processes in context of the cultural practices to which they adhere. A purposive sampling method was used. Data was accumulated through interviews using a semi-structured questionnaire, which were audio recorded and transcribed with the participants' consent. Interviews were conducted and data saturation was strived towards. Data analysis was done using thematic analysis. Analyses rendered three main categorical themes, namely, funeral rites, consequences, and managing expectations/beliefs. The first main category of themes, 'funeral rites', is concerned with the description of the types of funeral rites and associated beliefs encountered by the women during the mourning period. This main categorical theme was divided into three sub-themes, namely, a) pre-funeral rites; b) funeral ceremony rites; and c) post-funeral rites. The second theme, 'consequences', is concerned with the bereaved women's emotional experiences in response to the funeral rites. The following sub-themes were identified, namely, a) facilitation of grief; b) exploitation; c) loss of control; d) objectifying; e) uncertainty; f) isolation; g) support needs; h) lacking emotional support, i) receiving emotional support; j) practical needs; k) exclusion; l) feeling uninvolved; and m) loneliness. The third main theme reveals the women's level of engagement with respect to the funeral rites performed. Several associated sub-themes were identified, with some having sub-categories. The sub-themes are a) enforcing rules; b) attitude of adherence; c) socio-economic circumstances; d) municipal regulations; and e) complications. The sub-theme 'complications' has several sub-categories, namely, a) unscientific; b) religion; c) mixed families; d) family dynamics; and e) work responsibilities. The participants differed in the degree to which they acquiesced to the cultural rites surrounding death. Moreover, the findings reveal that the social isolating effects of the cultural practices around death may have an adverse effect on the grieving process. The bereaved women highlighted a need for their experiences, following funeral rites, to be known by society.

KEY WORDS: qualitative study, death, funeral rites, contemporary African women.

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LIST OF ABBREVIATIONS

CHBAH	Chris Hani Baragwanath Academic Hospital
HREC	Human Research Ethics Committee
JHD	Johannesburg Health District
MDD	major depressive disorder
RAF	Road Accident Fund
RSA	Republic of South Africa

LIST OF CONCEPTS USED

Apartheid	Race-based legislation conferring preferential treatment of white people over black, coloured, and Indian individuals
Complicated grief	Extended state of grief
Contemporary societies	Societies resident in urban settings
Gini coefficient	Statistical measure of wealth distribution
Inzilo	Mourning attire worn by the bereaved
Isinyama	Bad luck
Township	Areas designated by apartheid legislation for people classified as black, coloured, or Indian
Traditional African societies	Societies adherent to indigenous religious beliefs and practices
Ukugeza	Cleansing ceremony

CHAPTER 1 CHAPTER INTRODUCTION

This chapter introduces the study. It briefly highlights the phenomenon of grief as being influenced by culture and tradition, as well as my interests pertaining to such matters within contemporary societies. A summary is provided on the purpose and contents of each of the chapters to facilitate the reading of this research report.

1.1 Background to the Study

Death is an experience that is shared by all individuals. Grief, a process and reality of life, occurs subsequent to this event. Human beings across the world adhere to different death rituals when in grief, and Africans are no exception. These rituals tend to be based on tradition, and tradition reflects the societies that adhere to such phenomena. The history of mankind is characterised by the transition of societies from rural or agrarian societies to urban or contemporary ones. Such a shift is associated with a change in values, rituals, and traditions, and subsequently, the grieving process (Setsiba, 2012). Subsequently, the experience of grief is something that should be understood within a specific cultural and historical context.

As an urban African male, aware of pervasive patriarchal attitudes, I have wondered about the experiences of bereaved contemporary African women who have experienced the loss of a spouse or child. I have also noted the paucity of work that explores the experiences of these women in the scientific domain, which is the impetus for this study. As a mental healthcare practitioner, it is important to understand the unique experiences of such women. Knowledge of such experiences is needed to inform approaches towards the treatment and mental health interventions concerned with facilitating grief and the psychiatric conditions often associated with unresolved grief.

1.2 Outline of Study

This research report is divided into five chapters. Chapter two presents the literature review undertaken during this study. The paucity of research on the subject is shown and an argument is presented on South Africa being a changing society with consequences for the cultural practices of grief. Attention is drawn towards the variant theories on grief and the implications of an incomplete grief process. Ultimately, it is argued that research is needed on the topic of contemporary African women’s experiences of grief in the context of cultural burial rites.

Chapter three presents the methodological approach undertaken for the research project. It discusses the aim of the research study, as being to explore contemporary African women's experiences in the context of cultural funeral rites. The qualitative design is introduced along with the descriptive phenomenological approach selected. The study is described as being situated within the postmodern paradigm and adhering to an epistemology of essentialism and ontological realism. The sample identification and recruitment techniques as well as purposive sampling approach are revealed. The data generation and collection methods of in-depth interviewing as well as the data analysis approaches of thematic analyses are discussed. It also reveals the ethical considerations as well as the limitations encountered in the research undertaking.

Chapter four introduces the women who participated in the study and presents the results acquired from the data collection and analysis. It describes and substantiates, via the use of quotes, the three main categorical themes elicited, namely, funeral rites, consequences, and managing expectations/beliefs. 'Funeral rites' is introduced as the types of funeral rites and associated beliefs encountered by the women during the mourning period. This main categorical theme is shown to have three sub-themes, namely, a) pre-funeral rites; b) funeral ceremony rites; and c) post-funeral rites. The second theme, 'consequences', is shown to be concerned with the bereaved women's emotional experiences in response to the funeral rites: a) facilitation of grief; b) exploitation; c) loss of control; d) objectifying; e) uncertainty; f) isolation; g) support needs; h) lacking emotional support; i) receiving emotional support; j) practical needs; k) exclusion; l) feeling uninvolved; and m) loneliness. The third main theme is introduced as concerning the women's level of engagement with respect to the funeral rites performed. The sub-themes in this regard are introduced as a) enforcing rules; b) attitude of adherence; c) socio-economic circumstances; d) municipal regulations; and e) complications. The sub-theme 'complications' is shown to have several sub-categories: a) unscientific; b) religion; c) mixed families; d) family dynamics; and e) work responsibilities.

The concluding chapter puts forward a discussion of the findings obtained, and why the outcomes are pertinent to the research. It is argued that women's beliefs influenced their adherence to funeral rites. It is also presents that the performance of

funeral rites lead to adverse effects, namely, isolation, unmet needs, exploitation, loss of control, objectification, and need for support. Finally, the chapter concludes the study with a critique of the research study as well as a series of recommendations for future research.

CHAPTER 2 LITERATURE REVIEW

2.1 Chapter Introduction

This chapter reviews the existing literature concerned with the practice and experiences of African widows. Aspects pertaining to death, traditional African and transitional societies' funeral rites, grief, the theories of grief, cultural variations of grief, grief in the South African context, societal attitudes towards women in mourning, consequences of an incomplete grief process, bereavement, and complicated bereavement are considered. Finally, gaps in the literature, as well as justification for this study, are made known.

2.2 Cultural Beliefs in Facilitating Grief

Different African cultures across the continent have different practices, beliefs, and customs surrounding death and the performance of death rituals. Eagle (2005) reports that while adherence to traditional African beliefs tends to be more prevalent in rural and under-developed areas of the country, many Western-acculturated Africans evolve hybridised belief systems that allow for the incorporation of both Western and traditional premises. Radzilani (2010) goes on to note that the abovementioned death rituals serve to allow for public expression of grief for the community at large, as well as the affected family. Some individuals have expressed that the performance of these rituals are therapeutic, while others, still, have reported that they only perform these out of fear of possible misfortune.

Menkiti (1984) mentions that the extended family and community descend upon the household of the demised individual to offer moral support, in keeping with the idiom "umuntu ngumuntu ngabantu", i.e. "I am because you are". The purpose of this congregation may further be to provide an opportunity to relive memories of the demised individual. In accordance with the notion by Nwoye (2005), this allows those left behind to 'let go', and to assist them with the grief process during the mourning period. Nwoye (2005) thus describes African grief as patterned ways invented in traditional communities for the successful healing of the psychological wounds and pain of bereaved persons. Romanoff (1998) describes cultural and psychotherapeutic rituals as being designed to aid in the bereaved with grief resolution. Mourning itself does not end with the funeral, but is also characterised by traditional customs and rituals that occur even after the burial. These practices include, but are not limited to,

the slaughtering of an animal and viewing the deceased on the dawn of the day of the funeral. The following sections describe such typical African traditional funeral rites and practices in greater detail.

2.3 Traditional Funeral Rites

Awolalu (1976) defines traditional African societies as those societies that adhere to indigenous religious beliefs and practices. These practices, or the sustaining faith held by present day Africans, have been handed down from generation to generation. Awolalu (1976) further states that these rites are also regarded as a heritage from the past, but treated not as an entity of the past, but that which connects the past with the present, and the present with eternity. The rites may concern activities pertaining to matters and perceptions around death, confinement, community support, corpse preparation, night vigils, the burial, cleansing ceremonies, mourning, and the de-robing ceremony.

2.3.1 Death

Death to Africans is not just a singular event that occurs, handled, and then forgotten about. There are a series of events that usually occur when an individual passes away. These include a period of at least one week of mourning before the actual funeral, feasting, and gatherings associated with the funeral. Evening prayers may also be held in some families, depending on their family traditions. Family members usually prepare food for friends and neighbours; as well as being a source of information when visiting mourners about the cause of death of the deceased (Mbiti, 1976).

Dlukulu (2010) mentions that death rituals have an crucial psychological meaning for Africans. They are meant to facilitate the healing process rather than inhibiting it. Dlukulu (2010) goes on to mention that some people comply with traditional death rituals without necessarily understanding their symbolic meaning.

2.3.2 Confinement

Ngubane (2004) explains that the principal role of a bereaved woman is that of chief mourner. Ngubane (2004) further reports that the mourning period’s establishment will comprise the chief mourner occupying a sacred mourning physical space. By extension, this could also mean isolation from the community for the duration of

mourning. Bopape (1995) concurs, stating that the chief mourner will usually be in the main bedroom on a mattress, on a traditional mat, or on the floor. In addition, per Mojapelo-Batka (2005), female relatives from both sides of the family will sit on the mattress together with the bereaved woman until the day of the funeral.

Gumede (1990) highlights the behaviours that are regarded as taboo in traditional African societies during the mourning period, such as overeating, losing one's temper, talking loud, or laughing. All things are to be done in moderation.

2.3.3 Community support

Mojapelo-Batka (2005) notes that during the time pre-burial duration, the family, friends, and neighbours show commiseration in a variety of ways. This serves to provide the bereaved family with moral support and comfort, illustrating the communal nature of African culture.

2.3.4 Corpse preparation

Strandsbjerg (2000) notes that the body is also washed and dressed at this juncture. This is based on the belief that firstly, the body is revered as the spirit's vehicle on this earth, and secondly, there is a long journey between this world and the next, and that death is a continuation of life and not an ending.

2.3.5 Night vigils

Research by Bopape (1995) and Letsosa (2010) aligns with the above and notes that on the day before the burial, just before sunset, the corpse is brought home for the night, and remains in the couple's bedroom together with the surviving spouse and the female elders. This gives the deceased an opportunity to bid farewell to their kinfolk, as well as worldly possessions they may have. According to Okwu (1979), during the entirety of that evening and night, the bereaved woman sits at the head of the coffin while the deceased's mother sits at the foot to symbolise the two significant women in their life. The night vigil also serves as the time for young men to dig and prepare the grave of the deceased in traditional societies.

Dlukulu (2010) states that in some families night vigils are not conducted. If these are held, some families may allow the corpse to be viewed while others may not. Dlukulu (2010) goes on to note that the local municipality digs the grave, a paid-for service. In

some modern families in transitional societies, a new blanket is used to cover the coffin, instead of a slaughtered animal's hide. This is a remnant of the practice carried out by traditional societies wherein the animal's pelt would be used to wrap the corpse of the deceased before his/her interment (Mojapelo-Batka, 2005).

According to Mojapelo-Batka (2005), a ritual killing is often made for the ancestors, as it is believed that the blood from the animal that is slaughtered must be shed at this time to avoid further misfortune. In the case of a husband's demise, a male animal is slaughtered to symbolise the head of the family's death. This then represents an attempt to communicate with the ancestors. The slaughtered beast's hide is often used to cover the corpse or may be placed over the coffin as a blanket for the deceased.

Dlukulu (2010) and Chitando (2000) report that a night vigil often lasts until the morning. It is described as a time for a church service, the animal's slaughtering, preparation of food for the mourners, as well as for the burial during the following day.

In the morning, before the burial ceremony starts, family and friends come to the house to view the corpse for the last time and to take leave of the deceased (Strandsbjerg, 2000).

2.3.6 Burial

African traditions also hold certain beliefs regarding the burial process, place, and approaches. Mbiti (1969) and Mojapelo-Batka (2005) narrate how funeral rituals for transition are performed to elevate the deceased to sequentially higher spiritual planes and stages of greater amalgamation into a spiritual world. This assists the deceased with their journey to the ancestral body. Moreover, Setsiba (2012) indicates that African people have traditionally used their homestead as a final resting place where their dead would be buried. As an example, a man would be buried in a kraal in the yard of the homestead. This would be done because there would be a specific meaning attached to the dead being buried at their home. Dlukulu (2010) explains this concept as place identity. There is often an attachment to place, which has become woven into the individual's personal identity.

With respect to the approaches of burials, Mojapelo-Batka (2005) mentions that rural societies have funerals that take place in the pre-sun rise phase of the morning and not late in the afternoon. The reason for this is due to the belief that witches would move around in the afternoons, and that it is understood that such persons are looking for corpses to use for their evil purposes, per Mojapelo-Batka (2005). The belief is that since witches are asleep during the early morning, it is a good time to bury the dead (Mojapelo-Batka, 2005). Bopape (1995) also asserts that as the corpse is carried out of the house, a traditional praise-making is done by a close elderly relative. The important task of filling the grave is done by men when everybody is still present to make sure that nobody interferes with the corpse.

Contrasting to the rural societies' burials, Ngubane (2004) highlights that urban burials involve a lot of coordination of many different agencies, such as the local authorities, the florist, the coroner (an official who investigates the cause of death and issues a death certificate), the clergy, and the administrative municipal system. Furthermore, the deceased gets to be moved away from home to the mortuary where they would sojourn for a certain period, and the body would be washed and prepared. Ngubane (2004) further reports that the deceased only comes home on the day before the burial for the final viewing. In addition, the grave is dug by the local municipality and is paid for by the family of the demised person.

2.3.7 Cleansing ceremony

As per Chitando (2000), people are invited to the deceased's home for the funeral meal after the burial. Many people follow a cleansing ritual at the gate of the deceased's house, where everyone must wash off the dust of the graveyard before entering the house. Sometimes pieces of cut aloe are placed in the water, and this water is believed to remove bad luck. Churches that use holy water sprinkle people to cleanse them from impurity at this time. Dlukulu (2010) furthermore notes that blankets and anything that had been in contact with the deceased would be wrapped in a bundle and put away for a year or until the extended period of mourning has ended. Thereafter, they are distributed to family members or destroyed by burning.

Wepener and Müller (2013) report that in certain Christian denominations, the use of water rituals for cleansing is common. These rites do not literally signify cleansing.

Rather, they refer to cleansing on an alternative dimension, reflecting a spiritual aspect related to the people's belief system (Müller, 2013).

2.3.8 Mourning attire

Yawa (2010) states that in some groups in Southern Africa, the way a bereaved woman dresses also changes during this time. It is compulsory for her to cover her head with a black scarf and to place a blanket over her shoulders. Mbizana (2007) notes that the widow will don mourning attire 'inzilo', which is a dress specifically designed for mourning.

Magkahlela (2016) mentions that the widow's bereaved status becomes easily identifiable by the community due to the black mourning clothes that she wears. In addition, this clothing also protects her from the men who would make advances at her. Makgahlela (2016) goes on to add that the black clothing also indirectly protects men, who might not know that the woman is bereaved.

Rosenblatt and Nkosi (2007) report that people know that a bereaved woman is grieving by her behaviour, black clothing (or in certain Christian groups, blue), her shaved head. For instance, while walking, a woman in mourning attire has to give way to approaching people. Rosenblatt and Nkosi (2007) further state that the bereaved woman may bow, adopt a bent knee posture, and avoid eye contact. If a bereaved woman in mourning attire clothing boards public transport, she must go to the rear as it believed that bad luck (isinyama) emits from her back (Rosenblatt and Nkosi, 2007).

Rosenblatt and Nkosi (2007) further note that some bereaved women do not wear mourning attire, as they would be prohibited by Christian denominations or religions that do not approve of the practice.

2.3.9 De-robing ceremony

According to Rosenblatt, Walsh, and Jackson (1976), the in-law families carry out a de-robing ceremony for the bereaved woman that occurs one year after the burial. During this ceremony, the black mourning robes (inzilo) are removed. Known as ukugeza or ukukhumula, it is a ritual of cleansing. A year after the funeral, according

to Magudu (2004), the major purification ceremony is performed at the bereaved woman's family of origin.

Rosenblatt, Walsh, and Jackson (1976) mention that the end of the wearing of inzilo signifies the end of the mourning period for a bereaved woman. Akin to the end of formal mourning periods in other cultures, the woman is then free to have a usual life without the demands of mourning, as per Rosenblatt, Walsh and Jackson (1976). This ceremony is held a year after the deceased individual's demise.

The above section highlights the traditional African beliefs and rituals surrounding death. While such practices have been explored only briefly within the literature, a further question arises concerning the nature and experience of this within the context of the ever-changing nature and globalisation of societies.

2.4 Contemporary Funeral Rites

Idolor (2007) narrates that the African continent has experienced significant pressures from foreign administrative societies that have resulted in some changes in entire societies, leading to the emergence of contemporary societies. Davis (2021) describes a contemporary society as a society that has technological innovation, which results in developments such as improved literacy levels and life expectancy, as well as gender equality. Idolor (2007) argues that "the rate of change is directly proportional to the amount of pressure, level of resistance, and the similarity of ideas being proposed" (p. 17). As shown within this section, further changes are seen to occur as a result of migration, urbanisation, and the growing acceptance of religions, such as Christianity.

Dlukulu (2010) states that black individuals who moved into historically westernised white residential areas had to gradually modify their culture's nature. For instance, the slaughtering of animals as is practised in traditional African societies can only take place at abattoirs. The form of worship in night vigils, that is, the singing and preaching, has had to stop due to complaints of noise from the neighbours (Dlukulu, 2010).

This evolution reflects the changes in traditional African funeral rites in transitional societies. O'Neill (2021) mentions that over 67.4 per cent of South Africa's total population resides in urban areas. The term urbanisation refers to the share of urban

population from the total population of a country, according to O'Neill (2021). The population density, like urbanisation, has risen, reaching 46 inhabitants per square kilometre; meaning more people are sharing less space (O'Neill, 2021).

