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AN INVESTIGATION OF MOURNING AMONGST URBAN ZULUS IN
RELATION TO WORDEN'S MODEL OF MOURNING

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the degree of Masters of Arts (Clinical Psychology).

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ABSTRACT

The study investigated mourning practices in urban Zulu speaking people who reside in Pimville, Soweto. Based on descriptions of these practices, psychological meanings are inferred. The study further compares ‘traditional’ mourning with a western model of bereavement. The study was undertaken because there is little psychological documentation concerning mourning practices of non- western cultures, and yet numbers of these people present to psychologists for bereavement counselling. This suggests that the establishment of some guidelines concerning these people’s mourning practices is necessary. Semi-structured interviews were administered to ten bereaved adults. The data was thematically analyzed and common practices identified and described. The findings of the study indicate that there are common practices that urban Zulu people are likely to engage in and in this respect this research report can be used as a guideline for western trained therapists who are called upon to work with such African patients. The commonalities and differences between western and traditional frameworks are examined. The findings indicate that although there are differences as far as traditional and western bereavements are concerned, the differences seem to lie mainly in the area of the actual practices that are employed. However, the practices recommended appear to facilitate broadly similar tasks that are supposed to be accomplished by the mourner in order to achieve healing after bereavement. Key points of discrepancy are also highlighted, with some specific focus on unexpected bereavement. The study concludes with some recommendations about points to focus upon in developing therapeutic cross

cultural sensitivity when working in this domain.

DECLARATION

I declare that this dissertation is my own work. It is being submitted for the degree of Masters of Arts (Clinical Psychology) at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination in any other university.

M. NEMBAHE

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CHAPTER 1: INTRODUCTION

Bereavement is regarded as one of the most stressful events in adulthood (Cleiren, 1993). Responses to this event vary from one individual to another and across different cultures. Different cultural groups have different rituals that are stipulated in order to facilitate the grieving process (i.e., mourning). Failure to execute these rituals may result in physical and psychological problems. It is important for western counsellors and therapists to understand the mourning patterns of non-western groups so as to adapt their interventions appropriately to each individual's context.

There is a highly developed body of knowledge within western psychology which deals with bereavement, grief, mourning, and related counselling. It is important to investigate whether the patterns described in this literature resonate with what happens in non-western groups. However, the large number of ethnic groups and languages in South Africa, and the degree to which all South African cultures are in flux, make it unlikely that a therapist can have a detailed knowledge of each and every culture's mourning patterns. It is suggested that what is required, instead, is a sensitivity to such differences and the cultivation of a broad knowledge of the most common themes related to grief and mourning amongst African people (even in urban settings). It is recognized that the term 'culture' carries a broad range of meaning and has become contested in contemporary social science debates. Exploration of these issues falls outside the scope of the present study. Rather what is asserted is that the following understanding of culture broadly informs the intention of the

research: *“A description of a particular way of life, which expresses certain meanings and values not only in art and learning, but also in institutions and ordinary behavior”* (Williams, 1994, p. 56).

In contemporary South African society a number of African people present for bereavement counselling at western points of service delivery, especially in cases of traumatic bereavement. Lendrum and Syme (1992), suggest that in working therapeutically with people from a variety of cultural groups, whose sociocultural background may be unfamiliar to counsellors, it is important to recognize both the value of mourning rituals and the range and variety of these rituals across different groups.

In initially investigating the topic it became apparent that the bulk of literature on African mourning patterns has been derived from anthropological research and is not generally integrated into psychological literature. As there is a lack of such integration, it is not easily possible to assess the appropriateness of western bereavement counselling or therapy for people from non-western cultural backgrounds. Culture is an unavoidable issue in psychotherapy. People from different backgrounds will hold different beliefs about death, related rituals, and patterns of emotional response. What people who have experienced loss believe, feel, and do, varies from culture to culture (Rossenblatt, 1988). If grief is experienced and expressed differently from culture to culture it follows that it is inappropriate to use notions of pathology derived from one culture to evaluate people from another culture. (Pathology in this respect is used broadly

to describe the clinical manifestations of complicated bereavement which people may demonstrate within the context of bereavement).

This study investigates mourning patterns of Zulu speaking people who reside in Pimville, Soweto. It further aims to compare these patterns with Worden's psychological model of mourning. This study was conducted in order to establish some guidelines for psychologists who treat people coming from different cultural frameworks, and more specifically from a Zulu speaking township background.

To achieve the aims of this study, ten, bereaved, adult, Zulu speaking people from Pimville, were interviewed at their homes. These were people who lost a family member within the previous eighteen months. Since this area is under-researched, it was decided to use an exploratory research approach employing semi-structured interviews that could be analyzed broadly in order to pave the way for future research. The data was thematically analyzed based on material that emerged from the interviews. The common themes that emerged from the data were subsequently analyzed in order to highlight meanings inherent in the data. The exploration of the psychological meaning of Zulu cultural mourning practices further allowed for comparison with the tasks of Worden's (1991) psychological model of mourning.

Chapter two of this research report provides a review of related literature. In this chapter psychological responses to bereavement are explored with focus on both normal and pathological manifestations of grief. The implications of such

presentations for diagnosis are discussed as well as some of the determinants of the outcomes of grief. Models explaining the grief process are covered with special focus on Bowlby and Parkes' phase models, Kubler-Ross' stage model, and Worden's task model. As the manifestations of grief and the models explaining the grief process have implications for intervention, western bereavement counselling also forms part of the discussion. The last part of literature review discusses mourning amongst black South Africans. The information that is discussed in this respect is based almost entirely on anthropological literature as well as drawing upon the general knowledge of the researcher.

Chapter three provides an outline of the methodology employed. The design of the study is described. The aims of the study are presented, together with the procedures employed to achieve these aims. The last part of this chapter focuses on how the data was analyzed.

The fourth chapter presents a discussion of the findings of this study. The most common patterns of mourning in Zulu speaking people are explored, followed by an examination of their apparent cultural and psychological meanings. Traumatic bereavement is also considered, and some attempt is made to link the traditional patterns with proposed western notions of mourning. These patterns are then compared with Worden's task based model of bereavement.

In the fifth and final chapter, conclusions are drawn on the basis of the findings of the preceding chapters. Practical implications for bereavement counsellors

and therapists are discussed, along with the implications of this study for further research.

CHAPTER 2: BEREAVEMENT AND MOURNING

2.1. Definitions of bereavement, mourning and grief

The terms bereavement, mourning and grief are sometimes used synonymously (Eddy and Alles, 1983), however they are distinguishable and therefore it is important to define each of them. Bereavement refers to separation or loss through death (Burnell and Burnell, 1989). It is recognised as an objective fact as well as a social fact. Bereavement also usually involves a change in status, e.g., a child can become an orphan through bereavement (Kastenbaum, 1983). Grief is the response to bereavement (Stroebe and Stroebe, 1988), including how the bereaved feels, how he/she thinks, eats, sleeps and makes it through the day. The cultural expression of grief is understood as mourning. This is a process which occurs after bereavement and related forms of loss (Worden, 1993).

2.2. The issue of culture in bereavement

“Bereavement is a challenge none of us cannot avoid because loss and death are the facts of life” (Compton, 1989; p. 129), but this challenge takes place within a context which tends to be defined by one’s own culture. Every culture provides for its members a way of thinking about and responding to death (Nanda, 1982). Death is set off by rituals and supported by cultural beliefs and social institutions. Culture plays an important role in shaping beliefs, practices, feelings and emotions accompanying death. Bereavement is usually

accompanied by physiological, psychological, and behavioural grief responses that vary in intensity, duration and frequency from one person to another. Different cultural groups may experience different encounters with death. Cultures may share attitudes towards death or they may have distinct attitudes as part of their unique death related belief systems. These attitudes may be expressed differently in the practices of different cultural groups. In relation to death these might include customs at the time of death, funeral practices and mourning rituals (Corr, 1994).

The cultural aspects of bereavement that draw most attention are the rituals and stories associated with death and dying (Cleiren, 1993). In all societies, the issue of death throws into relief the most important cultural values by which people live their lives, and fundamental social and cultural issues are revealed (Huttington and Metcalf, 1979). Mourning, as the cultural expression of grief, differs across cultures along a number of dimensions. These will be elaborated in the course of the discussion.

2.3. Responses to bereavement

Human reactions to bereavement seem to be characterised by a remarkable variety of feelings, thoughts and behavior (Cleiren, 1993). There is a considerably body of literature describing manifestation of normal grief and manifestations of pathological grief. However, most of this literature has been derived within a broadly western psychological framework. Thus since bereavement and mourning have become part of the formal study of psychology,

their conceptualization has tended to be somewhat limited within western cultural frameworks for understanding. Alternative mourning practices may be passed down through oral tradition and remain largely undocumented. thus it is difficult to assess the universality and applicability of theoretical models without taking account of what could broadly be termed non-western practices. Before such a comparative perspective can be introduced into the discussion it is important to examine the theory that has been documented to date.