Setsiba (2012) notes that the period preceding the burial in traditional societies would be a day or two. Setsiba (2012) further states that in urban townships, the observation has been that this period has extended to between five to six days before the day of the internment. This is largely due to the bureaucratic urban system and its multiple requirements and role players, according to Setsiba (2012). Furthermore, the deceased is taken to the morgue after passing away, only to return home before the burial for the bereaved to bid farewell via a final viewing, as per Setsiba (2012).

Moreover, further changes have ensued with the growing acceptance of the Christian faith. Worldometer (2021) states that the South African population is 60 149 261. Of these, 79.8 per cent adhere to the Christian faith, per the South African Government Communication and Information System (GCIS) (2021). The church has been noted to play an increasingly important role in funerals. Setsiba (2012) narrates that the church's central role is prominently seen during times of bereavement. In the run-up to the funeral, the members of the church and the community members visit the family of the bereaved, offering spiritual support throughout the week. There is a culmination of the role of the church when the priest oversees the burial at the graveyard, offers prayers, and comforts the bereaved family.

While the modernisation and westernisation of society may be argued to impact on the evolution of traditional African funeral practices, the topic remains underexplored in the literature. This is especially relevant to understanding the experiences of contemporary African individuals themselves. A further question concerns the impact of gender role expectations and practices in this regard.

2.5 Societal Attitudes towards Women in Mourning

Women often tend to be the cornerstones of many homes and societies, yet they remain subject to particular repressive patriarchal attitudes, and, according to Bamberger et al. (1974), are often viewed as essentially uninteresting and irrelevant, while they are also thought to be subordinate to men. Cattell (2003) describes the

strongly gendered divisions of labour that are concomitant to these attitudes, and in times of difficulty, such as illness and death, women tend to shoulder the majority of the burden. Radzilani (2010) describes how female study participants of a Tshivenda speaking community in Northern South Africa described themselves as being powerless and subordinate to others.

Further repressive societal norms across the African continent require women not to think or talk about death. In a qualitative review of a group of women who suffered HIV-related deaths of family members, Demmer (2010) reported that these women were also seemingly expected to keep their emotions to themselves, as they would not receive any support from family members or society. According to some reports, should the grieving woman be a widow, it is common practice for her in-laws to become overtly hostile and repressive towards her during this period. This may include forcing her to refrain from bathing for two weeks in order to 'become unattractive' to any new suitor, or challenging her with a forced marriage to a new husband who is unknown to her (Ewelukwa, 2002). Manyedi (2003) further states that the community may also shun her, as she would be deemed the bearer of bad luck in view of her 'widowhood status.'

The above highlights how gender role cultural perspectives may contribute towards the construction and adherence to traditional African funeral practices. With the shifts from traditional to contemporary African societies already discussed, the question of how contemporary African women may engage with and experience traditional funeral rites is raised. Such gaps in the scientific knowledge base require exploration. Moreover, a further area of conceptualisation regarding contemporary African funeral rites is the topic of its role in grief and the grieving process.

2.6 Grief

Radzilani (2010) defines death as an expected and irreversible occurrence that all living species undergo. Expanding on the definition of death with subsequent grief, Itsweni (2018) states that death is a permanent loss of life; it is an elimination from the world of the living; once an individual dies, those left behind are left in a grieving state. According to Setsiba (2012), grief is described as a normal, internalised reaction to the loss of a person. Dlamini (2016) concurs, stating that grief is the pain that is caused by losing a loved one. Shange (2009) goes on to expand the definition,

describing grief as an inherent process that affects all aspects of an individual such as emotions, behaviour, and psychology. An explanation of the theories of grief, African and Western paradigms of grief, as well as grief within the South African context, will now be explored. This serves to highlight the variation in how grief is experienced by different societies and cultures.

2.6.1 Theories of grief

Kübler-Ross (2009), in her work entitled *On Death and Dying*, proposed the now well-known five stages of grief. These include, a) denial and isolation; b) aggression; c) bargaining; d) depression; and finally, e) acceptance. The five stages of loss do not occur in any particular order. Some stages may be missed, repeated, or a grieved individual may become stuck in one particular stage, which may lead to particular pathologies, as will be discussed in a later sections (Kübler-Ross, 2009).

Bowlby (1983) argues that certain circumstances surrounding the death of a loved one can have an impact on grief's characteristics, intensity, and duration. Bowlby (1983) speaks about a cycle of phases the mourning person experiences, the grief reactions, and the time to reach recovery. Bereaved people experience a sense of numbness and shock in the initial phase of grief, and may display episodes of extreme intense distress or anger. In this phase the mourning person cannot fully comprehend the impact of the death. In the following phase, the bereaved protests the loss, and yearns for the return of the deceased. Crying, confusion, self-reproach, and anxiety are experienced in this phase.

2.6.2 Cultural variations of grief

While there may be theories on the stages of grief typically encountered, it is important to bear in mind that every culture has a specific approach or response to grief and loss (Yawa, 2010). Mukhavhuli and Baloyi (2017) maintain that culture is an important factor that needs to be considered for an understanding of individuals' experiences of loss, mourning, and the process of grief and bereavement. The two subsequent sections discuss the African and Western paradigms of the grief process.

2.6.2.1 Western grief paradigm

Mukhavhuli and Baloyi (2017) state that grief in the Western culture tends to centre around the Kübler-Ross model. This model has the following phases:

1) Denial phase: Kübler-Ross (2017) argues that the bereaved individual undergoes a shock reaction.
2) Aggression phase: Kübler-Ross (2017) states that the bereaved persons express hostility. These feelings begin to diminish in intensity as the person processes them, and the person enters the next stage.
3) Bargaining phase. According to Kübler-Ross (2017), once hostility subsides eventually, the bereaved individual may commence bargaining. This may be bargaining with any deity, and occurs due to feelings of desperation. Eventually, an awareness of the futility of bargaining arises (Kübler-Ross, 2017).
4) Acceptance phase: Kübler-Ross (2017) narrates that this final phase occurs once the bereaved individual eventually accepts the loss, and experiences a sense of peace with the loss.

2.6.2.2 African grief paradigm

In contrast to the Western grief paradigm, which is deemed a brief and individual experience, Mukhavhuli and Baloyi (2017) note that the grieving process for Africans involves the whole community. In addition, Mukhavhuli and Baloyi (2017) mention that the importance of including other family members and relatives in the grieving process is that they provide support to the bereaved.

Mbiti (1969) goes on to narrate that death to Africans is not an event that just occurs, handled, and then forgotten about. When an individual passes away, a series of events usually occur, including a period of at least one week of mourning before the actual internment, and feasting and gatherings associated with the funeral. Evening prayers may also be held in some families, depending on their family traditions. Radzilani (2010) mentions that the rituals' repetitious and prescriptive nature usually eases experiences of anxiety in that they provide structure and order in chaotic disordered times in the bereaved family.

Setsiba (2012) concurs, stating that each society has particular rituals that can assist grieving families in ameliorating their grief. Setsiba (2012) goes on to narrate that funeral rituals can also be unique from one family to another even intra-societally in view of influences of religious beliefs, education, and socio-economic status among others. These rituals, Setsiba (2012) maintains, aid the families to accept the reality of loss, to express the feelings related to loss and accomplish the task of grief work.

Mukhavhuli and Baloyi (2017) further emphasise that that grief among African cultures is socially negotiated, openly expressed, protracted, and facilitated by communal participation in rituals.

In a critique of the assumed universal applicability of the Kübler-Ross model, Mukhavhuli and Baloyi(2017) argue that the view that African grief is a culturally constructed reality demonstrates the limited applicability of the Kübler-Ross model. The Kübler-Ross model exhibits a typical individualistic Western grief journey and experience. Such normative universalisations are limiting when applied to African cultures. It is, thus, deemed necessary for science to deliver knowledge on the experiences of individuals regarding traditional practices as it pertains to the grief process.

2.6.3 Grief in the South African context

Statistics South Africa (2017) narrates that the South African labour market is heavily biased in terms of race and gender. The inequality in the South African labour market is starkly depicted by the earnings distributions. Black Africans earn the lowest wages when they are employed and have the worst employment outcomes. Female workers earn approximately 30% less, on average, than male workers. Akala (2018) states that black women have suffered triple marginalisation – race, social class, and sexism.

Dryding (2021) goes on to relate that the South African Human Rights Commission (2017) notes that a number of challenges still hinder the attainment of gender equality in the country, including high levels of gender-based violence, persistent harmful traditional practices, and continued discrepancies in gender representation in top management in both the public and private spheres.

Matotoka and Odeku (2021) report that black African women in South Africa remain persistently poorly represented at managerial levels since the advent of democracy, despite the Employment Equity Act 55 of 1998 (EEA). Matotoka and Odeku (2021) narrate that the South African private sector demonstrates its lack of commitment to employment equity by deliberately engaging in race-based recruitment and failing to develop and promote suitably qualified black African women into managerial

positions. However, 22 years later, black African women are still excluded in key managerial positions.

In summary, the grief experienced by contemporary African women is one that occurs on a background of gender biases as illustrated above.

2.6.4 Consequences of an incomplete grief process

Kaplan and Sadock (2015) state that grief work is a complex psychological process of withdrawing attachment and working through the pain caused by bereavement. Grief helps the individual to recognise the loss and to prepare for the processes of mourning. Akol (2011) narrates that grief can manifest itself in numerous ways such as through feelings, physical sensations, cognition, behaviours, social difficulties, and spiritual searching. Dlukulu (2010) mentions that the cognitive-affective-motivational processes related to grief usually lead to recovery and healing, and eventually adaptation. An opportunity for growth is accorded to the bereaved, due to these life-altering processes disrupting and sometimes shattering a person's established way of viewing or making sense of the world, and provide for a new integration (Dlukulu, 2010).

Denth, Herbst, and Strydom (2010) concur, and go on to state that complicated grief relates to an extended state of grief and indicates an individual's incapacity to integrate the death into their life. Denth, Herbst, and Strydom (2010) mention that complicated grief is characterised by a constant yearning for the deceased, ongoing thoughts of the deceased person, and intensely painful emotions. The grief's intensity precludes the bereaved individual from reattaining the pre-loss state (or as approximate as possible to the pre-loss state) of social functioning. The failure of grief feelings to gradually subside over time can lead to the development of complicated bereavement, as will be explored in the following section.

2.6.5 Bereavement and complicated bereavement

Kaplan and Sadock (2015) describe "bereavement as the state of being deprived of someone by death and refer to the state of mourning, which is the process by which grief is resolved. It refers to the societal expression of post-bereavement behaviour and practices, where normal bereavement reactions encompass (a) protesting the first response to loss; (b) searching behaviour; (c) despair and detachment; and (d)

reorganisation around the recognition that the deceased person will not return" (p. 1354). Criteria for the diagnosis of complicated bereavement, major depressive disorder (MDD), and generalised anxiety disorders, from *The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* (2013), are listed in Appendix A. These disorders tend to occur concomitantly with complicated bereavement.

Complicated bereavement is described by Kaplan and Sadock (2015) as a complicated, dysfunctional grief syndrome. Three types are described as chronic, hypertrophic, and delayed grief. Chronic grief, described as the most common type of complicated grief, is often characterised by bitterness and idealisation of the deceased individual. It tends to occur when the relationship between the deceased and the bereaved had been markedly close, ambivalent, dependent, or when social support is unavailable, according to Kaplan and Sadock (2015). Hypertrophic grief is defined as occurring most often following a sudden and unexpected death (Kaplan and Sadock, 2015). It is characterised as being extraordinarily intense, and customary coping strategies tend to be inefficient to minimise the bereavement. Hypertrophic grief tends to frequently follow a long-term course, which adversely affects family relations and stability (Kaplan and Sadock, 2015). The last form, delayed grief, manifests itself as the expected grief symptomatology being absent. Prolonged denial tends to mark this pattern, and this course may be complicated by anger (Kaplan and Sadock, 2015).

Shear et al. (2005) state that the bereaved woman may present to her primary care physician or healthcare facility with a variety of apparent unrelated somatic complaints. Sadock, Sadock, and Kaplan (2015) narrate that physical symptoms such as headaches, sleep disturbances, and loss of appetite may prove to be challenging to many healthcare workers. Furthermore, these healthcare workers may not necessarily have the cultural competency skills that are essential for the recognition of the interaction that occurs between culture and concepts of health or illness, expressions of distress, and ameliorating convictions (Osterman and de Jong, 2007). Subsequently, the bereaved woman may develop clinical conditions such as major depressive disorder, somatisation disorders, as well as anxiety disorders, as a complication of the incomplete bereavement process

Kaplan and Sadock (2015) describe MDD as a set of symptoms for at least two weeks that include a low mood, changes in appetite and weight, changes in sleep and energy levels, inappropriate guilt, difficulties with concentration and memory, and recurrent thoughts of death. Anxiety may be a feature of MDD, or it may be a disorder by itself. An anxiety disorder is defined as worry and fear that are severe enough to negatively impact an individual's occupational, academic, social, or other important areas of functioning (Kaplan and Sadock, 2015). Kaplan and Sadock (2015) define a somatisation disorder as a severe fear of having or the idea that an individual has a serious disease based on the person's misinterpretation of symptoms experienced in the body. It is also described as a marked fear of developing an illness. This disorder, which can co-occur with MDD and/or anxiety, can be severe enough to disrupt important areas of functioning in a person's life (Kaplan and Sadock, 2015).

According to Kaplan and Sadock (2015), the management of individuals with a complicated bereavement process includes hospitalisation, if the patient is suicidal, or has reduced caloric intake, as well as progressive symptoms. It also includes psychosocial therapy (including cognitive therapy, interpersonal therapy, behaviour therapy, and family therapy), as well as pharmacotherapy, such as antidepressant medications.

From my clinical experience and anecdotal evidence, it would appear that ongoing cultural practices may disturb bereaved African women from going through the grief process to some extent. This may possibly predispose them to a multitude of psychiatric pathologies.

From the above, current cultural practices in contemporary African societies regarding the death of a family member, such as funeral rites and ceremonies, may be deemed to complicate the process of coming to terms with loss and bereavement, in women in particular. This may include the subsequent presentation of clinical symptoms of depression, anxiety, somatic symptoms, and different behavioural and relational problems. Gold, Meyer, and Opoku (2006) for example, have also identified the need for psychological and psychiatric support to this vulnerable section of society in times of grief. An initial review of the local and African literature, however,

demonstrates a paucity of studies that investigate the in-depth experiences of African women regarding death and bereavement from the women themselves.

2.7 Justification for the Study

On the basis of the preceding sections, this study is motivated by the following four reasons. Firstly, an exhaustive search of the literature revealed a paucity of work that seeks to understand the experiences of bereaved African women. The work that has been done in this area largely investigates the experiences of rural communities, leaving a gap in the literature regarding the experiences of women that reside in urban societies.

Secondly, the highly probable root cause of widows' negative experiences worldwide may be as a result of the gender roles influenced by patriarchy, culture, and tradition. The patriarchal influence in particular, may be significant in determining the gender roles in a community. The performance of rituals is emphasised more for women than for men, as evidenced in a relative lack of taboos on a man's mourning of his wife. Men's mourning periods are shorter than those applicable to women. In contrast to women, bereaved men can remarry shortly after the burial of their wives, are more likely to remarry, and have greater freedom to socialise within the community (Dlukulu, 2010). The grossly unequal treatment of men and women, with the latter bearing the brunt of harsh societal attitudes, is the reason this study has elected to investigate the experiences of women.

Thirdly, there remains a gap in the literature regarding the experiences of women that practise a blend of Christianity and traditional belief systems. The available literature has investigated each of these belief systems in isolation, leaving the noted blended beliefs in many urban communities comparatively unknown.

Fourthly, there has to be an improved awareness among healthcare workers of the influence blended belief systems, that is, the combination of traditional African and Christian belief systems. Many of the women that present to healthcare facilities adhere to the blended belief system, and healthcare workers need to be able to not only be knowledgeable about these systems, but to be able to get the two to work meaningfully together with the ultimate aim of assisting bereaved women. Anecdotal evidence suggests that there appears to be some tension experienced by healthcare

workers when trying to work with individuals that subscribe to the two abovementioned belief systems.

In light of the literature reviewed, the following research question was raised:

- What are the experiences of contemporary African women who have lost a close relative, such as a child or spouse, to death, in respect of funeral rites?

2.8 CHAPTER CONCLUSION

This chapter reveals the changes that have occurred as society has transitioned from traditional to contemporary societies. It has also explored societal attitudes towards bereaved women and grief, and highlights the need to investigate the experiences of bereaved contemporary African women. The next chapter reveals the methodological approaches undertaken to address the gap within the scientific knowledge base.

CHAPTER 3 METHODS

3.1 Chapter Introduction

This chapter delineates the methodological approaches undertaken to explore the mourning and grief experiences of a group of contemporary African women who had lost a close relative to death, for example, a spouse or child. It reveals the philosophical underpinnings adhered to, the research design strategies employed, the sampling and recruitment strategies used, data generation and collection methods, data analyses, and also measures taken to ensure trustworthiness of data. Finally, the ethical considerations are revealed and limitations associated with the study methods are discussed.

3.2 Philosophical Underpinnings

It is important to consider the philosophical starting points to the current study. This study sought to complete a thematic analysis using a descriptive phenomenological approach. Firstly, the purpose of thematic analysis is to search for and identify a common thread that extends across a set of data. The approach is further discussed below (see section 3.8 below). Moreover, phenomenology is a philosophical orientation that is concerned with a phenomenon, in this case, the experience of contemporary women in relation to the experience of engaging in funeral rites, (Sundler et al., 2019). Sundler et al. (2019) further state that the approach seeks to understand how such phenomena are lived (experienced) by an individual and how this phenomena appears to them. This concerns the concept of lived experience, which pertains to an individual's understandings and meanings of their world (Sundler et al., 2019). Lived experience is underpinned by the lifeworld approach, emphasising a person's subjective construction of reality within an individual's unique life circumstances. Karin, Nyström, Dahlberg (2007) mention that individuals are thus seen to respond to their own perceptions of their circumstances, concurring with Edmund (1980). Karin, Nyström, Dahlberg (2007) report that, ultimately, then, a thematic analysis using a descriptive phenomenological approach seeks to uncover and describe the patterns and common thread regarding the lived experience of people.

Paradigmatically, the current study is situated within the postmodern paradigm. Neuman (2006) states that post-modernism advocates that reality is multiple and

fluid as human experience is influenced by a multiplicity of factors, for instance, personal histories as well as cultural and historical contexts. Neuman (2006) further mentions that the epistemology, namely, the worldview informing the research is that of essentialism. Essentialism predicates that the nature of things, or rather, its essence, may be revealed and described and that the use of language affords the opportunity to articulate such experiences. With respect to the nature of reality, or ontology, the current study adhered to an ontological realist stance. Ontological realism believes that human experiences are real phenomena that exist independently from the researcher.

3.3 Research Design

A qualitative research design was chosen for this study on the basis that it would allow for the exploration and description of contemporary African women's experiences in relation to the practice of funeral rites. The qualitative approach was deemed more relevant for this research as it permitted greater capacity to gain more in-depth knowledge on the subject as obtained directly from the women themselves (Babbie, 2005). Heppner and Heppner (2004) relate that "qualitative research is a situated activity that locates the observer in the world, and that this consists of a set of interpretive, material practices that make the world visible" (p. 138). Cresswell (2009) narrates that qualitative research has the following characteristics:

> Qualitative researchers tend to collect data in the field. Individuals are not brought into a laboratory, nor are instruments typically brought out for individuals to complete. Qualitative researchers collect data themselves through observing behaviour or interviewing participants. An instrument for collecting the data, such as a protocol, may be used, but researchers are the ones who actually gather the information. Multiple sources of data, such as interviews, documents, and observations, are used. The researchers then review all of the data, make sense of it, and organise it into themes that cut across all of the data sources. An inductive data analysis process is used to establish a comprehensive set of themes. In the qualitative research process, the researcher keeps a focus on learning the meaning that he participants hold about a particular issue (p. 175)

Moreover, according to Vaismoradi, Turunen, and Bondas (2013), descriptive qualitative studies are deemed valuable on the basis that they provide a means for providing information on a subject that resists simple classification, such as contemporary women's experiences of funeral rites. Descriptive phenomenology was deemed a preferable approach for the current study in the context of time limitations. Such studies require a lower level of interpretation in comparison to other qualitative

studies, whether it be grounded theory or hermeneutic phenomenology (Vaismoradi, Turunen, and Bondas 2013).

3.4 Sample Identification and Recruitment Techniques

The study set out to specifically interview women who had suffered the loss of their spouse or child among a contemporary African society. Thus, in selecting the sample of participants, a purposive sampling method was used. Purposive sampling concerns the act of utilising one's judgement to select the sample population as suited to the research goals (Babbie, 2005). Patton (2014) describes purposive sampling as a technique widely used in qualitative research for the identification and selection of information-rich cases for the most effective use of limited resources. Bernard (2017) notes the importance of availability and willingness to participate, and the ability to communicate experiences and opinions in an articulate, expressive, and reflective manner.

A total of six African women, resident in Johannesburg, were recruited and consented to participate in the study. They were identified and interviewed in the Jeppe Psychiatry Clinic with the assistance of psychiatry registrars stationed in the Jeppe Clinic, for which permission had been granted by the Johannesburg Health District Research Committee. (Appendix I). Potential participants, who had presented to the clinic, were identified by being screened by psychiatry registrars and nursing staff. The subjects were asked if they had experienced the loss of a spouse or a child, whether there had been funeral rites performed during the burial, and whether the bereaved women had experienced any difficulties during this period. Once screened, the potential participants were then referred for recruitment into the study. Permission was also sought and granted by The Medical Advisory Committee at CHBAH (Appendix H), though no interviews were conducted at this site due to no participants being recruited and referred to the researcher. The reasons for the lack of participants recruited and referral from this site are unclear.

Of the six women recruited for this research project, one was excluded from participation. During her interview, it was noted that she did not meet the inclusion criteria for this study, that is, she was not of African descent, and there had been no funeral rites performed. The subsequent sample size (N = 5) was employed. The small sample size was justified on the basis that qualitative studies sacrifice depth for

breadth (Babbie, 2005). Moreover, qualitative studies demand the in-depth detailed case-by-case analysis of data, which is time consuming, further justifying the small sample size selected. Finally, the selection of the sample size was driven by the ideal of data saturation sought during the data analysis. Fusch and Ness (2015) state that within data saturation, no new data, no new themes, and no new coding emerge; at which point data saturation is considered to have been reached.

3.5 Inclusion and Exclusion Criteria

In conducting this study, I chose to interview African women who were older than 18 years of age, who had capacity to consent, and who had the ability to communicate in isiZulu, seSotho, or English. The identified participants also had to have experienced loss due to the death of a spouse or child with whom a prior relationship had been established.

Women who met the above criteria were selected due to the fact that they would be able to consent to participate, and would be able to communicate in a language that the researcher would be able to understand. With respect to the exclusion criteria, women who did not have capacity to consent were not recruited to participate in this study.

It was decided to refrain from using an interpreter as they would likely add additional meanings and understandings from their own perspectives throughout the course of the interview process. Hennings et al (1996) mentions that there are several challenges associated with the selection of a translator, for example, the matching of a translator and informants regarding class, religion, gender, age group, religious beliefs, race, or other characteristics that may have an impact on the interview's dynamics. Ingvarsdotter, Johnsdotter, and Östman (2012) further report that, on one end of a spectrum, the translator is required to translate verbatim, thus assuming the role of a passive interface. An unintelligible flow of words, with no contemplation given to the socio-cultural context that frames the interview, can result from verbatim translation. At the other end of the spectrum, according Ingvarsdotter, Johnsdotter, and Östman (2012), the interpreter has the liberty to play a more active or dominant role in the interview by explaining and summarising the participant's responses. Moreover, it was thought that the exclusion of an interviewer would help make the interview occur smoothly by the elimination of the abovementioned factors. In

addition, I, as the researcher, would be able to review the audio recordings and transcribe the interviews. This would ensure the accurate transcription of the interviews in view of my proficiency in the languages used by the participants.

3.6 Sample Characteristics

The sample characteristics of the women who participated in this study are presented in Table 3.1 below. The sample characteristics were obtained by means of a demographics questionnaire (see Appendix B) and was concerned with obtaining information on the participant's age at the time of the evaluation, age at the time of losing their loved one, relationship to the deceased, ethnic group, highest level of education, occupation, and duration of illness experienced by the deceased.

Table 3.1 Participants' demographic profile

Participants*	Current age	Participants' age at bereavement	Lost relative	Ethnic group	Highest level of education	Occupation	Illness duration of deceased
IM-1	64	32	Husband	Zulu	Secretarial diploma	Pensioner	Two years
MN-2	57	56	Daughter	Zulu	Matric	Nursing assistant	Three months
MZ-3	57	56	Husband	Zulu	Matric	General assistant	Three months
MB-4	66	65	Husband	Tsonga	Law degree	Pensioner	Four days
EM-5	35	27	Husband	Shona	O level	General assistant clerk	Not specified

*Reference number for participants consist of the participant's initial followed by the sequence of the interview – e.g. IM.1 was interviewed first.

Most of the women (n = 4) fell into age group 50 to 60 years of age, and one (n = 1) woman fell in the 30s age group. Similarly, most of the women had lost their spouses (n = 4), and only one (n = 1) experienced a daughter's demise. Regarding the participants' age when they experienced the death of their relative, one (n = 1) was in her 20s, one (n = 1) was in the third decade of life, some (n = 2) were in their 50s, and one (n = 1) had experienced a death in her sixth decade.

All of the participants (N = 5) had a high school diploma, and few had a post-matric education (n = 2). One (n = 1) had a post-matric certificate in secretarial studies, while one (n = 1) had an undergraduate degree. Few participants (n = 2) were pensioners, while most of the women (n = 3) were still employed. Of those employed, some (n = 2) worked in the healthcare sector. One worked as a nursing assistant, and another participant worked as a general assistant.

Most of the women (n = 4) have been living in Johannesburg, with some (n = 3) residing in Soweto, and few (n = 1) living in Roodepoort. One of the participants has been staying in Mpumalanga, and was in Johannesburg for a visit at the time of her interview.

3.7 Data Generation and Collection Methods

After the potential participants were identified by psychiatry registrars to participate in the study, they were then referred to me, the researcher, at the same clinic, for recruitment into the study. To recruit the women, I spoke to them about grief in the contemporary African context, with a specific emphasis on the funeral rites that are carried out. I reflected on the need for clinicians to be able to understand such cultural rites and the potential impact on bereaved women, and that it is important for society to be aware of bereaved women's experiences. The women were given an information sheet and consent letter (see Appendix C and Appendix D) to complete.

Prior to interviewing, consent was obtained from the recruited women to participate in this study, as well as for the audio recording of sessions. (Appendices D and E, respectively). Times and dates for the interviews were coordinated with the clinic's nursing staff to ensure that confidential space for the interview would be made available, and that there were enough chairs for myself and the participant. In addition, interviews were conducted on days when a psychologist was available at the clinic. This was to ensure the implementation of the distress protocol, if the need arose (see Appendix F).

Data was collected via in-depth interviews using a semi-structured questionnaire (Appendix B). According to Longhurst (2021), a semi-structured interview is a verbal interchange where one person, the interviewer, attempts to elicit information from another person by asking questions. In addition, a semi-structured interview unfolds

in a conversational manner offering participants the chance to explore issues they feel are important. Upon reflection, only after completion of the project, I realised that I would have liked to elaborate more on participants' experiences regarding their feelings around participating in various rituals and the circumstances encountered at the time. I would also have preferred to broaden and flesh out responses given. As a novice researcher, potential areas of further exploration may have been overlooked. Nevertheless, as is shown later, the data still yields valuable avenues to explore within further studies.

After the signing of consent forms, the interview process could ensue. The questions were mostly concerned with the participants' demographic data, details relating to the death of their loved ones, cultural practices carried out, the women's attitudes to these rites, and whether they had received emotional support. (See Appendix B for the questionnaire used). Interviews were conducted in an office at the Jeppe Psychiatry Clinic. An 'Interview In Progress' sign was posted on the door to ensure confidentiality and to prevent unwelcome intrusions. In addition, the staff at the clinic were also notified of the ongoing interviews and the need to avoid any disturbances. The interviews ranged from thirteen minutes to an hour. The interviews differed in length due to a number of reasons. Firstly, some interviews were brief due to the brevity of the participants' responses, while some interviews became lengthy as a result of participants requiring probing to answers that were unclear. Still, some respondents appeared to have experienced significant difficulties due to funeral rites and familial relations, and sought to discuss these at length in the interview. During the course of these responses, I would then ask some further clarifying questions into these phenomena that the subjects had spoken about. Within further studies, skill in active listening and in-depth explorations by way of seeking examples may prove to be useful in obtaining more rich data. Unfortunately, at the time of recognising the limitations with respect to obtaining rich data, participants were no longer available for interviewing and data-collection time frames had run out.

During the interviews, the participants were continuously observed by the researcher for any psychological distress, which would then have necessitated the immediate implementation of the distress protocol. In such an eventuality, the interview would have needed to be terminated and the psychologist stationed at the respective clinic would have been requested to contain the distressed participant (Appendix F).

However, such measures did not prove to be necessary in the execution of this research undertaking.

The interview schedule was structured into the following five sections: The first section related to the participants' demographic data, namely, the participants' age, home language, place of residence, religious orientation, highest level of education, and employment status.

The second section focused on details relating to the demise of the loved one, such as the form of the death, if the demise occurred subsequent to an illness, the duration of the illness, and the caretaker of the deceased during the period of ill health.

The third section explored the cultural practices carried out during the funeral. The participants were asked whether there had been any funeral rites carried out previously, and whether there were any such rites still being carried out. In addition, the bereaved women were asked whether they believed in these rites, and how they thought the community viewed a bereaved woman.

The fourth section sought to explore the women's experiences of bereavement due to cultural practices. This section of the questionnaire was concerned with probing whether the bereaved woman felt that funeral rites allowed her to mourn fully, and if not, how these practices were deemed to have prevented her from grieving fully. The bereaved women were also asked if they had received enough support from their family, and whether the community had provided sufficient emotional support.

The fifth and final section related to prevention and was concerned with the form of help the bereaved women was hoping to get at the clinic, and whether they felt that it would have been beneficial if it had been availed earlier on.

The interviews were audio recorded and subsequently transcribed by a transcription service provider. Prior to being hired, the transcriber signed a confidentiality agreement with the researcher. Participants were informed that a transcriber would be employed. In addition, I reviewed the audio recordings and the transcriptions after the transcriber had completed the tasks, and then made any required corrections,

with particular emphasis on those interviews where the participants would speak in isiZulu intermittently.

Two interviews were undertaken by testing the proposed questionnaire, after which any revisions required were made to the questionnaire. The general application of the two interviews was aimed at finding problems and barriers related to participants' recruitment, assessing the acceptability of observation (Janghorban, Latifneiad, and Taghipour, 2013). During initial interviewing, it was observed that the women would volunteer information regarding support assistance. Subsequently, further questions were added investigating the amount of support that the bereaved women had received from their families and the community (Appendix B).

3.8 Data Analysis

After the data was transcribed, it was then coded, analysed, interpreted, and verified by way of thematic analysis. Thematic analysis is defined as a method for analysing and identifying patterns within data (Braun and Clarke, 2006). Similar to content analysis, thematic analysis is an approach by which the volume of text collected is reduced, concepts identified, and categories grouped together (Vaismoradi, Turunen and Bondas, 2013). Thematic analysis was deemed the preferred approach as it is a flexible technique that allows for rich, detailed, and nuanced descriptions regarding a phenomena or experience (Vaismoradi, Turunen and Bondas, 2013). According to Vaismoradi, Turunen and Bondas (2013), thematic analysis has the potential to render answers to questions on the concerns individuals may experience regarding a phenomena and their reasons for engaging or not engaging in them. The approach was thus deemed particularly relevant to the current study.

Braun and Clarke (2006) summarise thematic analysis into six phases. These are familiarising oneself with the data, generating initial codes, searching for themes, reviewing said themes, defining and renaming these themes, and lastly, producing the report. The first phase, involving familiarising oneself with the data, is concerned with repeatedly reading the data and making notes regarding any ideas.

The second phase involved generating initial codes. Basit (2003) reports that codes are tags or labels for allocating units of meaning to the descriptive or inferential information compiled during a study. Codes usually are attached to chunks of

varying-sized words, phrases, sentences, or whole paragraphs, connected or unconnected to a specific setting. Braun and Clarke (2006) elaborates, indicating that coding then concerns the act of "… interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code" (p. 35).

The third phase, according to Braun and Clarke (2006), is concerned with aggregating codes into prospective themes, that is, utilising the codes to create a number of themes (Cresswell, 2009).

The fourth phase, 'reviewing themes' per Braun and Clarke (2006), includes "checking if the themes work in relation to the coded extracts and the entire data set, generating a thematic 'map' of the analysis". Braun and Clarke (2006) mention that the penultimate phase, defining and naming themes, is concerned with "… ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme". The last phase of thematic analysis, per Braun and Clarke (2006), involves "… producing a scholarly report of the analysis." Maguire and Delahunt (2021) define this phase as research's end-point, wherein a report is compiled.

A computer program called Maxqda (2021) was used for data analysis for this study. The software has an interface that allows the simultaneous viewing of data, codes, and transcriptions. Maxqda (2021) also allows the importation of transcripts onto the platform, and allows notes to be made while working. These notes can then be attached to the data, codes, or documents, according to Maxqda (2021). This software was used to generate a code book. Below is an example of some of the codes that were generated using Maxqda.

Table 3.2 Example of computer generated code

PARTICIPANT'S RESPONSE	GENERATED CODE
". . . What can I say? I'd say that, in your study doctor, ehh, you see, it's very difficult losing your lover, it's difficult, because this journey, it can never be easy . . ."	Difficulty
". . . you feel sad, and at times, ehh, more especially if you don't get support from your in-laws, because you need them. You shouldn't have to be alone. I think that if you can get the support, the moral support from both sides . . ."	Support required

PARTICIPANT'S RESPONSE	GENERATED CODE
" . . . ehh, you can feel that now I'm part of this family, instead of feeling like you don't belong, you're outside the gate . . ."	Isolation
" . . . ehh, it's very lonely at times, and you feel sad . . "	Loneliness

3.9 Trustworthiness

Trustworthiness, namely the rigour and quality of the study, was an important aim (Shenton, 2006). Since this was a qualitative study, instruments with established metrics about validity and reliability were not to be used (Statistics Solutions, 2017). Thus, it was pertinent to establish that the research study's findings were credible, transferable, confirmable, and dependable (Statistics Solutions, 2017; Shenton, 2006).

The study aimed toward credibility, transferability, confirmability, and dependability. Statistics Solutions (2017) defines credibility as how confident the qualitative researcher is in the truth of the research study's findings. This boils down to the question of "How does one know that one's findings are true and accurate?" Triangulation can be used to show that the research study's findings are credible, according to Statistics Solutions (2017). Korstjens and Moser (2018) state that credibility is the equivalent of internal validity in quantitative research and is concerned with the aspect of truth value. Korstjens and Moser (2018) further state that strategies to ensure credibility are, firstly, prolonged engagement. This refers to spending sufficient time to become familiar with the setting and context, to test for misinformation, to build trust, and to get to know the data. Secondly; persistent observation means identifying those characteristics and elements that are most relevant to the problem or issue under study, on which the researcher will focus in detail. Korstjens and Moser (2018) narrate that the third strategy to ensure credibility is triangulation. This refers to using different data sources, investigators, and methods of data collection. Flick (2004) highlights that there are three forms of triangulation. The first type is data triangulation, wherein the researcher utilises multiple sources of data in time, person, and place. The second type of triangulation, according to Flick (2004), is investigator triangulation. This type is concerned with using two core researchers to make coding, analysis, and interpretation decisions.

The third and final type is method triangulation, which means using multiple methods of data collection, per Flick (2004).

Transferability is a concept defined as how the qualitative researcher demonstrates that the research study's findings are applicable to other contexts. In this case, 'other contexts' can mean similar situations, similar populations, and similar phenomena, according to Korstjens and Moser (2018).

The study also aimed towards confirmability and dependability. Confirmability is a concept that refers to the extent of neutrality in the research's results. In other words, this means that participants' responses determine the findings, and not any potential bias or personal motivations the researcher may have. Dependability is a concept that is concerned with the extent that other researchers could repeat the study and that their findings would be consistent (Statistics Solutions, 2017).

To ensure trustworthiness, the researcher used investigator triangulation wherein the researcher and the supervisor both made decisions regarding coding and analysis of the data. I, as the researcher also employed reflexivity. That is, a diary was kept where I scrutinised my own presumptions, beliefs, and explicit and implicit postulations, and how these affected research decisions.

3.10 Ethics

The Witwatersrand University's Human Research Ethics Committee – Medical (HREC), approved ethics clearance for the study, while permission to do the study at the different sites was obtained from the chief executive officer of CHBAH, as well as the chairperson and chief director of the Johannesburg Health District Research Committee. Informed consent to participate voluntarily in this study was obtained from each participant, after information about the study was provided with an adequate opportunity to ask questions. In addition, consent was obtained from participants to audio record the interview. An information sheet and consent form (for participation and recording of the interview) is included as Appendix C and Appendix D.

This study aimed to maintain confidentiality. To protect the anonymity of participants, pseudonyms and initials were used. Participants were reassured that their anonymity

would be maintained at all times, that they would be able to withdraw from the study or interview at any time, with no consequences or negative implications towards them. Regarding the storage of data, it will be kept for a maximum period of five years in the Department of Psychiatry. The participants all signed consent to participate and consent for audio recording prior to taking part in the study, as well as after reading the information sheet.