2.1.1. Manifestations of normal grief

Worden (1991), categorizes the manifestations of normal grief into four areas, which are feelings, physical sensations, cognitions, and behaviors. Each of these categories is elaborated as follows:

Feelings

Sadness is the most common feeling experienced by the bereaved and seems to be commonly expected and accepted. On the other hand, anger which is also frequently experienced by the bereaved, tends to be a confusing feeling. The anger may be a result of frustration that there is nothing that one could do to prevent the death, so one feels helpless. Anger is also commonly a result of some regressive experience that occurs after the loss of someone close. Children feel anxious and panic if the mother is not around, and these feelings may be transformed defensively into anger. Such emotions are also experienced in adult loses. If such anger is not appropriately worked through it may result in

complicated bereavement or be turned inward and lead to self destructive behavior. Guilt and self-reproach are some of the feelings experienced by the bereaved. The guilt is often irrational and most commonly about something that was neglected around the time of death or what is sometimes referred to as “unfinished business”. Anxiety is also experienced, and it originates from feeling that one will not be able to take care of oneself, and also from the awareness of one’s own mortality. Such anxiety can develop into a full-blown phobia. The bereaved also feels lonely especially if the deceased was one’s partner. Yearning for the lost person is described by Parkes (1972). According to Worden (1991) when yearning diminishes it may mean that the mourning is coming to an end.

Shock is experienced mostly in cases of sudden death. Numbness is also another manifestation of grief. This is a lack of feeling that is experienced early in the grief process. Worden argues that it occurs because there are so many feelings to be dealt with, that allowing them into consciousness would be overwhelming. From this perspective numbing can be said to serve a protective function. Other feelings described in the literature include relief, fatigue, emancipation, etc. These feelings may all be experienced interchangeably, often in rapid succession (Cleiren, 1993).

Physical sensations

Worden also describes some physical sensations that are commonly experienced by the bereaved. The most common sensations are hollowness in the stomach,

tightness in the chest and in the throat, oversensitivity to noise, a sense of depersonalization, feeling short of breath, lack of energy and dry mouth. These symptoms are usually presented to a physician rather than a psychologist or counsellor. Physical sensations may also be closely connected to emotional states.

Cognitions

Certain common cognitions form part of the grief reaction. The most common cognition is disbelief which often occurs after hearing of death. Confusion, which is marked by inability to order one's thoughts, concentration problems and forgetting things are often experienced by bereaved people. The bereaved may also find themselves preoccupied with thoughts about the deceased. There can also be a feeling that the deceased is still in the current area of time and space (Worden, 1991). In this respect, specific hallucinations are classified as normal responses to bereavement. However, duration and intensity of such vivid preoccupation with the deceased may determine when such thoughts become viewed as pathological.

Behavior

There are a number of behaviors that are associated with normal bereavement. These include sleep disturbance, appetite disturbance, social withdrawal, dreams of the deceased, avoiding reminders of the deceased, searching and calling out, sighing, restlessness, crying and treasuring objects that belonged to the

deceased. When these behaviors are demonstrated by the bereaved they tend to be regarded as normal reactions despite their sometimes bizarre quality.

It is important to note that not everybody experiences all these grief symptoms described. However, it is important for counsellors to anticipate such responses so that when they are encountered in bereaved people it is possible to normalize them. It is not uncommon to find bereaved people overwhelmed by all these changes in their behavior, thoughts and feelings that they end up thinking that maybe they are “losing their minds” or becoming mad. Thus reassurance about the normality of their responses can prove very supportive.

The bereaved not uncommonly find themselves, for a brief or longer period, out of control and being swept from one state of mind to another. According to psychoanalytic theory, grief ‘symptoms’ seem to be manifestations of a process. While the manifestations of grief may appear to be pathological, under these circumstances they may be adaptive. Parkes (1972), describes grief as a process of realization, the process by which we make the loss real inside us. In addition this process may be facilitated or retarded by the cultural practices surrounding bereavement, (i.e., mourning). If the process is not well facilitated the bereaved may experience abnormal grief reactions.

2.1.2. Abnormal grief reactions

There is enormous literature describing abnormal grief reactions or pathological mourning. When there is little movement towards the resolution of grief, this

tends to point to pathological reactions. Grief may become exaggerated or distorted (Benton, 1978). The descriptions or types of abnormal or complicated grief reactions are loosely gathered under four headings which are termed: delayed grief, masked grief, chronic grief and exaggerated grief. As the descriptions suggest, each of these more pathological manifestations of grief relate to specific area of difficulty.

Delayed grief

Delayed grief is the most common abnormal reaction. Grief may be postponed for a short time or be delayed for many years . Various factors may account for this. For example, some people deny their own feelings in order to care for others especially in times of disaster. This often lead to pathological mourning as the grief will be delayed. According to Worden (1991) overwhelming feelings at the time of death may also cause a person to delay grief. The delayed grief is often expressed as an excessive reaction to a minor loss many months or years later and such apparently inappropriate responses are not easy to work through. Thus in theory and on the basis of clinical evidence it seems that optimally grief should be experienced at the time immediately following loss. In most cultures this initial period usually coincide with the offering of optimal support from the community which in turn enhances the opportunity to process bereavement.

Masked or distorted grief

In masked or distorted reactions to bereavement one aspect of the grief process is emphasized and others often suppressed (Littlewood, 1992). Often it is anger or guilt that is expressed extremely and such emotions overwhelm the other aspects of grief. Masked grief commonly presents either as a physical symptom or as some type of aberrant or maladaptive behavior. Not allowing oneself to grieve can lead to somatic complaints. Some people present with symptoms that are similar to those suffered by the deceased before he/she died. Grief may also be masked as a psychiatric symptom, e.g., unexplained depression or some form of acting out or maladaptive behavior (Worden, 1991). Patients with masked grief reactions do not recognize that their symptoms are related to the loss. According to Deutsch (1937), people may fail to grieve because their ego's are not sufficiently developed to bear the strain of the work of mourning. The person may then use some mechanism of narcissistic self protection to circumvent the process (in Worden, 1991), such as involvement in their own somatic distress.

Chronic grief

A chronic grief reaction is one that is excessive in duration and never approaches a satisfactory resolution. Anniversary reactions are not included under chronic grief reactions. Chronic grief reactions are different from the previously mentioned category of masked grief in that the person undergoing the chronic reaction is aware that he/she is not getting through the period of

mourning. However, despite such an awareness the person does not seem to be able to negotiate the process in such a way as to transcend the loss over time.

Exaggerated grief

Exaggerated grief reaction involves the intensification of a normal grief reaction. The person appears to feel overwhelmed and then to resort to maladaptive behavior. The person is aware that his/her symptoms are related to the loss and such people may well seek therapy because symptoms are experienced as excessive and disabling. Feelings of hopelessness and depression are common for many bereaved people, but clinical depression that follows a loss falls under chronic grief reaction. Anxiety is also common after loss, but if the anxiety is experienced in the form of panic attacks or in the development of phobic behavior, then it falls under exaggerated grief. The development of specific death related phobias is usually a result of unconscious guilt stemming from an ambivalent relationship with the deceased (Worden, 1991). Serious alcoholism or other substance abuse that develops or is exacerbated by death also falls under exaggerated grief. Some people develop Posttraumatic stress disorder symptoms (Raphael and Nunn, 1988). Mania can also occur as a result of loss but it usually happens in people with a history of affective disorder. Thus the identification of exaggerated bereavement may sometimes be complicated by the presence of other psychiatric conditions. A wide range of psychiatric conditions may be implicated in exaggerated grief.

2.4. Diagnosis of complicated bereavement

According to Worden (1991), there are several key clues to be considered when making a diagnosis of complicated bereavement. The diagnostician has to be alert to the possibility of complicated bereavement if the following conditions pertain:

1. If the bereaved cannot talk about the deceased without experiencing intense and fresh grief.
2. If some minor event triggers off an intense grief reaction.
3. If themes of loss are coming up often in an interview or a counselling/therapy session.
4. If a person does not want to move material belongings of the deceased after some time.
5. If a person develops symptoms similar to those experienced by the deceased before death.
6. If the person makes radical changes in lifestyle following a death.
7. If a person has experienced a long history of subclinical depression, often marked by persistent guilt or lowered self-esteem. Also if a person experiences false euphoria subsequent to a death.
8. If there is identification with the deceased marked by a compulsion to imitate the dead person. This can include taking on personality characteristics of the deceased which previously were rejected by the survivor.
9. If a person has self destructive impulses that developed following bereavement.

10. If a person experiences unaccountable sadness occurring at a certain time each year.

11. If the bereaved person develops phobias about death and illness.

If the above mentioned conditions are present in a person who has experienced loss, further exploration is necessary to exclude complicated bereavement as a possible diagnosis.

Having discussed both normal and complicated bereavement reactions one is left with a question as to why some people come through the experience of bereavement without breaking down while others need psychiatric or other medical help. It is therefore important to look at the possible determinants of the outcome of grief.

2.5. Determinants of grief outcome

There are several factors that could impede the successful resolution of the grief process. These include the nature of the relationship between the bereaved and the deceased, circumstances surrounding the death, social support, historical factors and personality factors. Each of these is briefly elaborated.

2.5.1. The nature of the relationship

The nature of the relationship between the deceased and the bereaved plays a very significant role in determining the outcome of grief. It is important to look

at the different types of relationships that exist and how they impact on the manner in which a person reacts to the loss of an attachment figure.

Dependence

Where there was a very high level of dependency between the bereaved and the deceased, it can be much more difficult to resolve the grief of loss. According to Weiss (1988), such dependency leads to feelings of hopelessness about the future and may result in enormous anxiety. The sense of abandonment and desertion is far greater in these cases and these individuals may never pass the stage of anger and protest. The early internalizations of painful separation experiences are awakened (Raphael and Nunn, 1988). In such relationships there is a great dread of separation, and this fear may be traceable back to an unprocessed loss in childhood. If a close partner dies there is an increased risk of a pathological development of grief because the bereaved feels as if she/he has lost a part of her/himself (Leick and Davidsen-Nielsen, 1991).

Protectiveness

In cases where the bereaved was responsible and protective towards the deceased (e.g., in cases of parent-child relationships), recovery to adequate functioning might be perceived as disloyalty (Weiss, 1988). The feelings of protectiveness tend to lead to a prolonged protest and searching. On the other hand, there is intense pain that is associated with a sense of helplessness in

being unable to save the deceased. This explains why it is particularly difficult to recover from the loss of a child.

Ambivalence

Ambivalence dominated relationships also pose a problem for recovery if death occurs. In such relationships “*there are often fantasies of death, even killing ... which may be expressed verbally, by physical violence, or by passive neglect*” (Raphael and Nunn, 1988; p. 193). The survivor will then be confused with regard to the nature of his/her feelings, and self-blame, guilt and remorse may complicate the pain of loss (Weiss, 1988) .

Thus dependence, protectiveness and ambivalence, particularly in extreme forms, may be relationship predictors of vulnerability to complicated bereavement.

2.5.2. Circumstances of death

According to Stroebe, Stroebe, and Domittner (1988) sudden, untimely deaths are believed to result in poor adjustment and higher risks of mental and physical problems than losses that have been anticipated. The death of children, violent deaths, suicides, and stigmatized deaths like those resulting from AIDS are associated with high levels of distress and difficulty with resolution (Raphael and Nunn, 1988). The traumatic nature of the circumstances of death may lead to Posttraumatic stress reactions. When death is anticipated there is an

opportunity to say goodbye but none if the death was unexpected. In cases where the body cannot be found or identified, there are particular difficulties which arise, as this increases the sense of death being unreal and makes acceptance of absence or loss very difficult.

How the death was conveyed to the bereaved, the funeral and the way others respond to the bereaved in such circumstances may also determine the outcome of the mourning process. For example, for some people funeral rituals may be symbolic of a final farewell as well as of social support, and if they are lacking, adaptation to the bereavement may be hampered.

2.5.3. Social support

Support is an important part of the social adaptation process of the bereaved (Stroebe, Stroebe, and Hanson, 1988). Madison and Walker (1967) and Raphael and Maddison (1976) demonstrated that when people perceived their social networks to be unsupportive, they were more likely to suffer poor outcomes of their bereavement (in Raphael and Nunn, 1988). Practical and emotional support, as well as interactions of family friends and others may all be helpful at different stages with different types of losses.

People who are unable to use their support networks or have no such support are more at risk for pathological grief (Leick and Davidsen-Nielsen, 1991; Vachon and Stylianos, 1988). Thus, for example, immigrants and people who have recently moved city may find grief more difficult to process. Other people

isolate themselves from their networks because they are afraid of breaking down in front of other people. It is important to balance one's time for being alone and being with other people. It is not only the availability of support, but how this is accessed, that will determine how effective interpersonal contact is in dealing with grief.

A further problem occurs when those around the deceased negate the loss. When significant others behave as if nothing has happened, it is problematic for the bereaved who may feel unsupported. Lack of acknowledgement by significant others may also lead to the enhancement of feelings of denial. There are also those losses that societies tend to regard as unspeakable, such as death through suicide or murder. In such cases, where support is most intensely needed, it is often most lacking.

2.5.4. Life history of the bereaved person

People who have had a history of complicated grief reaction have a higher probability of having a complicated reaction in the present. Also people who have experienced several losses within a short period of time have a higher probability of developing complicated grief reactions (Littlewood, 1992). A history of depressive illness is another risk factor. According to Pincus (1974) people who felt insecure in their childhood attachments and were ambivalent toward their mothers, also tend to experience complicated grief reactions (in Worden, 1991).

2.5.5. Personality factors

People who are unable to tolerate extremes of emotional distress, and tend to withdraw in order to defend themselves against such strong feelings run a risk of developing pathological grief. Because of their inability to tolerate such feelings they short-circuit the grief work. Those people who avoid feelings of helplessness will have problems with grieving because death strikes at the core of their defensive system (Simos, 1979, in Littlewood, 1992). Those people who are always strong for others in a family do not allow themselves to grieve because they have to be strong for everybody else. Such a personality style may contribute to complicated bereavement.

It should be noted that some people do not grieve, that the loss of a close relative can have positive consequences and that lack of grief is not necessarily indicative of pathology. Reasons why a person might not grieve include: lack of attachment, relief at the end of a long suffering or cultural norms precluding grief (Hanson, Stroebe and Stroebe, 1988). However, as most people experience grief, theoretical models explaining such a process are necessary and have been established as a body of psychological knowledge.

2.6. Models explaining the grief process

Different models have been developed to systematically describe the grief-

work process. As the experiences associated with grief are complex, there are also a number of widely accepted models to explain this complex process. Some of the models which aid in the understanding of grief are described as follows:

2.6.1. Bowlby's model

An extremely influential theory on attachment and loss was formulated by Bowlby (1969), which had important implications for understanding bereavement. This theory has its roots in the psychoanalytic thinking. Bowlby realized that much of previous research into dealing with death stemmed from observation of depression rather than of the bereavement itself. Attachment theory which stemmed from observation of mother-infant dyads contributes significantly towards the understanding of the more uncomplicated experiences associated with bereavement (Littlewood, 1992). According to Bowlby (1980) the child's attachment to its mother is mediated by a number of instinctive response systems. In later life, relationships of importance are then built around the same pattern as that of the response systems first developed in the relationship between mother and child, i.e., this model of attachment forms the basis for later attachment patterns in relationships. When the mother is absent, certain instinctive systems such as anxiety, protest, and searching are provoked on the part of the child. The presence of the mother then terminates these responses. This is a very important process because “ *the relationship between mother and child and later between self and significant others is mediated through these exchanges*” (Littlewood, 1992; pp. 66). According to Cleiren (1993) attachment behavior in human beings has the function of committing

them to each other and also has survival value. The child is dependent on his/her environment and to make sure that he/she survives, he/she has to make certain that he/she is cared for. The child does this by demonstrating attachment behavior. Attachment behavior serves to maintain a certain degree of proximity and communication with the attachment figure. Examples of such behaviors are smiling when the mother is present, crying or calling to make the mother to appear, and searching behavior.

Bowlby draws similarities between children's reactions to separations from their mothers and loss in bereaved adults. He sees grief as a form of separation anxiety (Cleiren, 1993). Bereavement is viewed as an unwanted separation from an attachment figure. This separation results in the manifestation of attachment behaviors similar to those observed in children. When a person experiences loss, the anxiety evokes an instinctive response. Anger and weeping may occur as the individual attempts to recover the lost object. These constitute the first phase of mourning. Protesting is common and is often followed by a long period of searching. When attempts to recover the lost object fails, despair follows and behavior becomes disorganized. The despair is accompanied by depression. After some time this depression is followed by reorganization of behavior in relation to the lost object and to new objects. According to Cleiren (1993) anxiety and searching behavior are general aspects of the human grief process. However, individual difference and situational characteristics play an important role in determining the grief reaction.

2.6.2. Parkes' s model

Parkes (1987) proposed a bereavement model based on Bowlby's formulation but involving a greater degree of elaboration. Like Bowlby, he proposes that mourning involves four phases which are: shock and numbness, yearning and searching, disorganization and despair, and reorganization .

Shock and numbness constitute an initial response to loss although they may also recur at other times, as one works through one's grief again in different circumstances (Corr, 1994). Remarks such as "I just couldn't take it all in", "I couldn't believe it", "I was in a dream", are common (Bowlby, 1980). These responses allow the bereaved person to disregard the fact of the loss for a brief period of time (Parkes, 1972).

Yearning and searching represent an effort to return to things as they once were. The bereaved yearns for the return of the lost one, denying the permanence of the loss. This phase is often accompanied by anger.

Disorganization is an understandable reaction to the failure of the efforts to reinvigorate the past. The individual is disorientated and is unable to find his/her way. It is difficult for such a person to function in the environment.

Finally he/she enters the fourth phase, which is a phase of reorganized behavior, and begins to pull life together. Parkes stresses the importance of cognitive restructuring to come to terms with the new situation. He also holds a cathartic

view that in order to attain recovery a person has to go through the pain of the loss, and to bring to consciousness and express the feelings connected to it. Suppression of the pain may prolong or pathologize the grief process. Parkes sees pathological mourning as a distortion or exaggeration of the normal grief process (Parkes, 1972). Both Bowlby and Parkes acknowledges that these phases are not clear cut, and that an individual may oscillate for a time between any two of them.

2.6.3. Kubler-Ross' model

Kubler-Ross (1969), presents a well-known popularized model of bereavement. She developed her ideas about grief in her work with the terminally ill, however, her model can also be applied to the bereaved. She distinguished five stages through which mourning proceeds.

The first stage is denial represented in the response, "it cannot be true". This denial is a temporary defense which will soon be replaced by partial acceptance (Kubler-Ross, 1969). The second stage is defined as protest, or "why me" ? The person does not understand why this is happening to him/her. The third stage is marked by negotiating with death or bargaining, "OK, it is me, but if I do this, it will not happen". From this stage the person passes to the next stage which is depression. the person now fully realizes the loss. The fifth stage is demonstrated when a person accepts fate and a new calm attitude is found (Kubler-Ross, 1969). Kubler-Ross's model has been criticized because of the strictness with which the stages are separated from each other. It has been

argued that there is a possibility of overlapping of stages and that there can also be a change in the order they occur or some stages may even be omitted altogether (Cleiren, 1991). Thus while this may be a useful model of response, it may be too rigid in some respects.

These stages nevertheless do seem to reflect common elements of people's reactions towards death (Kammerman, 1988).