A distress protocol was put into place in this study to ameliorate any distress that the participants may have developed. Any possible precipitation of emotional distress or exacerbation of clinical symptoms may have required that the interview and further participation was terminated, and for the participant to be referred to a counsellor and treating clinician for clinical assessment and management. See Appendix F for a list of community clinics, the attendant registrars, and their contact details.

Regarding the risk of discomfort in talking to a man, I first spent a few minutes narrating the questions behind this research project, as well as the desire to have this project contributing to the sensitisation of the public about the experiences faced by bereaved women. This proved to be successful as all the recruited women participated in the study.

3.11 Limitations

One critique of this study is that the sample used is small, which precludes generalisation. It would be interesting to note what results could be gleaned from a similar project with a larger number of participants. Another interesting dimension would be to undertake a study with more members of the different ethnic groups that comprise South Africa, as well as having more members from traditional societies. Participants of this study were largely from urban areas, and as Donaldson and Kotze (1996) report, such groupings have gradually changed the nature of their cultures in different ways.

Another possible critique is that the participants may have viewed the researcher, an African male, as a beneficiary of the patriarchal system that still predominates many African societies. This perception may have led the participants to ‘hold back’. Conversely, they may have felt that certain information may have been clear to the researcher due to his ethnicity, and thus, may have felt that certain sensitive cultural

phenomena are obvious. This may have also contributed to ‘holding back’ certain information.

3.12 Chapter Conclusion

This chapter discussed the methodological approach undertaken in this study. It delineated the research questions, sample identification and recruitment techniques, the method employed for data generation and analysis, how trustworthiness was established, along with ethical considerations and the limitations of the study.

CHAPTER 4 RESULTS

4.1 Chapter Introduction

The main themes that emerged in this study are outlined in this chapter. The themes respond to the purpose of the study which was to explore women's experiences of contemporary African funeral rites. The themes describe the nature of funeral rites and beliefs encountered, as well as the women's emotional experiences in response to this. Finally, the themes reveal the women's level of engagement experienced with respect to funeral rites. Before describing the relevant themes elicited, a brief introduction to each of the participants is necessary to orientate the reader.

4.2 Introduction to Participants

This section introduces the background stories to the participants who participated in this study. It reveals who the women are and the context of their loss.

4.2.1 Participant IM

IM is the first participant in this study and is of isiZulu descent. She resides in a cosmopolitan area in Mpumalanga. She was 32 years of age when her husband passed away unexpectedly after a two-year period of ill health. He died on 13 December 1988. During the period of his illness, IM was his caretaker. Her interview was characterised by her pain at experiencing her in-law family taking control of all aspects of the funeral processes. She also discussed poor relations between herself and her in-law family, leaving her feeling like 'being outside the gate.' I gained the impression that IM desired to have good relations with her in-law family, and to have good support from them and the community at large.

4.2.2 Participant MN

MN is 57 years old, and is also of isiZulu descent. She resides in a cosmopolitan area in Johannesburg, and is employed in the healthcare sector. She is the only participant in this study that experienced the loss of a daughter, in contrast to the other women who all lost their husbands. MN's daughter, of adulthood age at the time of her death, had been unwell for three months prior to her passing away. Since MN had medical training, she took care of her daughter during the period of ill health. She narrated how she would have to resuscitate her daughter several times before calling for an ambulance, during the period of ill health. Her daughter eventually

passed away despite several hospital admissions and reviews by general practitioners.

4.2.3 Participant MZ

MZ was 56 years old at the time of her interview. Her husband had passed away recently. MZ was still in mourning attire when the interview was held. She, like MN, resides in one of Johannesburg's cosmopolitan areas. She is employed in the healthcare sector. She is of isiZulu descent and married into a seSotho family. She described herself as a traditionalist, when discussing her religious beliefs. MZ's husband passed away after a three-month period, from complications that followed a decades-long bout of chronic illness. She, like the other participants, had taken care of him during the period of ill health.

4.2.4 Participant MB

MB was 66 years of age at the time of the interview, and was 65 years old when her husband passed away. She is of Tsonga descent, and resides in one of the upmarket suburbs in Johannesburg. Her husband passed away after a week-long period of ill health, which occurred on the back of another (unrelated) chronic disease and severe alcohol use. During this time, his sister and MB's children assisted MB in taking care of him. In contrast to the other participants, MB and her husband had held end of life discussions.

4.2.5 Participant EM

Participant EM was the youngest participant in this study. EM is of Shona descent, and employed in the corporate sector. She was 35 years old at the time of interview, and 27 years of age when her husband passed away unexpectedly. He had experienced vague abdominal pain for an unspecified period, which resulted in his being rushed to hospital for an emergency surgical procedure. It was during this operation that he succumbed to the acute pathology.

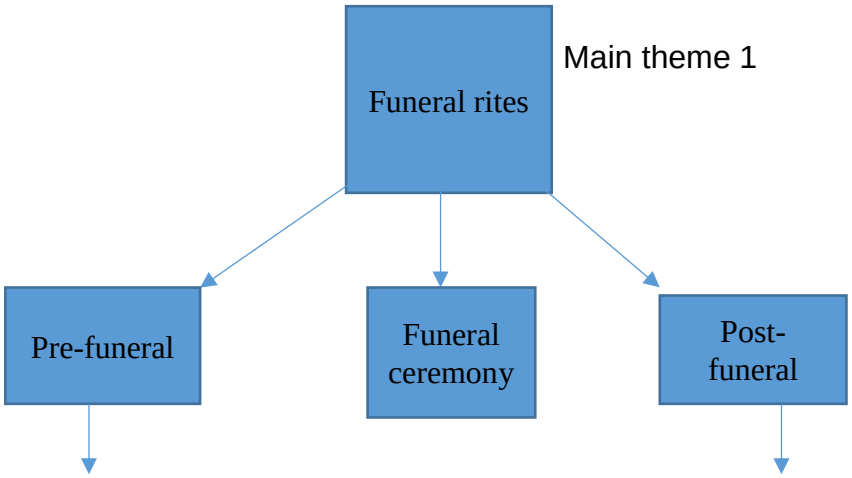
4.3 Study Findings

The analyses of data revealed the construction of three main categories of themes as a) funeral rites; b) consequences of funeral rites; and c) managing beliefs and expectations. The sections that follow will describe each of the main theme

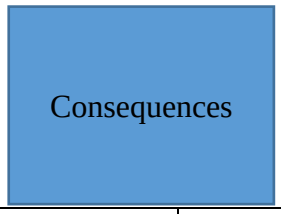
categories with their associated themes and sub-themes, while also revealing connections between the themes.

The three major category of themes each represent a cluster of behaviours and experiences that were grouped together based on commonality and with relevance to the research purpose and objectives. The major category of themes is further divided into associated themes, most with its own associated sub-themes. Figure 4.1 provides a mind-map and outline of the major category of themes with its associated themes and sub-themes. Some of the named themes come from already existing cultural terms as used by the women. I borrowed from this and the women's description of it.

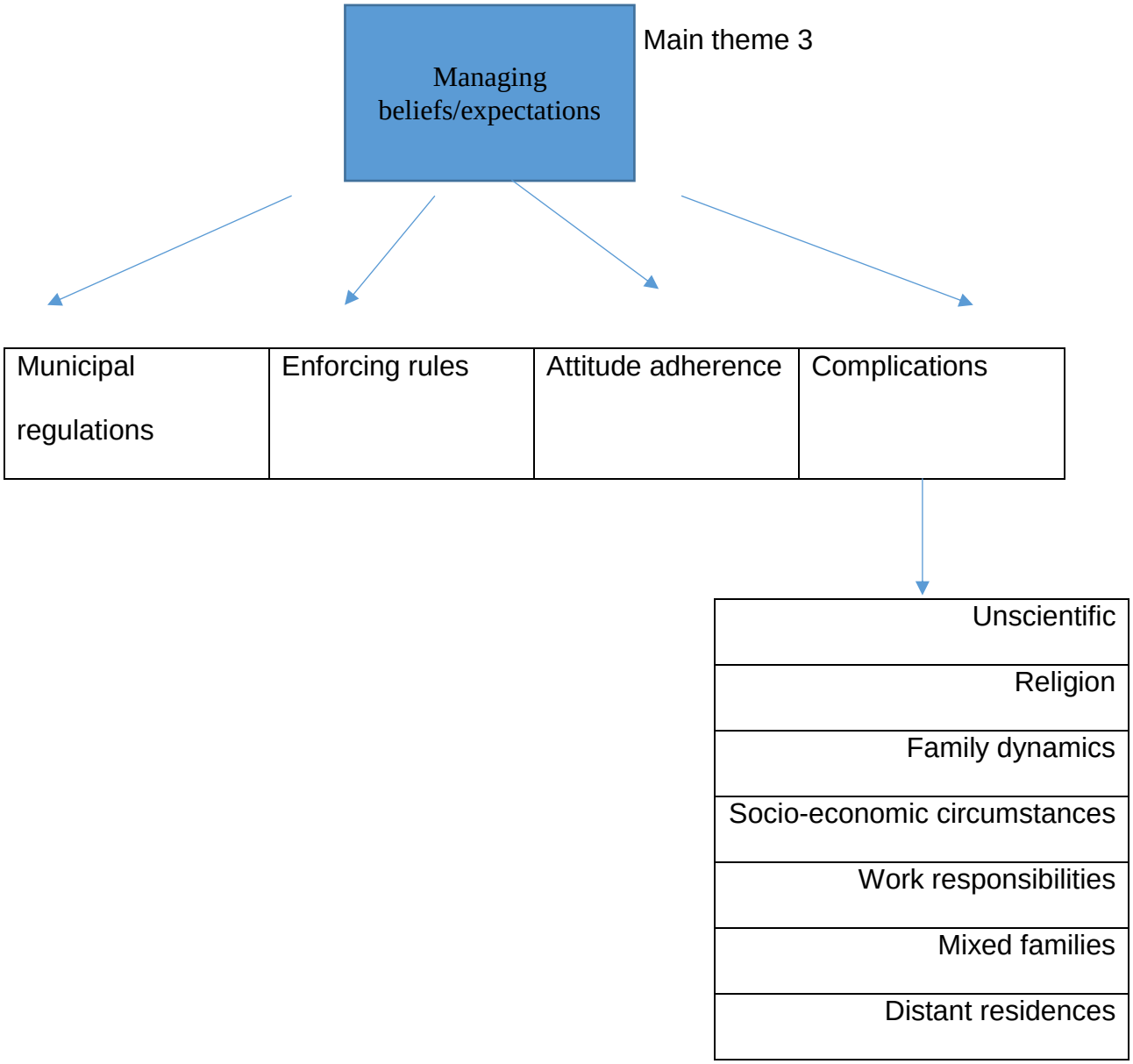
Figure 4.1 Main themes, sub-themes, and sub-categories



Attire	Attire
Pre-funeral confinement	Post-funeral confinement
Night vigil	Time-limited mourning
Funeral parlour	Slowing down
	Exclusion
	Limits to general activities
	Cleansing ceremony



Feeling uninvolved	Unmet needs
Loneliness	Exploitation
Facilitate grief	Loss of control
Isolation	Objectifying
Uncertainty	Support needs


Managing beliefs/expectations
Main theme 3
Municipal regulations
Enforcing rules
Attitude adherence
Complications
Unscientific
Religion
Family dynamics
Socio-economic circumstances
Work responsibilities
Mixed families
Distant residences

4.3.1 Main category one: Funeral rites

The first main category of themes, ‘funeral rites’, links with the first study objective, which is concerned with describing the types of funeral rites and associated beliefs encountered by the women during the mourning period. In accordance to this categorical theme, the women narrated stories revealing variant activities engaged in, as informed by certain cultural beliefs and expectations. The women narrated mourning activities engaged in during a time period ranging from prior to the funeral, around the time of the funeral, and after the funeral of their deceased loved one. This main categorical theme is thus divided into three themes, that is, a) pre-funeral rites; b) funeral ceremony rites; and c) post-funeral rites. Each of the themes also have their own sub-themes as described below.

4.3.1.1 Pre-funeral rites

The identified theme of pre-funeral rites has the following sub-themes, namely, pre-funeral confinement, pre-funeral cleansing, marching to the funeral parlour, night vigil, and pre-funeral attire.

Pre-funeral confinement

The participants told stories about having to be confined to a mattress during the pre-funeral period. Below MZ reports that she had to be confined to a mattress on the floor:

> . . . and then I stay there, ‘coz normally, we have to put the mattress on the floor, isn’t it? And then, I stay there . . .

Interestingly, MN describe experiencing this pre-funeral rite as being bound to the mattress:

> . . . with a woman burying a husband, that women is bounded to be in the mattress . . .

In summary, this theme introduces the act of being confined to a mattress and the experience being one of being bounded, limiting one in the freedom of movement. This is seen to occur within the context of pre-funeral rites.

Pre-funeral cleansing

The participants also narrated engaging in pre-funeral cleansing rites, that is, the washing and preparing of the corpse. The quote not only reveals the task of needing

to wash the corpse but, interestingly, reveals an argument regarding the task of preparing a corpse, needing to be done by a mortician. It reveals how changing societies and experiences may contribute towards the acceptance of alternative practices. Firstly, MB mentions:

> . . . My mother was a nurse, was a matron of the hospital. She taught us that a corpse has germs. So she never want, she doesn't want us to ever go and say we are going to wash the corpse because there are morticians at the mortuary. It is their job to prepare the corpse, not us. . .

However, while MN also discusses the pre-funeral cleansing, she reveals a different practice regarding who ought to complete such a task. MB's report is in contrast to MN, who reports that the job of preparing the corpse of the deceased loved one is to be done by the family:

> . . . because on the Thursday the family goes and washes (her body at the morgue) and change [yawns?]. And dress her up in, whatever dress is that, ja, and then put on that shroud that was home-made. . .

MN noted that the mother was excluded from participating in this rite:

> . . . Ja, they'll be saying you're not supposed to go as the mother. There will be some people that will go – aunts . . . So the aunts went and they washed her, dressed her nicely. . .

In summary, the theme of pre-funeral cleansing reveals how this practice involves the washing of the body, the selection of a home-made shroud, and the cultural expectations that may influence how this practice ought to be done and who may be involved to participate within the context of pre-funeral rites.

Marching to the funeral parlour

Some of the women mentioned having to go to the funeral parlour in the pre-funeral period and that such an activity would involve a march. MN reports:

> . . . and then you had the, the, the, your trip was to march to the funeral parlours . . .

MZ states:

> . . . We then called the undertaker, we came back (home), and he was then taken (to the morgue). . .On Saturday we go to the undertaker, we prepare everything…

MB displayed an awareness of the business practices employed by undertakers:

> . . . these undertakers are sharks, they work on your emotions . . .

In summary, the theme illustrates how the practice of attending to the funeral undertaker was carried out by the bereaved families in the context of pre-funeral rites.

Night vigil

Participants IM, MN, and MZ related that there had been night vigils held. The term night vigil refers to the practice of holding a church service during the evening preceding the day of internment of the deceased.

IM narrated that the night vigil may involve announcing the death to the ancestors:

> . . . when a deceased person is being taken to the graveyard after a night vigil at their home, there are certain things that their family does, like people who believe in ancestors. They then announce to these ancestors that about what will happen, and where they are now going . . .

During a night vigil, the deceased is placed in a bedroom. The following morning, a service will be held before the departed person is taken to the grave site for the internment. During the service, the casket will be opened to give mourners an opportunity to bid the departed farewell. MN states:

> . . . thing that you'll sleep over with the coffin with the, ja, with the body in the bedroom. Tomorrow morning it's service, then there'll be a little, they'll, they will open (the casket) for the people to see her. And then there will be a service that will take her out to the tent. Then a service to everybody till to the cemetery . . .

Night vigils are also associated with the slaughtering of an animal, as recounted by MZ:

> . . . And then, the goat, was for bringing his spirit into the house, when his corpse was brought home (from the morgue). For welcoming him home. And then, after that, the cow was slaughtered. The following day, on Saturday, we prepare ourselves to go to the, ehh, to bury him, the cemetery. At night, in the morning, early in the morning, then they said I must wear these black clothes . . .

MN provides the following account about the night vigil involving the slaughtering of an animal:

> . . . there was supposed to be a goat that should be slaughtered, neh? But only to find that, ok, financial matters because that goat must be bought by an uncle and all that. So from his side he didn't have anything to buy that goat. Then he had to like, I don't know, you have to just say, "I can't now, but it will follow after."

There is a particular seating arrangement for the bereaved woman during a night vigil, as stated by MZ:

> . . . And the way of sitting, isn't it we were sitting facing one direction, when uBaba arrives, he'll enter (inaudible) and be placed, we get placed, I have to sit by his head . . .

To summarise, this theme highlights how the night vigils are carried out. It illustrates the placement of the casket bearing the deceased, the slaughtering of an animal, and communication with ancestors. These occur in the context of pre-funeral rites. As the researcher, I am aware of the associated practices that accompany night vigils, as stated by the participants.

Pre-funeral attire

Most of the participants in this study narrated that they were covered with a blanket in the pre-funeral period. The findings reveal that an aspect of pre-funeral attire involves covering the bereaved woman with a blanket, while she sits on a mattress on the floor. She is usually kept in this state from the day of the deceased person's death until the actual burial. The blanket gets removed during the internment by the in-law family. The duration of this rite depends upon the period of time between the death of the deceased and the internment. IM reported several expectations that accompany this act, such as avoiding eye contact:

> . . . Ehh, this thing of covering your head, immediately [after] your husband passes on, according to our culture, you as the widow, you have to be covered with a blanket. And then after the funeral, you can then remove the blanket, but even then, males, you're not supposed to make eye contact with them. When a male enters the room, you have to cover yourself until the period of thirty days lapses.

MZ mentions that a blanket may be removed once the deceased is buried:

> . . . remember that at that point I'm still covered with the blanket? And then, when the hole has been filled to a certain point, they'll then remove the blanket . . .

In addition to covering oneself with a blanket, modest attire may also be required during the pre-funeral period. MN discusses by mentioning modest attire in the pre-funeral period:

> . . . Uh it's only, uh, it was cold, ok, you'll have to wear, like, ja, women dress code, in a dress, covering your knees, and then something on your shoulders and a doekie . . .

MN went on to state that part of mourning attire entailed wearing only a few of one's clothes:

> . . . Actually, you have to wear a few of your clothes which you won't wear after you've done all the rituals. Ja, so it means you have to have an attire, maybe 2 skirts and then 1 jersey, 2 shirts that you'll be changing . . .

This theme illustrates the pre-funeral practice of pre-funeral attire. This theme demonstrates how the bereaved women would wear a few of their clothes or modest attire, or be covered with a blanket in the pre-funeral period.