2.6.4. Worden's model

Phases and stages are parallel in assuming a somewhat passive and inevitable process, but Worden (1991), suggests a further task-based approach which implies active involvement and meeting challenges on the part of the bereaved. In a sense Worden's model identifies the activities the bereaved must engage in, in order to progress through the stages/phases identified in the previous models outlined. The use of the term "tasks" implies that the process can be facilitated or supported, for example by means of community mourning rituals or bereavement counselling/therapy. Thus, Worden's model is recovery orientated and it was proposed with special consideration of the interests of bereavement counsellors and therapists. Worden describes four tasks as common to grief work which are outlined as follows:

The first task is to accept the reality of loss. When someone dies, even if death is expected, there is always a sense that it has not happened. The task is then to come full face with the reality that the person is dead and will not return. The

searching behavior described in previous models relates to this stage. The bereaved continuously search the environment for the deceased. They see a person and think that it is the deceased and then remind themselves that it is not him/her because he/she is dead. According to Leick and Davidsen-Nielsen (1991), the first task involves intellectual realization of the loss followed by the emotional realization, which is on a deeper level and contains the recognition that the loss is irrevocable. However, the latter (i.e., acceptance of irrevocability) marks the beginning of the fourth task. Intellectual realization is easier if the death has been foreseen for along time, for example, in a case of death after a lengthy illness, but in case of sudden or violent death a person may find the knowledge more difficult to integrate. Leick and Davidsen-Nielsen argue that this shock and denial are the mind's healthy defence against being overwhelmed by reality. Such a response state gives the bereaved an opportunity to open up slowly to the reality of the loss.

There are several factors which may hinder the accomplishment of the first task. A person may use excessive denial, refuse to accept that the death is real and become stuck in the grieving process at this first task. According to Dorpat (1973), this denial can be practised on several levels and takes several forms. It most often involves denying either the facts of the loss, the meaning of the loss, or the irreversibility of the loss (cited in Worden, 1991). Denying the facts of loss can vary from a slight distortion to a full-blown delusion. Worden gives an example of denial through delusion, where the bereaved kept the body of the deceased in the house without notifying anybody for a number of days.

According to Gorer (1965) a person struggling with acceptance may go through 'mummification', retaining the possessions of the deceased in a mummified condition ready for use when he/she returns (in Worden, 1982). This is usually seen in parents who have lost a child. They retain the child's room as it was before the death. Worden (1991) says that this is not unusual in the short term, but it becomes indicative of serious denial if it goes on for years. Alternatively distorted thinking may be seen in people who see the deceased as embodied in one of their children and place unrealistic demands on the child to conform to these expectations.

Denial of the meaning of the loss also hinders the accomplishment of the first task. The bereaved may deny that they miss the deceased and that the deceased was significant in their lives. They might remove all the items that would remind them of the deceased thereby avoiding things that would bring them face to face with the reality of the loss. According to Leick and Davidsen-Nielsen (1991) both the person who clings to the things left by the deceased, and the one who removes everything, are trying to go on living as if nothing has happened. People also practice "selective forgetting" as another way of denying the full meaning of the loss. The reality of the dead person might be blocked out of mind. Some people deny the fact that death is irreversible. For example, some deny the finality of death through engaging with spiritualism, hoping for a form of reunion with the deceased.

Worden (1991) acknowledges that to complete this task fully takes time as it involves not only intellectual but also emotional acceptance of the loss. The

former can be accomplished before the latter is accomplished. He also argues that traditional rituals such as funerals, may help many bereaved people move towards acceptance. If the survivor did not see the body of the deceased, this could result in problems (e.g., the person may feel as if the death is still a dream rather than reality). It becomes more of a problem if the body is not found, as in the case of drowning. It is not easy to give up the hope that the missing person might be alive somewhere (Leick and Davidsen-Nielsen, 1991), particularly when exposure to the body has not facilitated coming to terms with the altered condition of the deceased.

The second task is to accept the pain of grief. According to Worden's theory it is necessary to acknowledge and work through the pain of grief or it will manifest itself in one or another form of maladaptive behavior. According to Parkes (1972), it is important for the bereaved to work through the pain of grief in order to get the grief work (i.e., mourning), done. Avoiding or suppressing the pain can prolong the course of mourning. In some ways society plays a part in making the completion of this task difficult. A person may be told that he/she does not need to grieve (Worden, 1991), or encouraged to avoid the intensity of pain, e.g., through receiving sedating medication.

The opposite of working through the pain is not to feel. People can be cut off from their feelings and deny the pain that is present. Some use thought-stopping procedures to avoid painful thoughts. Some stimulate only pleasant thoughts of the deceased to the point of idealization of the relationship, which protects them from the discomfort of unpleasant thoughts. Other ways in which people hinder

the accomplishment of the second task are idealizing the dead, avoiding reminders of the dead, and using alcohol or drugs. Some move from one place to another to try to find some relief from their emotions. However, avoiding all conscious grieving leads to a breakdown usually in the form of some depression (Bowlby, 1980). Dealing with pain at a later stage is more difficult than dealing with it at the time of loss. It is one of the aims of grief counselling to encourage and support people through this difficult task so that they do not carry the pain with them throughout their life. If this task is not completed, later therapy might be needed and it is difficult then to go back and work through the pain that has been avoided (Worden, 1991).

The third task is to adjust to the environment in which the deceased is missing. The deceased has to adjust to the loss of roles previously played by the deceased. In the case of a husband and wife the survivor has to develop new skills and take on the roles that were formerly performed by their partners. According to Worden (1991) survivors are at first generally resentful about having to develop new skills. The bereaved also have to adjust to their new sense of self. According to Zaiger (1985), for women who define their identity through relationships and caring for others, bereavement means not only the loss of a significant other but also the sense of loss of self (cited in Worden, 1991). The bereaved may perceive themselves as helpless, inadequate, incapable childlike, etc. Failing to successfully fulfil the deceased's roles may lead to a further sense of lowered self-esteem. Death challenges fundamental beliefs, life values and expectations. The bereaved has to adjust his/her sense of the world as death may often lead to feelings of having lost a direction in life. He/she

searches for meaning in the loss in order to make sense of it, and importantly to regain control of his/her life. According to Leick and Davidsen-Nielsen (1991) success in the third task results in personal growth. If a person does not withdraw from people and is able to meet new challenges, he/she gains in self-confidence and fulfilment.

The fourth task is to emotionally relocate the deceased and move on with life. Survivors have to find an appropriate place for the dead in their emotional lives, a place that will enable them to go on living effectively in the world (Worden, 1991). Worden goes on to say that the non-completion of this task can be defined in terms of not loving. Holding on to past attachments rather than going on and forming new ones hinders this fourth task. Some people vow not to love again because loss is too painful to deal with again. This fourth task is the most difficult task to accomplish. Freud (1917) described the aim of grief work as detaching from the deceased, the thoughts and hopes of those left behind. The mourner has to withdraw psychological energy from the person they have lost (Leick and Davidsen-Nielsen, 1991), and yet at the same time this is necessary in order to re-engage with living. One can argue that people do not really forget people who were very important in their lives. What one can achieve is what Worden (1991) puts forward, that is to find an appropriate place for the deceased, a place that will enable the bereaved to function well in the course of their lives. People feel guilty about moving on in life. They feel that they are letting down the deceased person if they enjoy themselves and forget about their grief and yet such transitions are necessary for successful resolution of loss.

The task approach somehow gives the mourner a sense of leverage and hope that there is something that he/she can actively do. This may help the bereaved individuals to work through their mourning successfully. However, all the models presented thus far have some validity. The first three models describe an almost automatic process, whereas the task model is based on what needs to be done in order to successfully negotiate the mourning process. If there are tasks to be completed, this implies that some outside intervention (professional help) may be needed to facilitate this process. Thus Worden's more active model of grief may be most applicable as a frame of reference for therapists and counsellors. In many instances models of bereavement counselling divide grief work into such tasks which need to be accomplished by the bereaved in order to attain recovery, as illustrated in the next discussion.

2.7. Bereavement counselling

"Bereaved families need someone to talk to ..." (Hollingsworth and Pasnau, 1977, 146). The observation that grief engenders acute distress, social and emotional disorganization, and the possibility of long-term debilitation, has led to the consideration of whether professional help should be provided for the bereaved person (Smith, 1992). Some attempts have been made to evaluate the degree of successful recovery in cases where professional help has been made available to the bereaved, compared to those cases where the bereaved did not receive such help. Gerber (1975) has demonstrated that appropriate help given at the time of bereavement and as long as necessary thereafter seems to facilitate a better outcome for many people (in Worden, 1991).

The tasks of psychotherapy are to assist the client to accept the reality, to assist them to accept the pain of loss, to help the person to acquire skills needed for interaction with other people, to accomplish practical tasks, to reinvest emotional energy, and to achieve a final farewell and make new attachments. These counselling goals appear to carry considerable overlap with Worden's generic tasks.

Facilitation does not always smooth the process and factors such as like personality traits, ethnic and cultural background, levels of maturity and intelligence, and circumstances of death, (as discussed previously) all contribute to pathological grief. When dealing with such cases, the cultural background of a person may be a crucial consideration. For example, in some cultures, complicated mourning is explained in terms of failure to perform relevant rituals (Williams, 1982). This is true in much of African society in South Africa where traditional ways of dealing with death are still prevalent. As illustrated in the previous discussions, there is a highly developed body of knowledge within western psychology which deals with bereavement, grief, mourning and related counselling. It is important to investigate whether the patterns described in this literature resonate with what happens in non-western groups.