4.3.1.2 Funeral ceremony rites

The women narrated stories about certain funeral ceremony rites that may be carried out. This may concern mourners' releasing a fistful of soil onto the deceased's coffin during the burial, before it is completely covered by sand. The spouse and family may place the sand first, followed by the rest of the mourners:

MZ's narration reveals the expectations for the burial:

> . . . We went to bury him, and then we had to pour sand (over his coffin), remember that at that point I'm still covered with the blanket? And then, when the hole has been filled to a certain point, they'll then remove the blanket . . .

4.3.1.3 Post-funeral rites

The theme, post-funeral rites, involve the actions and behaviours taken after the funeral. The identified theme of post-funeral rites has several sub-themes, namely, post-funeral attire; slowing down; time-limited mourning; the post-funeral cleansing ceremony; post-funeral confinement; exclusion; and limits to general activities.

Post-funeral attire

Most of the women spoke of having to wear some form of post-funeral attire, after the internment of their loved ones. IM states:

> . . . These rituals, after thirty days, then there is a small ceremony for, in the thirty days, your dress, you wear it inside out, you see? So, after the thirty days, there's a cleansing ceremony, and then, after that, you then can dress normally and be yourself. It is at that point that you can then mingle with other people . . .

Post-funeral attire may also concern the use of modest clothing. Having lost her daughter, MN mentions:

> . . . I'm still on the doekie and, ja, the attire – not black as such, but those few clothes, as I've said. . . [Translation: Afrikaans for 'head scarf']

MZ reports:

> . . . they said, “No perfume, no earrings, ja, make ups, nothing” . . .

Following MZ’s statement below, we learn when she was post-funeral phase. She stated that after the removal of her mourning attire, she would continue to wear modest attire, which she called ‘a don’t touch’:

> . . . The only thing is that, for next year, remember that he passed away in February, I won’t have my cleansing ceremony in February. I’ll remove the mourning attire in February, and I’ll keep them until June, then I’ll have the cleansing ceremony in June. I’ll wear some clothes, there are some clothes that I’ll wear, some of mine, but I’ll still display respect by wearing a ‘don’t touch’. It’ll continue that way until I have the cleansing ceremony in June . . .

The women’s stories also reflect the symbolic use of clothing as demonstrating respect for the deceased. MZ narrates how wearing the post-funeral attire would be a sign of her respect for her deceased husband:

> . . . It’s like a shawl, or a scarf, that signifies respect. As for me, yes, I do believe in them. It’s that, it’s the respect that I show to my late husband, according to me . . .

From the women’s statements above, one can see that the post-funeral attire is expected to be worn a specific way and for a specific duration. It is evident that this attire involved the wearing of clothes inside out for thirty days, after which there would be a cleansing ceremony. The wearing of clothes inside out is associated with avoiding eye contact with males. The women may wear a head scarf, while avoiding jewellery, makeup, and perfume. After this ceremony, the bereaved woman can then dress normally and be able to mingle with other people. As is shown, such clothing is expected to signify respect towards the loss of a loved one.

Slowing down

MN speaks about having to slow down after the funeral of her daughter:

> . . . So there’s nothing that, there was death. So afterwards you must just slow down . . .

Time-limited mourning

The theme time-limited mourning refers to the time period in which mourning is expected to occur, as evidenced by the wearing of mourning attire. Most of the women spoke about having time-limited mourning. IM mentions:

> . . . in the thirty days, your dress, you wear it inside out, you see? So, after the thirty days, there's a cleansing ceremony, and then, after that, you then can dress normally and be yourself . . .

We learn from MZ that she was meant to be in mourning for a period of three months:

> . . . ja, to just wash those things and have the thing. But as it is now, after that I must be, like, mourning for 3 months . . .

MZ's narration further allows us to learn about the time-limited mourning that she is expected to undergo:

> . . . The only thing is that, for next year, remember that he passed away in February, I won't have my cleansing ceremony in February. I'll remove the mourning attire in February, and I'll keep them for June, then I'll have the cleansing ceremony in June. I'll wear some clothes, there are some clothes that I'll wear, some of mine, but I'll still display respect by wearing a 'don't touch'. It'll continue that way until I have the cleansing ceremony in June . . .

In summary, this theme highlights the time-limited mourning that the bereaved women are expected to undergo in the post-funeral phase.

Post-funeral cleansing ceremony

Most of the participants spoke about the post-funeral cleansing ceremony. In addition, their contributions highlight the other major themes identified in this study, namely, consequences and managing beliefs/expectations.

MN's narration highlighted the cleansing of the tools used during the burial in the cleansing ceremony. That is, the spade was also part of the cleansing ceremony, along with the provision of an alcoholic beverage :

> . . . But now in my family we are a mixed nation, we have… my father was a Zulu, my mother was a Tswana so I think we are giving each other turns because now, with her, the only ukuhlambululula lokho [Translation: isiZulu, 'that cleansing ceremony'], the only cleansing thing, was done after seven days, which is even those spade that were used at this cemetery were in the house for seven days and the following week we had to prepare umcombothi [Translation: isiZulu for 'traditional alcoholic beverage'] and some meal . . .

We learn from EM's statement that there is an expectation of a cleansing ceremony to be held in the post-funeral period to avoid the spirit of the deceased following one:

> . . . That's uhm, after the funeral, that's when I was just told that, uh, especially us, because plenty of people they were busy asking, especially us Christians, they were busy asking that, you're supposed to be cleansed since it's him (referring to husband) who passed away. 'Coz the, my, like, um, there were mixed cultures there, that's when they even tell me that, you're supposed to be cleansed, coz this

> uh, especially his spirit will keep on following you. But, us, as Christians, we don't believe in all those things. I even told my in-laws that, that's what you're supposed to do. But they said no, us we don't do anything like that. . .

The reports proffered by MN and EM correlated with the complications that mixed families may have. Mixed families is a sub-category of the sub-theme complications. Complications itself is a sub-theme of managing beliefs/expectations, one of the major themes identified in this research project.

IM's report notifies us about the period after which the cleansing ceremony would be held:

> . . . after the thirty days, there's a cleansing ceremony, and then, after that, you then can dress normally and be yourself. It is at that point that you can then mingle with other people . . .

MZ explained that her children had to undergo a cleansing ceremony sooner than she did due to their not being required to wear mourning attire. Her statement gave information about who participated in the cleansing ceremony. She said:

> . . . (inaudible) it's because they don't wear the mourning attire like I do. So, it's said that they have to undergo a cleansing ceremony . . .

MZ went on to explain the timeline behind the rites thus:

> . . . That hasn't happened yet, as his belongings haven't been removed yet, they're still in the house. They'll only be removed after one year, as I'll have my cleansing ceremony, his things are still there in the house. I'm still keeping the candles, or lights, lit. Maybe next year, that's when there will be problems. For now, there aren't any . . .

One of the consequences of death befalling the family along with the subsequent funeral rites and the internment itself, is that the bereaved families are seen as being enveloped by darkness, in need of cleansing. Darkness is a sub-theme of one of the major themes identified in this study.

We learn from MZ's narration that death is associated with darkness, and that this darkness must be cleansed by the cleansing ceremony:

> . . . Konje what do they call it that thing? [Translation: isiZulu for 'but'] It's got prickles on the side. The one that they put in water even if there's a funeral. Konje what do they call it, huh? I forgot the name. It's a cleansing thing in a way that I think because you were in darkness which you believe death comes with darkness. So if you don't rinse out anything, or you don't get, like, sprinkled with that water, with the stuff in it, then we think you don't clean enough . . .

We learn from MB's report that unless a cleansing ceremony was held in her house, objects inside her residence were deemed to be enveloped by darkness, thus requiring cleansing:

> . . . I don't know, this other person, had forgotten her scissors. So, I offered to return the pair of scissors. And she said, "No, don't return the scissors." I tell the helper, "Go give her the scissors." And she said, "No, don't give it to her. Don't return the scissors until there's a cleansing ceremony held in that house." It means my house is black. My house is very light. I prayed to God, before and after the funeral, that there be light, and there's light . . .

In this theme, we learn that a cleansing ceremony occurs in the post-funeral phase. In addition, we learn that death is associated with darkness, requiring a cleansing ceremony. All objects associated with the actual burial, or that are in the home of the bereaved are all required to be cleansed. We also learn about who is involved in the cleaning ceremony, and that a cleansing ceremony is carried out to prevent the spirit if the demised individual from following the bereaved.

Post-funeral confinement

The term post-funeral confinement refers to the expectation that the bereaved woman be confined to her residence in the post-funeral period. That is, visiting other people is not expected: Most of the participants mentioned undergoing post-funeral confinement. MN reports:

> . . . How long are you gonna go out? Like after how long are you gonna be like mingling or going back to normal like life to normal, if maybe you're supposed to go to. If you're a person that goes to societies … maybe some other things like community services thing like maybe family birthday parties, whatever thing, so are you gonna engage how? When are you gonna be, like, in that situation to be free? . . .

We learn from IM's report that a bereaved woman is not meant to socialise:

> . . . Yes, and you're not meant to walk about in the midst of the public, you're meant to be confined until the thirty days finishes . . .

MZ's report notifies us that about the bereaved woman's not being allowed to visit other people's homes:

> . . . you don't enter other people's homes; you only enter your house. At a certain time, at 6 o'clock, the latest (time), it must be half past six, 'coz they know that I'm working, the latest must be half past six . . .

Exclusion

MN speaks about a sense of exclusion:

> . . . Like maybe if you're an outgoing person are you still gonna go out? How long are you gonna go out? Like after how long are you gonna be like mingling or going back to normal like life to normal, if maybe you're supposed to go to. If you're a person that goes to societies maybe some other things like community services thing like maybe family birthday parties, whatever thing, so are you gonna engage . . .

This theme highlights the sense of exclusion that occurs in the post-funeral phase in view of funeral rites.

Limits to general activities

The women's stories also reveal certain limits to engaging in general activities within the context of post-funeral rites. As shown below, such limits would necessitate other people stepping in to assist.

We learn from MN's statement a bereaved woman is precluded from food preparation:

> . . . But the cooking, maybe what you want to cook and whatever, no, you can just make a list and people will be doing it for you . . .

This quote reveals that a bereaved woman is not allowed to prepare food even for her own sons. MB narrates:

> . . . I can't, after everything is done, I cannot dish up for a man when he comes to my house. The men I'm talking about – my two boys who are married and my brother. I have to send somebody else to do it . . .

We have learnt from this theme that a bereaved woman is precluded from food preparation, among other limits to general activities.

4.3.2 Main category two: Consequences

The second main category of themes, 'consequences', links with the second objective of this research project. This objective is concerned with discussing the bereaved women's emotional experiences in response to the funeral rites. This identified theme has the following sub-themes, namely, facilitation of grief, exploitation, loss of control, objectifying, uncertainty, isolation, support needs, lacking emotional support, receiving emotional support, practical needs, exclusion, feeling uninvolved, and loneliness.

4.3.2.1 Facilitation of grief

Some women narrated how the performed funeral rites helped facilitate their grief and mourning process.

We learn from this quote that the performance of funeral rites underlined the finality of the loss. MZ said:

> . . . when they dress you (in the mourning attire), they (the family) tell him (the deceased) that, "We're dressing the bride in black clothes, as you've gone." They speak to him . . .

In contrast, participants MN, MB, and IM felt that there had been no effect on their grieving.

We learn from this statement that the performance of funeral rites did not facilitate the bereaved's grief. IM narrated thus:

> . . . So, I can't say that I mourned during those thirty days for my husband. There were a lot of things that were happening, that were confusing, that left one confused . . .

These two statements illustrate that the performance had no effect on grief. MB rhetorically enquired:

> . . . Ak'sizi! [Translation: It doesn't help!] What will… Will it bring him back? . . .

MN shared this sentiment, saying:

> . . . it's only a practice that doesn't go deep into you, neh, insofar as that wena [Translation: isiZulu for 'you'] you'll be staying like with those memories you'll be staying with that hurtful thing. You'll be, you'll remain being hurt. Irrespective of whatever you do or drink, or whatever, because in the case of a man they'll be even giving some herbal stuff to drink. So, ok, with the kids it's not so strict but you'll still be, you're lost, you're lost. Ja, even if you do those rituals, they change nothing. . .

To summarise, this theme illustrates that some participants felt that funeral rites helped facilitate grief, while others did not share this sentiment.

4.3.2.2 Exploitation

Some of the women spoke about feelings of exploitation in relation to funeral rites. MB reported that she was not going to be oppressed. She says:

> . . . When I say, "Why? What is the reason for all of this?" they say, "Oh, those are the rules." And, you know who the biggest oppressors are, they talk about gender

> violence. There's no gender violence more than what other people perpetrate, other women perpetrate on, on widows. It's terrible. So what I saw is not being sci …, is not being scientific at all – I told them straight I'm not doing that. But at least I can talk for myself. What about the women out there who can't, who bambonya ngama-blanket [Translation: … who gets covered with blankets …]

We see in this quote that MB felt that she was not going to get exploited. She states:

> . . . I'm not going to be oppressed more than is necessary . . .

Moreover, the women may experience exploitation in a variety of domains, for instance, IM narrates on how her sense of naivete had been exploited:

> . . . Ehh, because if my memory serves me correctly, I, after the funeral, they appointed a lawyer to wind up my late husband's estate. I just saw (name withheld), the lawyer, bringing some papers and telling me to sign. You see, when your husband has passed away, according to our culture, Zulu, whatever, you cover yourself, you don't look at other people, especially males. So, I just saw the lawyer pushing the paperwork under the blanket with which I was covered, and I was told to sign them, and that he had been appointed to wind up my late husband's late estate. I didn't know what I was doing, but I just signed without knowing what I was doing . . .

To summarise, this theme illustrates some participants felt exploited as a result of post-funeral practices.

4.3.2.3 Loss of control

The women told stories about experiencing a sense of loss of control, in the context of pre-funeral rites, the funeral ceremony, and post-funeral rites. This led to a sense of exclusion among the women. Exclusion is a sub-theme of one of the main identified themes in this study, namely, 'consequence'. For instance, IM mentions:

> . . . my in-laws then just took over everything. They are the ones who arranged everything without even consulting me. They did everything without me . . .

EM narrates how she had felt that there should have been a cleansing ceremony, a sentiment which was not shared by both her family and her in-law family. Her report links with the first main theme, 'funeral rites', it's sub-theme, 'post-funeral', as well this sub-theme's sub-category, namely, cleansing ceremony.

We learn from this statement that EM felt loss of control following her families' refusal to have a cleansing ceremony. EM says:

> . . . That's uhm, after the funeral, that's when I was just told that, uh, especially us, because plenty of people they were busy asking, especially us Christians, they were

> busy asking that, you're supposed to be cleansed since it's him (referring to husband) who passed away. 'Coz the, my, like, um, there were mixed cultures there, that's when they even tell me that, you're supposed to be cleansed, coz this uh, especially his spirit will keep on following you. But, us, as Christians, we don't believe in all those things. I even told my in-laws that, that's what you're supposed to do. But they said no, us we don't do anything like that . . .

We learn from this statement that EM felt that a cleansing ceremony had to be carried out: EM says:

> . . . Let me put Christianity aside, I think it has to be done. . .

MN's narration highlights the fact that other people attended to the bereaved woman's affairs. MN narrates:

> . . . and let everybody run your things. Ok fine, like going to, (pauses) but other than moving around the house, you won't be. Everybody will be doing everything for you . . .

We learn from MZ's statement that her in-law family assumed responsibility of managing affairs. MZ states:

> . . . and then I stay there, 'coz normally, we have to put the mattress on the floor, isn't it? And then, I stay there, my sisters-in-law, they were the ones who are responsible . . .

In summary, this theme highlights the sense of loss of control as a consequence of funeral rites.

4.3.2.4 Objectifying

We learn from this statement how IM had felt objectified due to her in-law family unilaterally controlling every aspect of her late husband's funeral. IM narrated about how her in-law family had unilaterally organised every single aspect of preparations for her husband's funeral, including the pre-funeral phase, the burial itself, post-funeral rites, as well as the winding up of her late husband's estate. Her narration illustrates the relationship between the first major theme identified in this study, 'funeral rites', and the identified second major theme, 'consequences'.
IM described herself in the following manner during her interview:

> . . . I was not involved in anyway, I was just like a parcel . . .

In summary, this theme illustrates the sense of being objectified in view of funeral practices, and that this sense occurred as a consequence of funeral rites.

4.3.2.5 Uncertainty

Two women discussed feeling uncertain when broaching the subject of post-funeral visits by friends and family. They expressed a sense of not being certain whether the required support from the friends and family would be forthcoming or not, in the context of the post-funeral phase. For instance, MN says:

> . . . Ok, the community, the, the close, those close neighbours maybe they will be coming after work to see you on a regular basis. Even after that they will be coming. It depends on your relationship with them, neh? They will be also coming after work to see how you've been in so much that other sister coming now it also depends on the closeness, ow close you were with them . . .

We learn from this statement about the sense of uncertainty regarding the availability of support in the post-funeral phase. MZ stated:

> . . . Other people, when you're a widow, just as I'm wearing mourning attire, there are those that stand with you, that are close to you, then there are those that keep their distance. Yes, especially these clothes (pointing to her mourning attire), it's these clothes that make people keep their distance from you. I think they fear that they will also suffer a death, I don't know . . .

To sum up, this theme highlights the sense of uncertainty experienced by bereaved as a consequence of funeral rites.

4.3.2.6 Isolation

A post-funeral rite, as previously discussed, is that of the bereaved woman having to adorn mourning attire, along with other post-funeral rites that are carried out. Described by the women as either modest or black clothing, the mourning attire led to the participants experiencing a sense of isolation. For instance, IM reports:

> But, you do need the support from the in-laws, and this side [widow's family], so you can go travel life's path, instead of being ostracized and secluded, like being on an island. . .

We see in this quote how the mourners all eventually left after the funeral leaving MN in a state of isolation: MN says:

> . . . Everybody's just like going, going, going (away). And then, like, by Sunday this time you are all on your own with your own kids. Mmm, everybody's gone . . .

MZ talks about the isolating impact of the mourning attire thus by saying:

> . . . Other people, when you're a widow, just as I'm wearing mourning attire, there are those that stand with you, that are close to you, then there are those that keep

> their distance. Yes, especially these clothes (pointing to her mourning attire), it's these clothes that make people keep their distance from you . . .

Though both of EM's families, that is, biological and in-law families, did not adhere to any cultural rites, she still experienced isolation in the post-funeral. She states:

> . . . But as for people, you could just tell, you're on your own. You're on your own . . .

In MB's interview, it is evident that she actively resisted the imposition of some of the funeral rites. However, this still did not spare her from experiencing isolation after the burial of her husband. She mentions:

> . . . And indeed my sisters stayed for 2 weeks, my aunt stayed for 3 weeks. And they are gone, you are left alone there . . .

MZ emphasises the idea that funeral practices tended to enforce the identity of widowhood upon a bereaved woman, thus bringing about isolation. She stated:

> . . . They shouldn't view us as just widows, they should view us as before our loss, when we were all getting along and living together. We must be one . . .

To summarise, this theme illustrates the sense of isolation that occurs as a consequence of the performance of funeral rites.

4.3.2.7 Support needs

All the women interviewed spoke about how much they all needed support. IM states:

> . . . They need, you see, when you've lost your husband, your loved one, ehh, you need the support by having people visiting you, having them check up on you, so that you don't feel lonely. The support is needed, you need the visits and check ins, you see? Because this makes your mind to stop thinking about the current problem, the community is needed a lot. I'm not sure about others, but in my case, the community did not support me. I didn't see their support . . .

IM went on to narrate that she needed medical support, in view of the medical complications that she reported developing as a result of the problems that she had encountered due to grief, mourning, and the lack of support. She narrates thus:

> . . .From the doctor, ehh, I hope that I will get help, especially with BP, because it, these aftereffects, they then cause problems like BP. You find yourself having things like cholesterol, but especially this blood pressure. So, I'm hoping to get help controlling it [BP] . . .

We learn from this statement that MN felt that support was only availed in the period preceding the funeral. MN reports that:

> But the only support that the family can give, it's before the funeral while you're still making arrangements. And then when it comes to after the funeral, everybody just leaves, neh?

MB spoke about how she had received support from both her family and the community. However, her awareness of the lack of support accorded to widows had inspired her to try set up a support group for bereaved women. She says:

> . . . my side of the family there was support. So the community was very supportive. But the thing to go, that I want to start. I don't know if it will be feasible, is the thing similar to the that of the Anglicans widows' forum in White City. . .

We learn from this statement that support is required by widows. MB goes on to say:

> . . . My experience in the last two months that we need, as black widows, we need some kind of counselling. Some kind, I don't know what, I don't know your field, but we need some kind of counselling after a death. There are too many things that happen . . .

MZ states that she had received support from both families, that is, her biological and in-law families:

> . . . I got a lot of support. From both families . . .

MZ also reports having received support from the community:

> . . .I am getting support. I am getting it, yes. I'm close to them . . .

MZ emphasises the importance of support:

> . . . Ja, that's the major thing, the support . .

This following statement highlights the need for support by the bereaved. EM says:

> . . . I was hoping especially, like, um, someone who lost a, who lost his spouse, maybe they could just try to support me, then give me counselling. But I never received that . . .

In summary, this theme highlights the need for support to be availed to bereaved women. It also illustrates how support tends to be availed during the pre-funeral phase, and not during the post-funeral phase of the funeral rites.

4.3.2.8 Practical needs

This theme relates to practical support required by bereaved women. MN narrated how her neighbours had supported her by lending her their cooking utensils for the pre-funeral cooking and meal preparation during the night vigil. She reports:

> . . . And then, whatever they're gonna support you with, maybe like bringing their items, big pots, whatever, stoves, their contribution, even if it's not in, in the form of cash, but whatever they bring forth, maybe their, their utensils . . .

4.3.2.9 Lacking emotional support

Some of the women talked about how they needed emotional support from their in-law family and the community, and that this support had not been forthcoming. IM mentions:

> . . . I'm not too sure, I don't know how I can answer that one. Ehh, because in my case, I was in a state of shock, I don't know if indeed I can call it shock, or something else. You see that, it was like, I don't know, I don't know what happened, es, my mind was like, I don't know. Because, there are a lot of things that were happening, so, my mind, I just don't know. So, I can't say that I mourned during those thirty days for my husband. There were a lot of things that were happening, that were confusing, that left one confused . . .

IM further states that she had received some support from the church:

> . . . No, the community, no. I was given support by members of the church, they would frequently come to my house, and I gained a lot of strength. Yes, the church supported me a lot. . .

EM spoke about her need for support thus:

> . . . But as for people, you could just tell, you're on your own, you're on your own. No. They don't, at all. I was hoping especially, like, um, someone who lost a, who lost his spouse, maybe they could just try to support me . . .

This theme, in summary, illustrates the need for emotional support by the bereaved women's communities and families.

4.3.2.10 Exclusion

Some of the women spoke about how they experienced feelings of exclusion. For example MZ said:

> . . . They shouldn't view us as just widows, they should view us as before our loss, when (we) were all getting along and living together. We must be one . . .

In this quote, we see an example of the exclusion experienced by bereaved women. MB states:

> . . . And then I'm told by those who travel by taxis that when you get into the taxi, they tell you uyayazi indawo yakho emuva. [Translation: …they tell you, you know your place at the back.] You must be at the back of the taxi because people are not supposed to look at your back because you bring bad luck. What nonsense is that! So those are the things that prompted my husband to say, "Uh [meaning No] you won't be able wena to handle that.

IM's report demonstrates the belief behind the exclusion imposed on bereaved women. She reports:

> . . . it's just a belief, it's a belief adhered to by an unenlightened black person. Because they believe that you have, what do they say, you have bad luck, whatever . . .

In summary, this theme illustrates the sense of exclusion experienced by bereaved women as a consequence of beliefs pertaining to funeral rites. The reports given by these participants link up with another consequence of funeral rites, namely, darkness. This sense of bereaved women having being enveloped by darkness after the deaths of their loved one, resulted in a sense of exclusion by their communities. In addition, these feelings of exclusion were exacerbated by the bereaved women having to be covered by a blanket.

4.3.2.11 Feeling uninvolved

Some of the women interviewed for this study discussed experiencing feelings of being unloved within the context of their grief process. For instance, IM reports:

> . . . Ehh, because if my memory serves me correctly, I, after the funeral, they appointed a lawyer to wind up my late husband's estate. I just saw [name withheld], the lawyer, bringing some papers and telling me to sign. You see, when your husband has passed away, according to our culture, Zulu, whatever, you cover yourself, you don't look at other people, especially males. So, I just saw the lawyer pushing the paperwork under the blanket with which I was covered, and I was told to sign them, and that he had been appointed to wind up my late husband's late estate. I didn't know what I was doing, but I just signed without knowing what I was doing. Because I was not involved, including not being told how things were supposed to proceed. I didn't know anything, I just didn't know. I was just in the dark because I was just too young, I didn't know anything . . .

MB discussed the difficulty of her experience thus:

> . . . So who will have stayed with me for the whole year, if they say I mustn't go visit my neighbours? So I, fortunately, I have good neighbours. They've come, hey [name withheld], you must come to visit in our house, my husband has no problem with that. But it works on your psyche, that, by the way they said that I mustn't go there. You're only human . . .

This theme, in summary, demonstrates some of the bereaved women's sense of feeling uninvolved as a consequence of beliefs pertaining to funeral rites.

4.3.2.12 Loneliness

In the context of exclusion, some of the women reported experiences of loneliness, and isolated from the in-law family. For instance, IM narrates:

> . . . Ehh, It's very lonely at times, and you feel sad at times, ehh, more especially if you don't get support from your in-laws. You shouldn't have to be alone. I think that if you can get the support, the moral support from both sides, ehh, you can feel that now I'm part of this family, instead of feeling like you don't belong, you're outside the gate . . .

MB displayed empathy towards other bereaved women, and spoke about her active intervention to try help them, often at the risk of questions being posed by other members of the community. She said:

> . . . In that three months, who is she with? So, what I used to do, one, two, in our church, when you're wearing black you have to sit in the seats in the rear. So, I, I have queried that throughout my life. I'd say, why should she sit at the back? So what I used to do, So what I used to do, when a woman was bereaved, I would sit with her until it was time for her to remove the mourning attire. The others would say, you're sitting there, we see you sitting with so and so. I'd say, she comes to church and sits alone. Have you any idea how lonely she is? Have you visited her as women of the cloth? . . .

In this quote, we learn how mourners would leave soon after the funeral, leaving the bereaved woman and her children in a state of loneliness. MN mentions:

> Everybody's just like going, going, going (away) And then, like, by Sunday this time you are all on your own with your own kids. Mmm, everybody's gone.

MN went on to reflect on the sense of loneliness and exclusion at being unable to participate in regular hobbies:

> Like after how long are you gonna be like mingling or going back to normal like life to normal, if maybe you're supposed to go to. If you're a person that goes to societies maybe some other things like community services thing like maybe family birthday parties, whatever thing, so are you gonna engage how? When are you gonna be, like, in that situation to be free? People they count and they look at your movements.

The sense of exclusion and loneliness was one that was also experienced by the children of the bereaved women, as reported by MN:

> . . . Like those things, even yourself you'll be telling the younger kids, "Know that you are still mourning, neh? "You don't go boy friending, you don't go parties, you don't walk around at night" . . .

In this quote, EM's loneliness is demonstrated following the death of her husband. EM states:

> . . . 'coz I was preg', I was pregnant at that time, it was only me and myself. I felt, yes, they were supporting me but, like, they know that I needed some, uh, people to be by my side. It was not there . . .

4.3.3 Main category three: Managing beliefs and expectations

The third and last objective of this study sought to discuss the women's level of engagement with respect to the funeral rites performed. This last main category of identified themes, 'managing beliefs and expectations', thus links up with the abovementioned study objective. This main theme has several associated sub-themes, with some having sub-categories. The sub-themes are enforcing rules, attitude of adherence, socio-economic circumstances, municipal regulations, and complications. The sub-theme 'complications' has several sub-categories, which are unscientific, religion, mixed families, family dynamics, and work responsibilities.

4.3.3.1 Enforcing rules

Most of the women spoke about how the rules that oversaw their lives would be enforced by their families and communities. These rules, ranging from a bereaved woman's grooming regimen to her social life, are meant to be followed until the end of the mourning period when she undergoes a cleansing ceremony and removes her mourning attire. Enforcers of these rules are the women's families, their communities, and the women themselves.

In this quote, we learn how the enforcement of rules surrounding funeral rites occurs trans-generationally. IM says:

> . . . I'll call it indoctrination, as this thing is like a pest that continues trans-generationally. So, it's a painful thing, a thing which is like a thorn stuck deeply in the flesh, with deep roots as well. There's nothing you can do about it . . .

We learn from MN's report that the community enforces rules governing a bereaved woman. MN states

> . . . Ja, they all, they will be sometimes wanting to watch your movements, neh? Like maybe if you're an outgoing person, are you still gonna go out? How long are you gonna go out? Like after how long are you gonna be like

> mingling or going back to normal like life to normal, if maybe you're supposed to go to. If you're a person that goes to societies, maybe some other things like community services thing like maybe family birthday parties, whatever thing, so are you gonna engage how? When are you gonna be, like, in that situation to be free? People they count and they look at your movements . . .

MN went on to talk about having to enforce the rules towards her children in an attempt to avoid societal judgement:

> . . . Like those things, even yourself you'll be telling the younger kids, "Know that you are still mourning, neh? "You don't go boy friending, you don't go parties, you don't walk around at night." Hence you were told that and you don't know the reason why . . .

MZ spoke of instructions given for her behaviour:

> . . . Things like, I'm not allowed to wear earrings, eh, things like that. And then, when they give you the rules (of behaviour appropriate for mourning), things like, you're not supposed to speak loudly when talking to people . . .

MB also highlighted behaviour governing instructions:

> . . . then they send you a group of women who are all widows. They come and tell you their rules. One of their rules that irritated me to no end was if you go to the bathroom you want to do number 2, you must do half of number 2 . . .

MN narrated how the rules would be enforced by the community demanding that respect be accorded to the deceased:

> . . . It goes with judging each other and hence people can talk, neh? Like we'll see if he's gonna respect the child. Ja, they're saying "maybe she didn't, she didn't respect the child , the death of her child. She didn't mourn enough . . ."

To sum up, this theme illustrates the enforcement of rules by community's demanding respect and the bereaved women seeking to avoid judgement.

4.3.3.2 Attitude of adherence

With respect to the execution of funeral rites, the women narrated stories yielding expectations of an attitude of adherence. For instance, MN spoke about her unquestioning attitude of adherence:

> . . . Uh, I believe in something else but it's a norm you should do what's done, neh? Because sometimes you don't do them, and then they will be saying it comes back on you. So you won't know exactly ukuthi, you just follow the, the, the family cultural thing, custom, or what . . .

MZ also spoke of her unquestioning stance of adherence:

> . . . No, I never asked. But, they said, “No perfume, no earrings, ja, make ups, nothing”. (Inaudible) I never asked about those things . . .

MZ stated that her adherence to funeral rites was symbolic of her respect for her late husband. She said:

> . . . As for me, yes, I do believe in them. It’s that, it’s the respect that I show to my late husband, according to me . . .

MB stood in contrast to the other participants, in that her husband had stated his wishes that she not be made to wear any post-funeral or mourning attire. Consequently, she did not adhere to funeral rites:

> . . . Fortunately my husband told them all that should he die, they must not make me wear black clothes . . .

4.3.3.3 Complications

This sub-theme relates to the complications experienced by the bereaved women in view of funeral rites. It has two sub-categories, namely, unscientific and religion. Here, the women detailed their belief systems and the subsequent impact on their level of engagement with funeral rites.

Unscientific

In this quote, we learn how one of the participants viewed the beliefs around funeral rites as unscientific, a complication of funeral rites. She states:

> . . . another group of women will come and tell you, hey, you have to go to Diagonal (street in Jhb CBD)] a widow’s package that you have to buy. It’s about R150 and you drink it. It’s 20 litres. It’s divided into 5, 5, 5, 5 Or she told me, she says, “You must drink that 20 litres.” “What, what for?” “So that his blood gets out of you.” I said, “I don’t understand what you’re saying “Why would his blood be in me? “Scientifically, it doesn’t make sense . . .”

Religion

One of the noted complications was that most of the women spoke about how their religion exerted an effect on the degree of commitment with funeral rites. As a case in point, IM said:

> . . . I’m a Christian, I’m born again, I’m a born-again Christian, I don’t practice such things . . .

MN talked about a complication where the priest had not assisted with the cleansing ceremony due to his religious beliefs. This report by MN can also be viewed as a

sense of loss of control, which is a sub-theme of one of the main identified themes, namely, ‘consequences’. MN said:

> . . . So in our case now the, the pastor that was the one that was held in the ceremony was a born again Christian, so they don’t do the cleansing ceremony things. So it was upon the family to do it . . .

In this quote, we learn how one of the participants preferred to adhere to Christianity. MB states:

> . . . I didn’t do all those things, those things of going to the river for the cleansing ceremony? No! I told them I’ll do it the Christian way. And the Christian way is to pray . . .

EM narrates how Christian practices were adhered to. She says:

> . . . It was just praying and, at the end of the day we parted ways . . .

This last statement by EM ties in with a sense of loss of control, a sub-theme of one of the main themes, namely, loss of control. It also speaks to an experience of loneliness, which is also a sub-theme of ‘consequences’.

Work responsibilities

A complication of funeral rites relates to how occupational commitments may also influence engagement with funeral cultural practices. For instance, MZ comments:

> . . you don’t enter other people’s homes; you only enter your house. At a certain time, at 6 o’clock, the latest (time), it must be half past six, ‘coz they know that I’m working, the latest must be half past six . . .

The researcher wonders whether the fact that some of the women in this study were pensioners had an effect on this low number, knowing that the beliefs adhered to following death are pervasive throughout society.

Mixed families

Other factors, such as having an ethnically diverse family, may impact on the manner in which the women participate in funeral rites. For instance, MN talked about her ethnically diverse family, and its subsequent complicating effect on the cleansing ceremony. None of the other women interviewed mentioned this aspect in their reports. MN said:

> . . . to do the cleansing ceremony thing, neh? But now in my family we are a mixed nation, we have, my father was a Zulu, my mother was a Tswana. So I

> think we are giving each other turns because now, with her, the only cleansing ceremony, the only cleansing ceremony thing . . .

Another participant, MZ, reportedly had an ethnically diverse family background. She is of Sotho descent and had married into a family of Zulu heritage. Despite this, she did not report any complications. She voiced:

> . . . At home we speak isiZulu, but I am a Sotho . . .
> . . . at home we only speak isiZulu . . .

Family dynamics

One of the complications of funeral rites relates to family dynamics. During the interview of one of the women, IM, the researcher had a sense that there had been difficulties between IM and her in-laws. In her report, she mentioned how she had not been considered to be a wife of the deceased. IM says:

> . . . ehh, it differs, it differs. Ehh, some are considerate towards the widow, and some are not considerate. Ehh, in my case, I'll say that, ehh, I was not considered that I'm married to the late. Because they just did everything by themselves, everything, I didn't know what had happened, I just didn't know. Even the [funeral] program, they did it. I just didn't know, I was just like a, how can I describe this, I don't know, like just a zombie, that's what I will say . . .

Another participant, MN, also narrated how family dynamics had complicated the burial of her daughter. MN, previously in a relationship with the deceased's father, had married another man, the stepfather to the deceased daughter. The latter could not be buried at the former's house, as she was not his biological daughter, and because her biological father was still alive.

Furthermore, her biological father could not bury her at his home, as he was still living with his mother, that is, the deceased daughter's paternal grandmother. To compound matters further, her stepfather had also passed away. This theme also falls under adherence to rules, a sub-theme of one of the main identified themes, namely, managing expectations and beliefs.

MN narrates:

> . . . Ok, fine, but other people that you live with, they would phone and ask how's the child. You were the only one that never, like, phoned and did, whatever, ask, "But how is she? But now when she's passed on, you start now, like, making an issue." Because now I think, there was this thing that she can't be buried at the stepfather's house, whereas he's (biological father) still alive. But he didn't, he doesn't have a place to stay, he's still living in his mother's place . . .

4.3.3.4 Socio-economic circumstances

Socio-economic circumstances is a complication of funeral rites, as illustrated by the following statement. One of this study's participants, MN, spoke about how socio-economic circumstances had a direct bearing on who would bear the costs associated with the burial and the concomitant funeral rites. MN stated:

> . . . So I just said, "No, it's of no use, you're not gonna contribute anything. So if you take the child and bury, then let it go on . . .
> . . .but if it's me that must pay all the expenses . . .

4.3.3.5 Municipal regulations

Another complication of funeral rites relates to municipal regulations. In traditional societies, the deceased person's family and the community would be responsible for the preparation of the burial site. In contemporary societies, that responsibility has fallen under the local municipality's influence. Families need to comply with the required bureaucratic processes and make the requisite payments in order to secure a burial site. In some instances, the undertakers assist the families with these procedures, including securing a burial site. Some of the women spoke about these processes.

For instance, MZ says:

> . . . And, then he passed away in hospital. We then called the undertaker, we came back (home), and he was then taken (to the morgue). We came back (home), and I stay at home with my mother in-law. After that, Saturday, it was on Friday when he passed away. On Saturday we go to the undertaker, we prepare everything . . .

In this statement, we learn how MN had to engage the services of an undertaker. MN states:

> . . . Ok fine, like going to, (pauses) maybe make funeral arrangements with the parlour. And then choosing the coffin, paying out . . .

4.3.3.6 Distant residences

Some of the women narrated how their families lived far away from them, and had to leave shortly after the burial. For example, MN says:

> . . . in so much that mmm, some other people will be saying that "We're going far, we won't come back" and all that. So they will want that cleansing ceremony to happen that time (of the funeral) . . .