2.8. Bereavement amongst black South Africans

In South Africa there is a great diversity of ethnic groups with different ethnic backgrounds. A large proportion of these groups are broadly termed African and encompass a range of tribal, language and cultural groups. Despite these

differences, bereavement patterns, especially traditional ones, seems to show broad similarities across African people. The patterns seem to be more similar for those Africans in urban areas. This can be accounted for by the processes of urbanisation and acculturation, in that as people move from their birth place to live in cities where there are people from other cultures, they tend to modify their practices and adopt each other's cultural practices.

Most of the literature on dealing with death in African cultures is drawn from anthropology. This literature has traditionally tended to concentrate on forms of death rituals enacted by society in various cultural settings (Platt and Persico, 1992) without linking it to psychology or psychological processes. However, more and more African people are seeking bereavement counselling located within a western setting, especially in cases where death occurs under violent circumstances. It is important to appreciate the mourning processes of African cultures so as to adapt western interventions to their benefit.

2.8.1. Mourning practices

The process of dealing with death in African cultures is outlined sequentially as follows: When somebody dies relatives gather together. This offers comfort to those who are very close to the deceased because the relatives will help with the necessary arrangements. The number of people who will come to the household and to the funeral depends on the age of the dead person. If it is an adult there will be more people than if it is a child. According to Berglund (1976), in Zulus the death of an aged person is not mourned and it is considered natural.

However, the death of a young person is taken very seriously and it is automatically related to witchcraft and sorcery.

Funerals, which represent the removal of the body (Kammerman, 1988), are ceremonies that are performed in each and every family where there has been death. They provide an opportunity to express grief and ritualize the loss or absence. Beer is often brewed so that people can drink during and after the funeral. In most families a cow is slaughtered when a member of the family is going to be buried (Williams, 1982).

Apart from providing food during the funeral, the skin of the slaughtered animal is regarded as the blanket for covering the corpse. This is observed even today when coffins and blankets are used as substitutes. Before burial the corpse is viewed by close relatives. This helps the bereaved people to recognize that the person is really dead. In African culture it is believed that those who are absent from the funeral will probably experience some problems in accepting the death. In such cases, at a later point, these people may be escorted to the grave by mourners who were present at the funeral. They bring along snuff and they speak to the dead person notifying him/her of the presence of those who were not there during the burial. It is evident that these rituals appear to relate to western literature about making death a reality.

People who handled the corpse are regarded as polluted (Ngubane, 1977). There is water which is left outside the house and everybody from the graveyard is supposed to wash his/her hands with this water. After the funeral there is a ritual

encompassing washing of the deceased's clothes and tools that were used during burial. Meat and beer are provided during this day.

Generally in African culture, as in some western societies, the bereaved wear black clothes or a black cloth which symbolizes that they are mourning. This helps other people to immediately realize that the person is in mourning and to treat him/her with due respect. They will understand his/her sadness and moods, and will be in a position to offer help. After a year a feast is held where the family takes off black mourning clothes. This symbolizes the end of the mourning process. If a person has lost a spouse, he/she is allowed to find another one. However, traditional bereavement patterns go beyond western therapy with regard to relocating the deceased. Traditionally, roles of the deceased are not terminated. They are given a new part in the lives of the living by becoming part of the ancestral community.

In some ethnic groups such as Zulu's, Venda's and Shangaans there is a ritual which is supposed to be performed after a year called "*ukubuyisa*" which means bringing back the deceased (Williams, 1982). Traditional beer is served and a goat is slaughtered. The purpose of this rite is to bring the deceased back into the homestead and therefore ensure blessings for the whole family. Should this ritual be omitted, it is believed that misfortunes will befall the family. This will result in ill-health and bad behavior amongst family members. People whose "*ukubuyisa*" has been omitted may appear in their descendant's dreams, in particular those who are competent to perform the sacrifice, and may worry

them even in far off places. The well-being of the person who omits this ritual is said to be adversely affected.

2.8.2. Ancestral concerns

Ancestor-worship is a common practise in black cultures. For example, “*one of the most salient feature of Zulu society today, is the recognition by most Zulus, whether urban or rural dwellers, of the continuing role of the ancestral spirits (Amadlozi)*” (Williams, 1982; p. 44). These ancestral spirits are believed to exercise influence over the daily affairs of men and women. They are held responsible for various illnesses. These illnesses may be due to the fact that customary sacrifices have been neglected when new birth, marriages, death, etc. , have occurred. Sickneses are believed to have been sent by the ancestral spirits to remind the person responsible that the ancestral spirits have been forgotten. To rid oneself of the sickness, one must perform a proper ritual or vow to make a proper sacrifice.

Berglund (1976), who describes ancestors as shades (spirits) says that Zulus believe that when one dies he/she joins the shades who are underneath the earth. The ancestors are seen in dreams and they cannot be seen during the day. When people do not dream, there is cause for anxiety. Dreams are regarded as a form of communication between the survivors and the ancestors. If one has done bad things and has not confessed (e.g. being unfaithful to one’s husband), the ancestor are believed to trouble that person persistently, thus ancestors also appear to play a role similar to a conscience in the person’s life.

To Zulus, all people are potential ancestors, but the importance attached to a particular ancestor varies very much, depending on the social status, the age and the number of children a person may have had prior to death. Children can also become ancestors but do not have any power. They do not give advice or have influence of any kind (Berglund, 1976).

It is important to perform proper rituals when a person is dead because it is believed that he/she is going to join the ancestors, and if treated well by those who are alive, he/she will be able to negotiate for their well-being with the ancestors. However, there are some deaths which do not fall into this pattern, like violent deaths which are a cause for concern for Africans.

2.8.3. Violent death

It is important to note that the cause of death contributes much to how the bereaved handles the death in African communities. Violent deaths such as accidents and murder are regarded as unusual misfortunes. A catastrophic death is then said to cling to the bereaved in such a manner as to cause further disasters and calamities (Ngubane, 1977). The family members have to protect themselves by undergoing additional cleansing rituals during after the burial. Emotional stresses endured by the bereaved during the time of death are prevented from initiating neuroses by focusing on such ritualistic behavior. In addition, the period stipulated for mourning traumatic death is shorter than that for a natural death. However, it is not known how this cultural stipulation affects people as individuals. This time stipulation is also in contrast to what has

been described in western literature, since unexpected death is seen as difficult to resolve than expected death (Glick, Weiss and Parkes, 1974).

However, it would appear that traditionally in African society unexpected death was viewed as unnatural and therefore as indicative of possible contamination and disharmony within social life. The rituals associated with unexpected death thus appear to be directed at curtailing grief and reducing preoccupation with such events.

2.9. Summary

It is evident from the above review that there is vast literature on bereavement, grief and mourning. Western psychological literature has developed some understanding of responses to bereavement and what is termed normal and abnormal grief reactions. This literature has also developed some understanding of what determines the outcome of grief and also some models which explain the grief process. However, one could argue that since this literature has been based on western cultural forms the extent to which such theory is applicable to other cultures still needs to be determined.

From the literature review it is clear that there are some commonly documented practices that black (African) South African people observe when there is death in a family. However, it is important to establish what practices are still observed by those Africans who have been urbanized and to explore to what extent these practices affect the grieving person on an individual level. From the

psychological models discussed, it is evident that Worden's model recommends tasks to be performed by a bereaved person in order to resolve grief. The literature on mourning in black (African) South Africans also indicates that there are tasks that are to be performed by a bereaved person. As both Worden and traditional frameworks suggests that there are specific tasks to be performed in dealing with grief, it is important to explore whether similar processes are facilitated by the tasks that are suggested by Worden and the tasks that are encouraged within the traditional framework. It is important that therapists acquire knowledge about a range of cultures so as to know what needs to be facilitated in a grieving non-western patient who still observe traditional practices.

Finally, it is evident that there is lack of integration of western psychological mourning theories and knowledge of traditional mourning practices which has been documented thus far. In order to be of optimal benefit to clients observing traditional cultural practices, research should be directed towards the integration of these different frameworks.

CHAPTER 3: METHOD

3.1. Aims of the study

This is an exploratory study which aimed to describe the mourning practices in urban township Zulus in Pimville. It further aimed to compare these patterns with a bereavement model drawn from western psychological theory. The model that was chosen as a basis for this comparison was Worden's task orientated model of mourning.

3.2. Research questions

3.2.1. What are the reported mourning patterns of Zulu speaking adults resident in Pimville, Soweto?

3.2.2. Are these patterns compatible with Worden's task orientated psychological model of the mourning process?

3.3. Design and procedure

3.3.1. Subjects and sampling

Ten Zulu speaking adults were interviewed face-to-face in their homes. Participants were contacted on the basis of snowball sampling, i.e., a person who was interviewed would give names of others who might be suitable candidates and then they were contacted to establish whether they were willing

to be interviewed (Singleton, Straights, and Straights, 1993). In addition, subjects were identified on the basis of personal knowledge and telephone contact. The sample could also be viewed as a convenience sample (Mccall, 1990), in that the researcher lives in Pimville and can speak Zulu. Thus in terms of access and familiarity with the environment it seemed appropriate to conduct the study within this community.