This statement by MN links up with a sense of loss of control, in that, it is a set of circumstance beyond her control that determined when the cleansing ceremony would occur. ‘Loss of control’ is a sub-theme of one of the identified main themes, ‘consequences’.

In this quote, we will see how mourners have to return to their residences after the funeral. MB mentions:

> . . . The people wait two days, not like in the olden days where you’ll have, people will come and sit with you for up to a month. People are busy and who stay in the cities . . .

4.4 Chapter Conclusion

This chapter sought to highlight the experiences of the identified group of African women, following the different funeral rites that were performed at different times of the funeral ceremony. It also illustrates how the women’s beliefs and expectations influenced their adherence to these rites. As the narrations have evidenced, funeral rites can lead to feelings of being unloved, loneliness, isolation, uncertainty, unmet needs, exploitation, loss of control, objectification, and a need for support.

CHAPTER 5 DISCUSSION

5.1 Chapter Introduction

This research study examined the experiences of a group of African women following contemporary funeral rites that were performed following the deaths of a close relative, namely, a spouse or child. This chapter provides a discussion of the findings obtained and demonstrates why the outcomes are relevant to this study, and correlates the findings to other research carried out. This research project's findings are rooted in the interpretation and analysis of data obtained through the semi-structured interviews of five participants recruited for this study.

5.2 Adherence To Burial Rites

As previously highlighted, African women may face funeral rites such as pre- and post-funeral confinement, the wearing of mourning attire, night vigils, corpse preparation, time-limited mourning, limits to general activities, cleansing ceremonies, and social exclusion. As shown in this study, women in contemporary societies, similar to women in traditional societies, may experience pressure from their families and communities to adhere to these burial rites.

The women in this study narrated their adherence to such rites, however, their experiences were complicated by the emotional consequences thereof and the management of their beliefs. Most of the women were seen to deal with these consequences by acquiescing with societal and familial pressure to adhere to funeral rites. One of the participants actively resisted these death rituals intermittently, but would silently adhere at times. As a researcher, this intermittent silence is an interesting phenomenon that needs further exploration.

This sentiment aligns with Ndlovu's (2015) report that silence is a form of resistance, and that it can be interpreted as resistance in situations where adverse consequences can befall a resisting bereaved woman. It is also possible that this adherence to funeral rites occurred to prevent a sense of guilt as a result of not partaking in these cultural practices. This stance appears to align with Smid et al. (2018) who relate that the death rituals are piacular, meaning that not performing them creates guilt.

This study contributes towards the scientific domain by highlighting two main areas that can be investigated in further studies. This includes sensitising the scientific community towards the consequences of adhering to funeral rites for the contemporary African woman, as well as reflections on how such beliefs and expectations are managed in the context of various complicating factors. It is important to consider such aspects within the realm of mental health science and to reflect on how this would inform and transform intervention practices in a culturally sensitive manner. It is indeed important for mental health practitioners to be culturally sensitive and informed regarding the individuals they seek to treat. It is also pivotal for mental health professionals to work alongside communities and society to act in the best interest of their clients.

It is important to bear in mind that cultural beliefs adhered to by African communities have evolved to fulfil various societal requirements, and thus, serve a purpose in society. As such, it is not the intention of this study to discredit these beliefs, but rather seek to sensitise societies about the importance of communities' involvement to facilitate the grief process among the bereaved. Furthermore, this study aspires to equip mental healthcare practitioners with an improved understanding of bereaved contemporary African women.

5.3 Consequences

As a reflexive statement, it must be mentioned that this study was conceived and initiated to investigate the experiences of bereaved African women due to contemporary funeral practices. Initially, I believed that the myriad of funeral rites and societal rules would cause an adverse effect on the grief process, and expected the project to confirm this viewpoint. Perhaps sensitised toward such notions, I observed the isolating impact of these rites and the women's differing sense of adherence to these rites. A popular refrain among the women was that there is a need for the public at large to be sensitised to the sense of isolation experienced by the bereaved in view of the rites and practices. This section considers a reflection on the consequences reported by the women in the study, along with additional insights that contradicted some of my initial expectations.

Most of the women recruited in this study discussed the adverse consequences they had experienced due to the implementation of funeral rites and practices. On the

basis of the themes elicited, this includes, the facilitation of grief, feelings of being objectified, exploitation, uncertainty, isolation, loss of control, exclusion, and loneliness. The themes further highlight the variant practical and support needs.

Manala (2021) states that Africans teach Ubuntu principles of mutual respect, empathy, and communality, but do not adhere to these principles regarding the treatment of widows. Manala (2021) goes on to argue that communities adherent to Christianity preach unconditional love, particularly for the poor, marginalised, and vulnerable. Manala (2021) reports that implementation may, however, be lacking in respect of the treatment of widows. It would have been interesting if Manala (2021) had also investigated the effects of levels of education or awareness of legal rights as a potentially protective factor of widows.

As shown by the women in this study, one of the consequences of adherence to funeral rites may result in isolation for the bereaved women. This may be exacerbated by feelings of exclusion, loneliness, being objectified, and lacking in support needs. The presence of isolation can prove to be detrimental to the grief process. As discussed previously, Ubuntu, the sense of community in African societies, extols the importance of community in various life experiences. Before, it was argued from a mental health perspective that there can be adverse effects that occur subsequent to an incomplete grief process. It is essential for mental healthcare workers to be aware of these dynamics, as stated above, and to be able to ameliorate their effects. This can be done by encouraging the involvement of the community in order to facilitate the grief process, per the communal nature of African cultural experiences.

It is emphasised that one of the major findings of this study is the isolating effects of funeral rites, along with a reported marked sense of loss of control. Sossou (2002) concurs, stating that widowhood practices normally place widows in disadvantaged, vulnerable, and dependant positions where they may experience social exclusion, economic, physical, and psychological abuse. According to Shange (2009), both the availability and quality of social support are important determinants of the resolution of grief. Sekgobela (2019) argues that loneliness may result in widows questioning their very existence.

As demonstrated in this study, the emotional experiences of bereaved women are impacted by contact with family and friends, as well as the degree of satisfaction within these relationships. This research project concurs with Sekgobela's (2019) findings, as evidenced by one of the findings that the bereaved women listed emotional and practical support as being much needed. Motsoeneng and Modise (2020) agreed with this finding, stating that widows experienced a deep sense of social isolation, loneliness, and lacking in social support after the deaths of their partners. Motsoeneng and Modise (2020), in contrast to this study, investigated widows resident in rural South Africa, while this project interviewed women residing in urban settings.

The need for support was another one of the major findings of this study, as evidenced by all of the participants narrating their desire for more support from the community. This study also identified a sense of uncertainty as being one of the consequences of funeral rites. Manyedi (2003) states that "the widow experiences hopelessness and insecurity due to the loss of her partner, which contributes to over-responsibility and having to deal with the disrupted family life" (p. 84). Manyedi's (2003) work differs from this project in that the former only investigated the Batswana, while the latter did not specifically probe any particular ethnic group. It must, however, be stated that the majority of participants in this study project were from the isiZulu tribe.

Dlukulu (2010) also concurs with the findings of this study, referring to the abovementioned phenomenon as social ostracism. This study project differs from that of Dlukulu (2010), in that Dlukulu (2010) investigated women whose partners had demised from terminal illnesses, that is, they had experienced anticipatory bereavement. This study further differs from the work done by Dlukulu (2010) in that none of the participants' deceased relatives had a terminal illness. Nevertheless, the experience of ostracism remains.

Idialu (2012) states that bereaved women are humans and deserve fair treatment from their families and communities. Funeral rites, considered appropriate by the culture, may be detrimental to the health and well-being of the widows and their offspring. Idialu (2021) argues that the rites, to a large extent, need to be dropped to enable women to live normally despite the demise of their husbands. One of the

findings of this research project was the widows' adherence to funeral rites, despite having belief's that were contrary to these practices. However, some of the participants in this study espoused an attitude of adherence to funeral rites, and described this as their way of demonstrating respect. It is, thus, important to bear in mind the meaning that such rites carry for the women. While some women may experience unfair treatment, others may regard it as a necessary way of demonstrating respect. We may, thus, not want to do away with the rites altogether, but it is worthwhile to consider how a psychotherapeutic process can assist with the individual and family negotiate the adherence to such rites. A reflective space may provide cohesion within the family, and facilitate the expression of needs and support among family members. Finally, it assists with the expression of rites in a manner that is experienced as supportive and beneficial to the grieving parties.

Some participants reported that even though they did not believe in funeral rites, they still quietly acquiesced. Ndlovu (2015) offers an interesting perspective that the researcher did not consider, namely, that silence is a form of resistance. Ndlovu (2015) argues that although some women do not show overt signs of resistance, their actions, words, thoughts, and silences are interpreted as resistance in situations where resisting would incur dire consequences.

Mental healthcare practitioners need to be aware of the abovementioned dynamics in bereaved women. This is important due to the Western individualistic paradigm that is used in the training of mental health professionals. It is also essential for mental healthcare workers to amalgamate their Western training with the communal nature of African funeral rites, in order to facilitate the grief process.

Rosenblatt and Nkosi (2007) note that a practical reason for the widows in transitional societies not to practice some rituals may be financial as, for example, they may have to return to work as soon as possible. Financial pressures exerted on contemporary African societies may equate to an inability to provide emotional support to the bereaved woman. In addition, this may prove detrimental to the grief process. As stated previously, this can have an adverse effect on the bereaved's mental health. The impact of an incomplete grief process on an individual can be significant. Society has to be made aware of the impact of grief and the effects of an incomplete grief process. Further research into grief experiences of bereaved

contemporary African women would shed further light into the abovementioned phenomena.

5.4 Managing Expectations/Beliefs

On the basis of the themes elicited in the study, it is evident that contemporary African women are confronted with various expectations and challenges in managing their beliefs around the practice of funeral rites. It is apparent that the rules are enforced by the community and that the women may present with an expected attitude of adherence.

However, as shown by the results, variant factors may complicate the management and expectations of beliefs for the contemporary woman. This may include questioning views regarding the 'scientific' nature of such practices. Other influences, such as religion, work responsibilities, coming from ethnically diverse families, family dynamics, socio-economic circumstances, municipal regulations, and distant residences, all may have a bearing on the management of beliefs for the contemporary African woman.

Radzilani (2010) narrates that although bereavement rituals are considered therapeutic in nature, the participants experience them as something that others want to see performed, regardless of religious affiliation. Radzilani (2010) further argues that oppressive inequality is constructed in terms of the distribution of power relations where the participants are silenced by their lack of power. The in-laws become more powerful and order the participants' actions and interactions in relation to the performance of bereavement rituals, per Radzilani (2010). Subsequently, the participants are left with little capacity to have some effect in their world. The difference between work done by Radzilani (2010) and this study is that Radzilani's (2010) work was centred in a Tshivenda speaking community, which differs from the participants in this study, the majority of whom are of isiZulu descent.

This study concurs with Radzilani's findings as evidenced by one of the major findings of this study where most of the participants reported having rules enforced by their families and the community. Some of the participants in this study spoke about how they did not believe in funeral rites and practices, but felt compelled to adhere to the same. Further research, with prolonged engagement, should be carried

out to explore bereaved women's level of engagement with funeral rites in a contemporary society.

Makatu et al. (2008) state that cultural and religious discourses subject bereaved women to oppressive positions that are accepted by them. There is evidence of power and authority vested in the in-laws and in culture. Makatu et al. (2008) further narrate that women identify such power and authority as influencing them to perform bereavement rituals and also as disempowering them. Such power from the in-laws resulted in women being seen in various positions, such as reduction to a 'lesser being' who had no values and rights to take responsibility of their actions in different positions.

One of this study's findings concurs with Makatu et al (2008), in that the widow is in an invidious position socially, psychologically, and economically. It would be beneficial for bereaved women if society were to be made aware of these adverse effects. It would also be beneficial if mental healthcare professionals were to play a role in intervening, in a culturally sensitive manner, in facilitating communal awareness of the abovementioned effects on African bereaved women.

Absolutes are rarely noted in cultural practices, and this study's participants demonstrated this. Some participants stated having a belief in funeral rites and practices. In mental healthcare, it would be essential to be aware that some women are adherent to funeral rites. In addition, the mental healthcare practitioner would have to be able to navigate the therapeutic space while facilitating the grief process. Mokhutso (2019) expands this sentiment, stating that respect comes in different forms. One form of respect is respect for the deceased. Death rituals are observed due to the fact that the deceased might have issued a directive that certain rituals should or should not be performed when they pass away. This study shows that contemporary African women may still adhere to funeral rites, even if they do not believe in them. It is essential that mental healthcare practitioners be aware of this fact when assisting a bereaved individual process grief. More specifically, psychotherapy may be necessary in identifying the inner conflict and assist with the healthy resolution of opposing thoughts for the grieving individual.

As mentioned, a blended belief system is one of the elements of a contemporary society. That is, beliefs that incorporate traditional beliefs, as well as Western derived beliefs such as Christianity. This study illustrated that the abovementioned phenomena in the participants of this study. Mental healthcare workers have to be aware of this fact, and need to be able to incorporate elements of the two belief systems into the therapeutic space, particularly when providing therapy to a bereaved contemporary African woman.

5.5 Limitations of Study

Several limitations have been identified in this study. It is important to bear in mind that the results are relevant to the five women investigated in the study. In the context of being a qualitative study, the results cannot be generalised to larger populations. However, the results do reveal very important areas of investigation that should be considered in further research. Although data saturation was the initial aim, in the context of short interview durations and the small sample size used, the themes elicited suggest initial themes that still require further expansion and exploration in further studies. The initial themes are deemed valuable sensitising concepts that can be used to inform further areas of investigation in future research.

Another limitation pertains to the characteristics, gender, and age of the researcher. It is possible that my male gender and young age may have contributed to some of the participants being reserved in their responses. It would be interesting to explore responses to a researcher who is a contemporary African woman.

5.6 Conclusion to the Study and Recommendations

The aim of this study was to describe the experiences of African bereaved women in view of contemporary African funeral rites. The study is a response to the knowledge that South Africa is a changing society. Inevitably, this has consequences for the contemporary African woman, as she navigates her beliefs in accordance to traditional expectations and the influences of contemporary society. A descriptive phenomenological qualitative approach was used to explore the research question, conducted using a semi-structured questionnaire. Purposive sampling techniques were employed and data analysed via a thematic analysis.

The study describes the different funeral rites, that is pre-funeral rites, the funeral ceremony itself, and post-funeral rites. It demonstrates how the African contemporary woman may still adhere to cultural expectations and funeral practices such as pre-funeral confinement to a mattress, pre-funeral cleansing ceremonies and the washing of the deceased's body, and marching to the funeral parlour. The women may also be seen to participate in the night vigil, the placement of the casket bearing the deceased, the slaughtering of an animal, and communication with ancestors. She may be observed to wear prescribed pre-funeral attire and to engage in the funeral ceremony and the rituals of releasing soil into the deceased's coffin. The contemporary African woman may also be expected to engage in post-funeral rites such as wearing post-funeral attire, where clothes are expected to be worn in a specific manner and for a specific duration. The contemporary African woman may be expected to be 'slowing down' in terms of activities and responsibilities during the post-funeral rites and to engage in time-limited mourning. Finally, during the post-funeral rites, she may still be observed to engage in post-funeral cleansing and post-funeral confinement.

The subsequent consequences, and the management of the women's beliefs/expectations in context of the funeral rites are further described in this study. It reveals how the rituals may facilitate and/or hamper the grieving process. The study highlights how participation in rites may, for some women, result in feelings of exploitation, loss of control, objectification, uncertainty, isolation, exclusion, loneliness, and that certain practical and emotional support needs may remain unmet. The question is thus raised whether the principle of Ubuntu is truly adhered to in the treatment of widows. However, an equally important realisation is that for some women, the experience may also facilitate the grieving process and create a context of support. Moreover, the challenges the contemporary African woman may face in terms of managing her beliefs was shown to be complicated by viewing practices as unscientific, religious beliefs, work responsibilities, ethnically diverse families, socio-economic circumstances, municipal regulations, and distant residences.

The study argues that an awareness of the above circumstances, aspects, and experiences are argued to be vitally important to mental healthcare workers who need to recognise the paradigm that African bereaved women operate through. It is also important for society to be educated on the impact of grief and the effects of an

incomplete grief process. Furthermore, it is essential for healthcare workers to integrate different knowledge systems into their predominantly Western world view. Such integrations can be used to facilitate cooperation between the community and mental healthcare workers, to deliver a culturally sensitive and inclusive service that would be in the best interest of the grieving individual. Specifically, a psychotherapeutic process may assist families negotiate the adherence to rites that will facilitate the grief process, bring about cohesion, and offer a reflective space for families to express their needs and support. For the grieving individual, psychotherapy may be necessary to identify the inner conflicts and assist with the healthy resolution of opposing thoughts concerning the adherence to funeral rites.

With respect to the recommendations of the study, there remains scope for more research in the area of bereavement studies among African women, as evidenced by the paucity of literature in this field. In addition to academic rigour, there is also a dire need for the populace's sensitisation regarding the adverse effects of rites surrounding death on African women. More research is needed that would consider evidence-based psychotherapeutic practices that are culturally sensitive in facilitating grief among traditional and contemporary societies. It is also recommended that policies be formulated to assist in the early intervention and comprehensive management (in a culturally sensitive manner) of a bereaved woman who may present to any healthcare facility, moreover, for it to encourage a societal review of certain aspects of funeral rites via community forums.

5.7 Chapter Conclusion

This chapter sought to provide an exposition of the findings obtained, to demonstrate why the outcomes are relevant to this study, and to correlate the findings to other research carried out. The first section reviewed literature on the psychology of grief. The second section discussed the nature of funeral rites and beliefs. The third section assessed literature on women's emotional experiences in response to the funeral rites. Lastly, this chapter then reviewed literature on women's level of engagement with respect to funeral rites.

It is evident from this study that the women still adhere to certain cultural expectations and beliefs. Different women adhered in differing degrees to these practices, with some being fully adherent and others being non adherent. Those

participants that were non adherent described pressure being brought to bear by their families and members of the community. The women's families also had different degrees of adherence. It is also evident that the practice of funeral rites and practices has a significant adverse effect on bereaved women. This is made evident by identified consequences and complicating factors for the women, such as isolation, feelings of being uninvolved, loss of control, uncertainty, exploitation, loneliness, and having unmet practical and emotional needs. In addition, it is apparent, following this study, that bereaved women have to manage beliefs and expectations in view of adherence to cultural rites and concomitant complications.

It is the considered opinion of the researcher that society needs to be made aware of the consequences of an incomplete grief process. Furthermore, mental healthcare workers need to be made aware of the importance of being more culturally sensitive in order to best serve the diverse needs of a contemporary populace.

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APPENDICES

Appendix A

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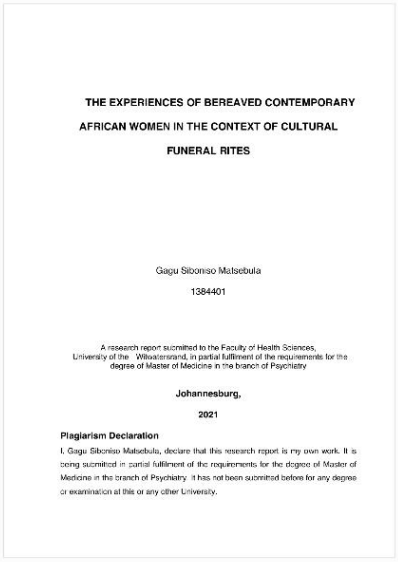

THE EXPERIENCES OF BEREAVED CONTEMPORARY AFRICAN WOMEN IN THE CONTEXT OF CULTURAL FUNERAL RITES

Gagu Sibomiso Matsebula

1384401

A research report submitted to the Faculty of Health Sciences, University of the Witwatersrand, in partial fulfilment of the requirements for the degree of Master of Medicine in the branch of Psychiatry

Johannesburg,

2021

Plagiarism Declaration

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http://repository.out.ac.tz/1437/1/NAOMI_MBOPE_ASAJILE.pdf
< 1% match (Internet from 25-Jul-2021)
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Appendix D

DSM-5 diagnostic criteria

1. Complicated grief

The individual experienced the death of someone with whom they had a close relationship.

A. Since the death, at least one of the following symptoms is experienced on more days than not and to a clinically significant degree and has persisted for at least 12 months after the death in the case of bereaved adults and six months for bereaved children:
    1. Persistent yearning/longing for the deceased. In young children, yearning may be expressed in play and behaviour, including behaviours that reflect being separated from, and also reuniting with, a caregiver or other attachment figure.
    2. Intense sorrow and emotional pain in response to the death.
    3. Preoccupation with the deceased.
    4. Preoccupation with the circumstances of the death. In children, this preoccupation with the deceased may be expressed through themes of play and behaviour and may extend to preoccupation with possible death of others close to them.

B. Since the death, at least six of the following symptoms are experienced on more days than not and to a clinically significant degree, and have persisted for at least 12 months after the death in the case of bereaved adults and more than six months for bereaved children:

Reactive distress to the death

1. Marked difficulty accepting the death. In children, this is dependent on the child's capacity to comprehend the meaning and permanence of death.
2. Experiencing disbelief or emotional numbness over the loss.
3. Difficulty with positive reminiscing about the deceased.
4. Bitterness or anger related to the loss.
5. Maladaptive appraisals about oneself in relation to the deceased or the death.
6. Excessive avoidance of reminders of the loss

Social/Identity disruption

1. A desire to die in order to be with the deceased.
2. Difficulty trusting other individuals since the death.
3. Feeling alone or detached from other individuals since the death.
4. Feeling that life is meaningless or empty without the deceased, or the belief that one cannot function without the deceased.
5. Confusion about one's role in life, or a diminished sense of one's identity.
6. Difficulty or reluctance to pursue interests since the loss or to plan for the future.

C. The disturbance causes clinically significant distress or impairment in social, occupational, or other key areas of functioning.
D. The bereavement reaction is out of proportion to or inconsistent with cultural, religious, or age-appropriate norms.

2. Major depressive disorder

A. Five or more of the following symptoms that have been present during the same two-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g. feels sad, empty, hopeless) or observation made by others (e.g. appears tearful).
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).
3. Significant weight loss when not dieting or weight gain (e.g. a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day.
4. Insomnia or hypersomnia nearly every day.
5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings or restlessness or being slowed down).
6. Fatigue or loss of energy nearly every day.
7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).
9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

B. The symptoms cause clinically significant distress or impairment in social, occupational, or other key areas of functioning.

C. The episode is not attributable to the physiological effects of a substance or to another medical condition.

   Note: Criteria A to C represent a major depressive episode.

   Note: Responses to a significant loss (e.g. bereavement, financial ruin, loss from a natural disaster, a serious medical illness, or disability) may include the feelings of intense sadness, rumination about the loss, insomnia, poor appetite, and weight loss noted in Criterion A, which may resemble a depressive episode. Although such symptoms may be understandable or considered appropriate to the loss, the presence of a major depressive episode in addition to the normal response to a significant loss should be considered. This decision inevitably requires the exercise of clinical judgement based on the individual's history and the cultural norms for the expression of distress in the context of loss.

D. The occurrence of the major depressive disorder is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified and unspecified schizophrenia spectrum and other psychotic disorders.

E. There has never been a manic episode or a hypomanic episode.

Note: This exclusion does not apply to all of the manic-like or hypomanic-like episodes are substance-induced or are attributable to the physiological effects of another medical condition.

3. Generalised anxiety disorder

A. Excessive anxiety and worry (apprehension expectation), occurring more days than not for at least six months, about a number of events or activities (such as work or school performance).

B. The individual finds it difficult to control the worry.

C. The anxiety and worry are associated with three (or more) of the following six symptoms having been present for more days than not for the past six months.

Note: Only one item is required in children.

1. Restlessness or feeling keyed up or on edge.
2. Being easily fatigued.
3. Difficulty concentrating or mind going blank.
4. Irritability.
5. Muscle tension.
6. Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).

D. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other key areas of functioning.

E. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism).

F. The disturbance is not better explained by another mental disorder (e.g., anxiety or worry about having panic attacks in panic disorder, negative evaluation in social anxiety disorder [social phobia], contamination or other obsessions in obsessive-compulsive disorder, separation from attachment separation anxiety disorder, reminders of traumatic events in post-traumatic stress disorder, gaining weight in anorexia nervosa, physical complaints somatic symptom disorder, perceived appearance flaws in body dysmorphic disorder, having a serious illness in illness anxiety disorder, or the content of delusional beliefs in schizophrenia or delusional disorder).

Appendix E

Questionnaire - Cultural practices in contemporary African societies regarding death and coming to terms with loss and bereavement

DEMOGRAPHIC DATA	
1. Age	
2. Home language	
3. Place of residence	
4. Religious orientation	
5. Highest level of education	
6. Employment status	
DETAILS RELATING TO DEMISE	
1. Form of death - Was it expected? - If an illness, duration? - Who was the caretaker? 2. Date of demise? 3. Relation to demised individual?	
CULTURAL PRACTICES	
1. What funeral rites were carried out? 2. What cultural practices were, or still are, being carried out? 3. Do you believe in/subscribe to these rites and practices? If not – to what belief system do you subscribe? 4. How do you think the community views a bereaved woman?	
DIFFICULTIES IN BEREAVEMENT AS A RESULT OF CULTURAL PRACTICES	

1. Do you feel that these rites allowed you to mourn your relative fully?

   If not, how did they prevent you from grieving adequately?
2. Do you feel that you received enough support from your family?
3. Do you feel that you received enough emotional support from the community?

PREVENTION

1. What kind of help are you getting or hoping to get at this facility?
2. Do you feel it would be beneficial if this help had been availed earlier on?

Appendix F

Information sheet

Info sheet: Protocol. Cultural practices in contemporary African societies regarding death and coming to terms with loss and bereavement

Dear _____,

My name is Dr _____, and I am a master's student in the Department of Psychiatry at Witwatersrand University.

As part of my studies, I have to undertake a research project, and I am investigating cultural practices in contemporary African societies regarding death and coming to terms with loss and bereavement. The aim of this research project is to investigate the effects of cultural practices on the grief process in African women who have lost a spouse or child through death.

Permission to do this study was obtained from the chief executive officer of Chris Hani Baragwanath Academic Hospital, as well as the relevant clinical manager of the district. The Witwatersrand University's Human Research Ethics Committee (HREC) has provided ethical clearance for the study to be conducted.

You are being invited to take part in this investigation by taking part in an interview that will be scheduled with you to discuss your experiences.

Before you decide, it is important for you to understand why the study is being done and what will be involved. Please take time to read the following information carefully. In addition, please feel free to ask if there is anything that is not clear, or if you would like more information.

1. **What is the purpose of the study?**

The investigator wants to understand whether African cultural practices during and after funerals have a negative effect on the grieving process of women. The study also seeks to improve the provision of mental health services to those who may need such help.

2. **Why have I been asked to participate?**

You have been asked to participate as you have been identified by the healthcare workers in your clinic as having lost a child/parent/partner/sibling, and that you may be interested in talking about your experience.

3. **Do I have to take part?**

No. It is voluntary and up to you to decide whether or not to take part. If you do, you will be given this information sheet to keep, and you will be asked to sign a consent form. You are free to withdraw at any time if you decide to stop, without having to give any reason. If you should decide not to continue for any reason, there will be no change in your care and follow-up services at your clinic.

4. **What do I have to do if I decide to take part?**

I shall make an appointment with you at your clinic to conduct an interview about your experience for as long as you feel willing/able to talk. If, at the end of a session, you feel there is more that you would like to say, it should be possible to meet again. With your consent, the interview will also be recorded and transcribed.

5. **What are the possible disadvantages and risks of taking part?**

Taking part in this study will take some time out of your schedule, but every attempt will be made to ensure that any inconvenience is kept to an absolute minimum. Breaks will be provided during the interview. If, at the end of the interview, there are issues that have arisen that you wish to discuss further, extra support will be availed to you by members of the mental healthcare team.

Should you become distressed at any point during the study, a pre-arranged psychologist will provide counselling to you, and a doctor who has also been pre-arranged will assess you and will prescribe any required medication.

6. **What are the possible benefits of taking part?**

Taking part in this study will improve the understanding of doctors and managers of mental health services of the experiences of African women who suffered the loss of a child or a spouse.

7. **What will happen if I do not want to carry on with the study?**

If you agree to be interviewed, you can withdraw at any time during or after the interview. However, we would ask to be able to use all data collected up to the point of your withdrawal, which would be kept subject to confidentiality procedures.

8. **Complaints.**

Should you have any complaint about any part of this study, please feel free to contact the officials at the Witwatersrand University's HREC. A form will also be provided which you can use to lay your complaint (see below).

9. **Will my taking part in this study be kept confidential?**

Yes, all information which is collected about you during the course of the research will be kept strictly confidential. Every step will also be taken to assure your anonymity. Your name will not be used in the study, but a number will be used instead. All collected information will be securely stored in the department for a period of five years. Following this period, this information will be destroyed.

10. **What will happen to the data?**

The data recorded from the interview will be analysed for a final written project. Presentations will be made at professional meetings, as well as anonymous results being published in a professional journal.

11. **Will I be able to see the results of the research study?**

Yes. Once the results of the study are available, they can be made available to you in a readable manner, if you so desire.

Thank you for taking the time to read this information sheet.

Contact details:

- Researcher:

Dr Gagu S. Matsebula

University of the Witwatersrand - Psychiatry department

E-mail: 1384401@students.wits.ac.za

Mobile phone: 078 320 3993

- Research supervisor:

Professor A. Janse Van Rensburg

University of the Witwatersrand - Psychiatry department

Tel: (011) 489 1011

- Witwatersrand University's HREC:

Eleni Flack-Davison	Professor Clement Penny
Eleni.Flack-Davison@wits.ac.za	HREC (Med) Chairperson
Tel: (011) 717 1328	Tel: (011) 717 2301

Appendix G

Consent to participate

Title of study: Cultural practices in contemporary African societies regarding death and coming to terms with loss and bereavement

- I, _____, have read and I understand the provided information. I have been given the opportunity to ask questions.

- I understand that my participation is voluntary and that I am free to withdraw at any time and without giving a reason.

- I understand that I will be given a copy of this consent form, and that I will be given access to the study in a readable form once it is available.

- I voluntarily agree to take part in this study.

Participant signature: Witness signature:

Date: Date:

Appendix H

Consent for audio recording

Title of Study: Cultural practices in contemporary African societies regarding death and coming to terms with loss and bereavement

- I, _____, have read and I understand the provided information. I have been given the opportunity to ask questions.

- I understand that my participation is voluntary and that I am free to withdraw at any time and without giving a reason.

- I understand that I will be given a copy of this consent form, and that I will be given access to the study in a readable form once it is available.

- I voluntarily agree to be recorded using an audio device.

Participant signature: Witness signature:

Date: Date:

Appendix I

Johannesburg Health adult psychiatry clinics

CLINICS	ADDRESS	TELEPHONE	PSYCH NURSE
Brixton	77 Ingelby Rd Crosby	(011) 837-7449	A. Patel
Chiawelo	17 Rihlampfu St Chiawelo	(011) 984-8336	S.Dlalisa | K. Manthoko | C.Seguba
Discoverers	Discoverers Hospital, Corner Goldman &Mitchell Street	(011) 674-1200	T.Manana | R. Singo
Dobsonville	34 Elias Motsoaledi Road, Soweto	(011) 988-1820	J.Mavundla | C. Diyane| Z Melato
East bank	Corner Impala & Springbok Rd	(011) 443-7828	K. Moagi | P. Mhlambi
Eldorado Park	21Ascot Road, Ext 8, Eldorado Park	(011) 342- 1164	V.Nyembe | L. Mthethwa
	21Ascot Road, Ext 8	(011) 342-1164	V.Nyembe | L. Mthethwa
Hillbrow	Hillbrow Community Health Centre, Corner Smith and Klein Str	(011) 694-3755	E.Gatlane | E. Mabaso
Jeppe	34 Ford Str, Jeppestown	(011) 614-7233	B. Ndlazi | J. Makgatho
Lenasia	95 Nirvana Drive, Lenasia	(011) 852-3823	N.Khumalo | G.Khan
Lenasia South	3 Cosmos Str, Lenasia South	(011) 213-9600 (011) 213-9631	T. Gamede
Meadowlands	Hekroodt Circle, Zone 2, Meadowlands	(011) 936-4613	S.Mnguni | R. Yumba

Appendix J: Human Research Ethics Committee (Medical) Clearance Certificate No. M180 663

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG	HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

Office of the Deputy Vice-Chancellor (Research & Post Graduate Affairs)

TO: Dr G Matsebula
School of Clinical Medicine
Department of Psychiatry
Charlotte Maxeke Johannesburg Academic Hospital

E-mail: gagu.matsebula@yahoo.com

CC: Supervisor: Professor A Janse van Rensburg
<Albert.JansevanRensburg@wits.ac.za>
and <HREC-Medical.ResearchOffice@wits.ac.za>

FROM: Iain Burns
Human Research Ethics Committee (Medical)
Tel: 011 717 1252

E-mail: Iain.Burns@wits.ac.za

DATE: 09/07/2019

REF: *R14/49*

PROTOCOL NO: **M180663** *(This is your ethics application study reference number. Please quote this reference number in all correspondence relating to this study)*

PROJECT TITLE: *Cultural practices in contemporary African societies regarding death and coming to terms with loss and bereavement*

Please find attached the Clearance Certificate for the above project. I hope it goes well and that an article in a recognized publication comes out of it. This will reflect well on your professional standing and contribute to the Government funding of the University.

MSWorks2000/Iain0007/Clearscan.wps

Appendix K: CHBAH Permission Letter

GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

MEDICAL ADVISORY COMMITTEE

CHRIS HANI BARAGWANATH ACADEMIC HOSPITAL

PERMISSION TO CONDUCT RESEARCH

Date: 16th October 2018

TITLE OF PROJECT:

Cultural practices in contemporary African societies regarding death and coming to terms with loss and bereavement.

UNIVERSITY: Witwatersrand

Principal Investigator: Dr GS Matsebula

Department: Psychiatry

Supervisor : Prof ABR Janse Van Rensburg

Permission Head Department (where research conducted): Yes

The Medical Advisory Committee recommends that the said research be conducted at Chris Hani Baragwanath Academic Hospital. The CEO / management of Chris Hani Baragwanath Academic Hospital is accordingly informed and the study is subject to:-

- Permission having been granted by the Committee for Research on Human Subjects of the University of the Witwatersrand.
- The Hospital will not incur extra costs as a result of the research being conducted on its patients within the hospital
- The MAC will be informed of any serious adverse events as soon as they occur
- Permission is granted for the duration of the Ethics Committee Approval.

.....
Recommended
(On behalf of the MAC)
Date: 16/10/2018

.....
Approved/Not Approved
Hospital Management
Date: 18 10 2018

Appendix L: JHD permission letter

GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Joburg
a world class African city

JOHANNESBURG HEALTH DISTRICT

Wits - Human Research Ethics Committee(Medical)
University of The Witwatersrand,
Johannesburg, South Africa
gagu.matsebula@yahoo.com

Enquiries: Dr EM Ohaju
Tel: 011 694 3888 Cell: 076 8831659
Email: Elizabeth.Ohaju@gauteng.gov.za
Hillbrow CHC: Administration Building
Cr Smith Str. & Klein Street
Private Bag X21, Johannesburg
South Africa, 2017

DRC Ref: 2018-09-008

NHRD Ref no: GP_201809_032

Dear: DR Gagu Matsebula

TITLE: Cultural practices in contemporary African societies regarding death and coming to terms with loss and bereavement

Your application for research approval refers.

The District Research Committee has reviewed your application. This letter serves as an in-principle approval to access the Districts Health facilities (mentioned below) for the above project subject to following conditions:

- The facility to be visited: **ATTACHED LIST**
- This facility will be visited from **03/01/2019 to 03/01/2020**
- The research can only commence after you submit an ethics clearance certificate from a recognized institution.
- You will report to the Facility Manager before initiating the study.

Region	Regional Health Manager	Contact No.	Cell phone
ABCEF	Ms L Matlala	011 440 1259	082 307 0267
D	Ms. Maria Mazibuko	011 674 1200	082 781 9919
G	Ms. T Cebekhulu	011 213 9708	071 678 7561
D (LA)	Busi Phiri	011 986 - 0164	082 467 9386

The following conditions must be observed:

- Participants' rights and confidentiality will be maintained all the time.
- No resources (Financial, material and human resources) from the above facilities will be used for the study. Neither the District nor the facility will incur any additional cost for this study.
- The study will comply with **Publicly Financed Research and Development Act, 2008 (Act 51 of 2008) and its related Regulations.**

- Your supervisor and of the University of The Witwatersrand will ensure that these reports are being submitted timeously to the District Research Committee.
- The District must be acknowledged in all the reports/publications generated from the research and a copy of these reports/publications must be submitted to the District Research Committee.

We reserve our right to withdraw our approval, if you breach any of the conditions mentioned above.

Please feel free to contact us, if you have any further queries. On behalf of the District Research Committee, we would like to thank you for choosing our District to conduct such an important study.

Regards,

Dr EM Ohaju
Chairperson: District Research Committee
Johannesburg Health District
Date 3/01/2019

p.

Mrs M.L. Morewane
Chief Director
Johannesburg Health District
Date: 17/01/2019

List of Facilities

ALEXANDRA EAST BANK CLINIC

CHIAWELO CHC

CROSBY CLINIC

DISCOVERERS CHC

ELDORADO PARK EXT 9 CLINIC

HILLBROW CHC

JEPPE CLINIC

LENASIA CLINIC

LENASIA SOUTH CHC

MEADOWLANDS ZONE 2 PROV CLINIC