Table 1

Social and demographic characteristics of the subjects

Subject	Age	Sex	Ed. level	Occupation	Years in Soweto	Marital Status	Religion	Type of loss	Expected or unexpected
1	60	M	Std 8	Pensioner	40	Married	Assemblies	Son	Unexpected
2	47	F	Std 2	Retrenched (ex-cleaner)	47	Single	Faith Assembly	Son	Unexpected
3	65	F	Std 6	Pensioner	32	Widowed	Catholic	Husband	Expected
4	48	F	Std 5	Taxi Business	48	Widowed	Zion	Husband	Unexpected
5	45	F	Std 5	Unemployed (ex-domestic)	45	Single	Zion	Sibling	Expected
6	64	F	Std 6	Pensioner	64	Married	None	Sibling	Expected
7	56	M	Std 6	Part-time parker	56	Divorced	Zion	Sibling	Expected
8	47	F	Std 6	Retrenched (ex-cleaner)	47	Single	Zion	Sibling	Expected
9	48	F	Std 6	Dress-maker	40	Married	St. Johns	Mother	Unexpected
10	50	F	Std 6	Domestic	50	Married	Revelation	Mother	Unexpected

Age

It was intended that subjects fell between 35 and 65 years of age. This age range was proposed because older people are generally more familiar with cultural practices. They are also members of the community who are given the responsibility of advising young people on what to do during mourning. The actual subjects' ages ranged from 45 years to 65 years. The mean age was 48.3 years (See Table 1).

Sex

Of the ten subjects, two were male and eight were female. This gender bias in the sample might be reflective of the assumption that females are the ones who deal with emotional subjects such as death, rather than men. During the phone calls to most people's homes the researcher found that if it was a man who answered the telephone, as soon as they were told about the research, they would ask the woman in the house to attend to the matter. If the female partner was absent, information was given on when she could be found at home.

Urban residence period

Most of the subjects (7) were born in Gauteng. Of the remaining 3 subjects, 2 had lived in Soweto for 40 years and 1 for 32 years. Thus all the subjects could be viewed as having established a strongly urban identity on the basis of their lived experience.

Education level

The subjects' education level ranged from having no formal schooling to standard eight. Thus there was a considerable difference in range of education. This and other demographic information is summarized in Table 1.

Circumstances of bereavement

Subjects were selected on the basis of having lost a member of their immediate family within the past eighteen months. The time period of a minimum of three months since death was stipulated in order to avoid talking to people in the acute stages of grief since the study was interested in the full spectrum of mourning. It was hoped that interviewing people within a three to eighteen months post death interval of time would also ensure that their memory of the events surrounding the death was reasonably fresh. As far as the nature of the relationship to the deceased was concerned, 2 subjects lost sons, 2 lost husbands, 4 lost siblings and 2 lost mothers. Of the ten subjects 5 were bereaved through unexpected death and the remaining 5 through 'expected' death.

Religious affiliation

The subjects belonged to different church groups with Zionist affiliation slightly predominating as reflected in Table 1.

3.3.2. Procedure

Once identified, subjects were asked if they were willing to talk about their experiences of bereavement. Information about the study was given to the subjects. They were told that their participation would contribute to an understanding of the mourning process and in providing help for bereaved people. They were also assured of the confidentiality of the information. However, only those who said that they value traditional practices were included in the study. This is important because there are some Zulu speaking people in urban communities who do not know much about, and who do not practice traditional mourning rituals. However since the intention of the study was to explore traditional practices, this latter group of individuals was not included in the study.

Semi-structured interviews of approximately one hour were conducted at the subjects' homes. Interviews were semi-structured in order to allow subjects to reveal as much as possible while remaining focused on the topic (Bannister, Burman, Parker, Taylor, and Tindall, 1994). The fact that subjects were interviewed at home seemed to ensure a comfortable environment where subjects felt free to talk.

The interviews were conducted in Zulu, the subjects' first language. The interviews were tape recorded except for three subjects who had problems with the recording. Two subjects were suspicious about how the information was going to be used. One lady expressed concern that she would not like to appear on T.V., even after being told that there were no cameras. This indicated how

reluctant people were about giving information about themselves despite careful explanation by the researcher. Subjects were told that the tapes were going to help the researcher in instances in which important things might have been missed when taking notes. After each interview a summary was written up. The summary contained clinical observations as well as the data reflecting the content of the interview.

Two main questions were posed to the interviewees which are illustrated as follows:

1. What happened during the time of death, throughout the burial and afterwards?
2. What normally happens, i.e., what do cultural expectations of mourning involve?

Under each main question a number of sub-questions were identified. These questions are outlined in the Appendix. The subjects were asked about the age of the deceased and when they died. They were also asked if they had anything they would like to say about the deceased. It was evident that most of the participants were not very comfortable in talking about the deceased. They were then asked to describe how they responded to the death in order to elicit some indication of personalized grief responses. This was done to establish their response as individuals. They were then asked to describe what they had done as part of mourning from the time of death, during burial and afterwards. This question required the subjects to describe the practices they followed. As they

were describing these practices, they were asked to describe the significance of following the specific patterns they outlined. This section of the interview was aimed at accessing both the cultural and personal meaning of specific practices.

If the subjects had not yet completed the mourning process, they were asked to describe what they were still required to do. They were also asked to point out those practices that are commonly carried out in their culture that they may not have performed. This kind of question was aimed at establishing whether there appear to be practices that have been abandoned, perhaps because people have moved to urban areas.

Subjects were asked how they felt about performing the rituals. They were also asked how helpful the rituals were to them in their grieving and in general. This was aimed at establishing what aspects of grief are facilitated by such practices or rituals. They were also asked about those practices that they found difficult to follow. Subjects were asked how they are supposed to behave culturally and why they have to behave in this way. Thus, as will be evident from the interview structure, the semi-structured questions were designed to elicit an in-depth picture of mourning practices and meanings both at a personal and cultural level.

3.4. Ethical considerations

This research was deemed to be in no way harmful to the subjects, although it became apparent that talking about death seemed to make some subjects

distressful and uneasy. Participants were assured that the interviews were confidential and their names were not recorded. Participants were informed that they could choose to participate in the study and to withdraw from participation at any point. The research was not of direct benefit to the participants, however information was offered about counselling services where there seemed to be a need.

3.5. Analysis of data

The data was analysed using thematic content analysis. Krippendorff (1980), defines content analysis as a research technique for making replicable and valid inferences from data to their context. Weber (1983), defines it as a methodology that utilizes a set of procedures to make valid inferences from text. Among other things, this method can be used to code open-ended questions in surveys, to determine the psychological state of a person or group, to reflect cultural practices of a group and to reveal the focus of individual, group, or societal attention (Berelson 1952, cited in Weber, 1983). Thus the method appeared applicable to the study.

Advantages of content analysis procedures are that they operate directly on text and they involve both qualitative and quantitative methods. However, some researchers believe that it is difficult to gather data suitable for content analysis and that coding can be painstaking (Lee and Peterson, 1997). The creation of a coding scheme is very important. According to Weber (1983), creating a code

involves some basic steps which were also applied in this research, these steps are:

(i) Defining the recording units

There are different recording units that can be used, e.g., a word, word sense, sentence, theme, and paragraph. In this study themes were used as recording units.

(ii) Defining the categories

When defining categories one has to decide whether or not the categories are to be mutually exclusive. Most statistical analysis requires variables that are not confounded. In this study this was not a major concern as the data was analysed manually and thematically. The categories that were used in the description of the practices that the subjects performed were divided according to the time at which they were performed, which included: At the time of death, At the time of burial, and After the burial. The time after the burial was further divided into the time immediately afterwards, ten days later and then the time period after three months.

(ii) Testing coding on a sample of text and revising coding rules

In order to test the clarity of categories a small sample (i.e., four interviews) were coded initially and revisions were made. These codes were again tested on

the data. It must be noted that the categories emerged from the data. Predetermined categories derived from the literature were not imposed on the data. Only those categories that were reported by more than one person were included in the analysis. However, those aspects that were only mentioned by one person are included in the discussion elaborating the findings of the study.

(iv) Assessing reliability and accuracy

In order to ensure that the data was accurately and reliably coded, the data was repeatedly coded at different points in time. This was done to make sure that there were no mistakes that could have been a result of fatigue on the part of the coder at a particular time. A sub-set of data (i.e., five interviews) was categorized by a co-interpreter against the same set of categories and no significant discrepancies in coding were found.

CHAPTER 4: RESULTS AND DISCUSSION

4.1. Introduction

Analysis of the data was undertaken in three stages. Firstly, the most common practices described as related to bereavement were identified. Secondly, these common practices were analysed in terms of their apparent cultural and psychological meaning, and thirdly the meanings thus extrapolated were compared with Worden's model of mourning. Whilst the practices described lent themselves to quantitative content coding, the cultural and psychological meaning were broadly thematically coded as most of the responses given by the respondents fell under general categories which are discussed later in this chapter. The discussion thus follows this three stage sequence of analysis.

In addition the discussion includes looking at traumatic bereavement amongst Zulu people since many people who present for bereavement counselling at clinics or western orientated services are those who have experienced unexpected bereavement. At the end of the chapter the traditional practices are discussed in relation to western literature on mourning and more specifically in comparison with Worden's psychological model of mourning.

4.2. The description of mourning practices in urban Zulu speaking people

The categories of practices that were identified are discussed under the previously specified temporal headings, i.e., at the time of death, at the time of burial, and the time thereafter. This temporal differentiation is applied to take

into consideration that rituals are performed at different points in time during the mourning period. It should be noted that the results obtained were based on the practices that people reported that they continue to observe, rather than on what they had necessarily done in the particular mourning circumstances of the person they presented during the interviews. For example, if a person said that he/she slaughtered a goat not a cow, because he/she was burying a child and that he would definitely slaughter a cow if he was burying an adult, then he/she was included in that category of people who still observe the practice of slaughtering a cow. This form of categorization was applied because the study aimed to describe patterns that are generally observed and those that would influence the grief process of a Zulu speaking person in general terms. Only those practices that were mentioned by more than one person were included in the categories of practices, since the aim was to establish the most common mourning practices of Zulu speaking people. Thus single, possibly individualized accounts, were excluded from the quantitative analysis but may be referred to in consequent discussion. The common practices that were reported by the subjects are as follows:

4.2.1. At the time of death

Table 2

<i>Practices that are performed at the time of death</i>	
<i>Practice</i>	<i>Frequency</i>
<i>People gathering in the house</i>	<i>10</i>
<i>Marking the widows</i>	<i>10</i>
<i>Removal of furniture</i>	<i>10</i>
<i>Putting the mattress down</i>	<i>10</i>
<i>(Women sit on the mattress)</i>	
<i>Lighting candles</i>	<i>10</i>
<i>Covering oneself with a scarf and a blanket</i>	<i>10</i>
<i>Engaging in minimal conversation</i>	<i>10</i>
<i>Going to the place where the person died</i>	<i>08</i>
<i>Brewing beer</i>	<i>10</i>

This period of the mourning ritual includes those practices that were performed from the time of death up until just before the funeral. There were nine categories of practices that were identified at the time of death. They are: people gathering at the house, marking windows, removal of furniture, putting a mattress down, lighting candles, covering oneself with a scarf and a blanket, minimal conversation, going to the place where the person died and brewing beer (see table 2).

All the subjects mentioned that people gather at the house at the time of the death. Immediately upon hearing that somebody has passed away, neighbours and relatives who live not far away will come and gather at the house. Some of these people will remain at the house until after the funeral. The practice of marking the windows with ashes was reported to have been observed by all the participants. The windows are marked and these markings are only removed after the funeral. Furniture is removed from the room where the chief mourners will be seated. This practice was observed by all the participants. A mattress is put down and the chief female mourner is expected to sit upon it. This was reported to be a practice that is still observed by all the subjects. It is important to note that only women sit on the mattress, perhaps because traditionally Zulu women were most central in mourning the deaths that happened in the homesteads (Ngubane, 1971). Even the males who participated in this study mentioned that only women were expected to sit on the mattress. All the subjects observed the practice of lighting a candle when a death has occurred in the home.

Female mourners are supposed to cover themselves with a blanket and their heads are supposed to be covered by a scarf. This was observed in all the homes of the subjects. When a death has occurred mourners are expected to engage in minimal conversation. This convention was also reported by all the participants. In fact participant number three said that a person is only expected to respond to questions that are asked by other people. Otherwise the bereaved is not expected to initiate conversations.

Most of the subjects reported that they would go to the place where the person died if he/she did not die at home. The bereaved visit the scene of the death and ‘communicate’ with the dead person to say that they are taking ‘him/her’ home.

All the subjects observed the practice of brewing beer. Beer is brewed as soon as the date of burial is known. This beer is brewed in order that it can be drunk by the people who will attend the burial.

4.2.2. At the time of burial

Table 3

<i>Practices that are performed at the time of burial</i>	
<i>Practices</i>	<i>Frequency</i>
<i>Slaughtering of a goat</i>	<i>08</i>
<i>Slaughtering of a cow</i>	<i>10</i>
<i>Slaughtering of both a cow and a goat</i>	<i>8</i>
<i>Gathering of friends, neighbours and relatives</i>	<i>10</i>
<i>Sleeping in the presence of the deceased</i>	<i>10</i>
<i>Viewing the body</i>	<i>10</i>
<i>Using the cow’s skin and a blanket</i>	<i>10</i>
<i>Using a grass mat</i>	<i>02</i>
<i>Washing hands with treated water</i>	<i>10</i>

This section describes the period between the day before burial to the time immediately after coming from the graveyard. There were nine categories that were identified as of significance which are: slaughtering of a cow, slaughtering a goat, slaughtering both a cow and a goat, gathering of friends and relatives the night before the funeral, sleeping in the presence of the deceased, viewing the body, burying the deceased with a cow's skin and a blanket, using a mat made of grass and washing hands with treated water (See table 3). Most of the subjects reported that they would slaughter a goat if the deceased died a natural death. The goat is slaughtered the night before the burial. One person mentioned slaughtering a goat when a person was killed (either by human or non-human agency, e.g. death by lightning strike) and then washing the deceased with the contents of the stomach (*mswane*) of the goat. Most of the subjects reported that they would not slaughter an animal if the deceased was killed (i.e., in cases of traumatic deaths like murder and accidents). All the subjects reported that they would slaughter a cow under normal circumstances, i.e. when the person did not die under traumatic conditions. The normal practice is not to slaughter an animal if a person was killed, instead meat that is provided for the mourners is bought from butcheries. Most of the subjects would slaughter a goat and a cow under normal circumstances.

All the subjects mentioned that friends and relatives gather the night before the funeral. Often people gather in the house and they do not sleep, i.e., maintain a vigil. They spend most of the time singing in the yard. The mourners are present inside the house, with the chief mourner sitting on the mattress. If a person did not die a traumatic death, he/she is brought home the day before the funeral and

the mourners sleep or keep a vigil in his/her presence because the coffin is placed in the room where the mourners are. All the participating subjects mentioned that they observe this practice except in cases when a person has been killed. The body of the person is viewed by members of the family. Only one person mentioned that she did not observe this practice (i.e., viewing of the body) because her mother was crushed by a train, but normally this is a practice that would be observed by her family.

All the subjects reported that if they had slaughtered a cow the skin is taken to the grave. In addition a blanket is also taken to the grave and in a few cases a grass mat. The mat, the blanket and the cow's skin are buried with the deceased. In some cases the blanket is used to wrap the body of the deceased and the skin of the cow is placed on top of the coffin.

When people come from the graveyard water is placed outside the house. All the subjects reported that they wash with this water which has been mixed with some herbs. The close relatives of the deceased wash first and then the rest of the mourners. For example, one woman reported that when her husband died she was the one who had to wash her hands first. Even though the other people arrived home first, they had to wait for her to arrive and perform her absolutions before they felt it appropriate to wash their hands.

4.2.3. The time thereafter

All the practices that are performed after the burial are discussed under this section including the practices undertaken immediately after the burial, after ten days and those that are performed after three months to a year and a half.

Table 4

<u>Practices that are observed immediately after the burial</u>	
<u>Practices</u>	<u>Frequency</u>
<i>Wearing mourning clothes</i>	<i>10</i>
<i>Observing the ten days</i>	
<u><i>mourning period</i></u>	<u><i>10</i></u>

There were two categories which were identified under the time immediately after the burial which were the wearing of mourning clothes and observing a ten day mourning period (See table 4). The chief mourner wears mourning clothes which have been sewn by the time she takes her place on the mattress prior to the funeral. The other mourners wear a black cloth. For those who are members of the Zion church mourning clothes are not black in colour but tends to be blue. Although all the subjects reported that they wear mourning clothes, there are some exceptions. For example, if a person is bereaved and she is sick, she is not expected to wear the mourning clothes.

All the subjects reported that they observed the ten days mourning period. At this time the mourners are not supposed to leave the house. Their friends are supposed to come to them. They do not call people who are passing in the streets. Those who are forced to return to work, go to work and then return straight home. Thus there is no participation in any social activity. This could be said to be an intensive mourning period in which contacts outside the home are severely limited.

Table 5

<i>Practices that are observed after ten days</i>	
<i>Practice</i>	<i>Frequency</i>
<i>Throwing treated water</i>	
<i>around the house</i>	<i>02</i>
<i>Washing the spades</i>	<i>10</i>
<i>Brewing beer</i>	<i>02</i>
<i>Slaughtering a goat</i>	<i>02</i>
<i>Conversing with the</i>	
<i>deceased</i>	<i>10</i>
<i>(i)Conversing at the grave</i>	<i>02</i>
<i>(ii)Conversing at home</i>	<i>08</i>

Included under the time period after the initial ten days are five identified categories which were: throwing treated water around the house, washing spades, brewing beer, slaughtering a goat, and conversing with the deceased,

which is further divided into two sub-categories, namely conversing at home and at the grave (See table 5).

Few of the subjects reported that they throw water around the house after ten days. Those who reported that they observe this practice were members of the same church (Zion), and this practice may well be peculiar to this sub-group, as the use of treated water is common in this church. All the subjects followed the practice of washing the spades. The tools that were used during burial are cleaned sometimes with traditional beer and then they are returned to their owners. Few of the subjects reported that they brewed traditional beer at this time. In addition slaughtering a goat at this point was only carried out by a few participants. All the subjects reported that they conversed with the deceased. Most of the subjects conversed with the deceased at home, whereas a few conversed with the deceased at the grave. When the bereaved converse with the deceased, it is intended to communicate to them what is going on in the homestead or what has been done on the deceased's behalf.

Table 6

Practices that are observed after three months to a year

<i>Practice</i>	<i>Frequency</i>
<i>Taking off mourning clothes</i>	<i>10</i>
<i>Slaughtering a goat</i>	<i>10</i>
<i>Slaughtering a cow and a goat</i>	<i>04</i>
<i>Washing with treated water</i>	<i>10</i>
<i>Brewing beer</i>	<i>10</i>
<i>Conversing with the deceased</i>	<i>10</i>
<i>(I)Conversing at the grave</i>	<i>02</i>
<i>(ii)Conversing at home</i>	<i>08</i>

Six categories emerged as practices reported to have taken place in the period after three months. The time at which these practices are undertaken (i.e., whether they are performed after three months or after a year) is determined by the relationship of the chief mourner and the deceased person, for example children are mourned for a short period of time and husbands are mourned for at least a year. In some other instances the time of mourning is dependent on the nature of death, with natural death being mourned for an extended period of time and accidental death being mourned for a short period of time.

The categories which were identified at this point are: taking off mourning clothes, slaughtering a goat, slaughtering a cow and a goat, washing with animal's bile, brewing beer, and conversing with the deceased at home or at the

grave (See table 6). These practices constitute the cleansing ritual which was performed by all the subjects.

All the subjects reported that they performed some rituals associated with the taking off of mourning clothes. All of them slaughtered a goat for this ritual. Four of the subjects slaughtered a cow in addition to slaughtering a goat. The subjects reported that on the day of taking off mourning clothes, which is known as the day of cleansing, mourners woke up early at about three in the morning. A few of the subjects reported that they went and washed at a river with running water, whereas most of the rest of the subjects washed at home. The mourning clothes that mourners had been wearing were then burnt and new clothes put on. All of the subjects washed with treated water. The water is mixed with bile, stomach contents of the goat, muti and blood. It should be noted that any one of these ingredients can be used to treat the water on its own. All the subjects reported that they brewed traditional beer for this occasion. In addition all the subjects conversed with the deceased, with most of them doing this at home and a few doing this at the grave. Again in this talking the mourners 'informs' the deceased of what they are doing and sometimes ask for guidance.

The above mentioned practices appeared to constitute the common practices that urban Zulu speaking people are likely to engage in based on their reports during the interviews.

4.3. Cultural explanations for engaging in the practices identified

Attempts were made to obtain information on why people engage in the procedures mentioned previously. Only those practices that were explained coherently by the participants are included in the discussion. There were five major cultural explanations which emerged from discussion with the subjects. These included '*ukukhapha*' (sending off or accompanying the deceased), '*ukumhlamba*' (washing off the dead person) and '*ukuzila*' (abstentions or taboos, understood by Zulu people to be equivalent to the term grieving), '*ukugeza*' (cleansing), and maintaining communication with the deceased or the ancestors.

4.3.1. '*Ukukhapha*'

Most of the practices that are carried out in the initial stages of bereavement constitute the '*ukukhapha*' practice. The people who gather in the house are part of this (*ukukhapha*). Most of the subjects reported that the gathering of people in the house is aimed at providing support for the bereaved, both emotionally and practically. One person mentioned that when death struck in her family, she was confused and she relied on her relatives for making the necessary arrangements for the funeral. Even the gathering of people during the night before the funeral and during the burial is seen as a communal act of support. The number of people who gather in the house during this time depends on the status of the deceased. This confirms what Mbiti (1975) suggests, i.e., that the size of funerals seems to vary according to the status of

the person concerned. The number of mourners would generally be less for a child than for an adult. The size of the funeral is also smaller in the case of an individual who was not socially popular in comparison to that of somebody who was well known. For example, a woman who lost her husband reported that her husband loved people and he had helped them wherever he could, so hundreds of people attended his funeral.

Marking of windows was explained by most subjects to symbolize the altered status of the family. "*The house should be identifiable*", said participant number four. Even the clothing of the mourners (covering oneself with a blanket and a scarf and wearing mourning clothes) serves to isolate them from other people. Most of the subjects said that these practices are performed in order to indicate the changed status of the bereaved. This same explanation applies to the prescription of minimal conversation. By following these practices, the bereaved ensure that the other people treat them with due respect and offer their support. The participants also reported that the kind of clothing that is worn by them indicates that they loved the dead person. One woman said that if a mourner does not follow this practice people will be suspicious that perhaps she killed the deceased. When a woman is wearing such black mourning clothes people do not expect to see any jewellery on her except her wedding ring. One subject reported a story of a woman who was wearing black clothes and jewellery at the same time in a shop. Some men in the shop looked at her and asked her why she was bothering to wear black clothing as she appears to have killed the person. According to Raum (1972) a widow's anxiety centres around the suspicion that she might be accused of having killed her husband. If one does not follow the

kinds of cultural practices described thus far, one risks being accused of being a murderer or a sorcerer, and as a consequence suffering isolation from other people within the community. In other words it would be extremely difficult for such a person to obtain support from the community were they to neglect traditional mourning practices and manifest observance of these. The above-mentioned story indicates that rituals serve to affirm the values of society (Taylor, 1988, in Littlewood, 1992). In this case it is women who are supposed to withdraw from normal activities for a time stipulated by society whereas men are treated differently. Thus some gender differences, possibly of discriminatory nature, appear to be implicated in mourning practices. If women are supposed to grieve for a longer period than men, this raises a question as to whether the process of attachment suggested by Bowlby is not the same for both sexes, i.e., whether attachment is indeed gender neutral. If this proposal seems problematic, it is apparent that there may be some divergence between cultural practices and psychological theory or needs.

The tradition of slaughtering an animal is observed by most Zulu people and most of subjects reported that the cow is slaughtered to '*ukukhapha*' (to accompany) the person as Mbiti (1969) has reported. Traditionally the cow was supposed to be slaughtered for an elder of the house. The slaughtering of a cow is also indicative of the wealth that a person accumulated during his/her lifetime. Currently the slaughtering of a beast has developed into a standard procedure to the extent that even those who are poor will go out of their way to raise money for buying a cow at the time of the funeral. This offering of a cow may also be undertaken in order to ensure that people are properly fed to thank them for their

support. The cow is also significant in the use of its skin, which was traditionally used to cover the dead person. This use of a cow skin in burial is a common procedure even in contemporary practice where coffins and blankets are also used. Traditionally, it was a common procedure to use a grass mat in burial, but only a few subjects reported observing such a practice contemporarily. The use of a skin, a blanket and/or a mat are said to ensure that the deceased does not feel cold. One widow reported that if this tradition is omitted the deceased will appear in the survivor's dreams shivering of cold. Thus many practices seem to serve functions for both the bereaved and more symbolically for the deceased.

4.3.2. '*Ukumhlamba*' (washing off the dead person)

There are a number of rituals that are performed to 'wash off the dead person'. When people wash their hands when they come home after burial they are washing off the dead person or washing off the impurities of death (Raum, 1972). Most of the subjects reported that the '*ukumhlamba*' is done to remove '*umnyama*'. '*Umnyama*' metaphorically symbolizes death and can be translated as pollution (Raum, 1972). The people who were involved in the burial of a person are considered to be polluted and they have to remove the pollution by washing with the treated water. Thus this practice is aimed at 'washing off the dead person', rather than at practically removing dirt. Throwing water around the house was reported to be one of those practices that is aimed at removing '*umnyama*' by those who reported observing it. Two subjects mentioned that the *ukumhlamba* is done 'to remove the heat of death'. One widow mentioned that

she observed the *'ukumhlamba'* "...in order to remove my husband from me, because we were one and if he is not removed from me I will walk around with his shade". Shade is an anthropological term which is translated from the *'isithunzi'* in Zulu (Berglund, 1976), but it the term *'isithunzi'* has the same meaning as *'umnyama'* in some instances, i.e., both represent a form of pollution or carrying the presence of the deceased in a contaminating sense. The mourners are considered to be carrying this *'umnyama'* if they have not yet been cleansed. Most of the subjects mentioned that if a man engages in sexual intercourse with a widow who has not been cleansed he will die. This *'umnyama'* is explained to be a sort of a mystical force which diminishes resistance to disease and creates conditions of poor luck, misfortune, conflict, and repulsiveness, in relation to which people around the person with *'umnyama'* will develop an aversion without any provocation (Ngubane, 1977). Behavior observed in relation to those who are in a state of *'umnyama'* is known as *'ukuzila'*.

4.3.3. *'Ukuzila'* (abstentions or taboo)

'Ukuzila' translates generally into the notion of abstentions or taboos, however, this word is used by Zulu people as synonymous with the English word "grieving". There are several procedures that could be classified under *ukuzila*. A person who is grieving has to withdraw from society and abstain from pleasurable experiences (Raum, 1970). People who are in mourning are not supposed to engage in sexual activities. They are supposed to come home early and to avoid conflicts and fighting. Radio and television should not be switched

on if there has been a death in a family. Although the mourners are enjoined to practice this withdrawal from normal activities their expression of emotion is expected to be controlled. Most of the subjects mentioned that they were not supposed to cry excessively, especially if the person died a natural death, because the crying is believed to disturb the peace of the person who is dead, i.e., 'he will not sleep all right'. However, the bereaved have to demonstrate sadness in order to show that they are grieving (*ukuzila*). In order for people to be released from their *ukuzila* they are supposed to be cleansed (*ukugeza*) first.

4.3.4. 'Ukugeza'

This is a ritual that is widely observed. The ritual refers to as the taking off of black clothes even if clothes of other colours were used as mourning garments. Most subjects mentioned that if there are children in the home, a cleansing ritual is performed for them after a month. In other words the cleansing of children takes place early. This is because young people are not expected to abstain from their normal activities for an extended period as they could be tempted to bend the rules. Some of the subjects mentioned that children are not supposed to be included in *ukuzila*. *Ukuzila* was traditionally directed at younger women. Older women were not subjected to all the abstentions described, in fact they were congratulated on the going home of their old husbands. In other words the death of an old man was reframed positively. However, for younger women particularly, this practice marks the end of mourning, rejoining society, and moving on with life. For example, a widow is allowed to get married after this ritual has been performed.

During cleansing the mourners wash with treated water to finally remove the ubumnyama. A goat is slaughtered because its bile and the contents of the stomach (*mswane*) are used to treat the water that is used to cleanse the mourners. Most of the subjects reported that this practice marks the end of mourning. After being cleansed the person is then permitted to re-join society, and he/she may return to his/her normal activities. If a person lost a spouse, he/she may now become involved in another relationship. The '*ukugeza*' is a very big event which is usually attended by members of the community as well as relatives who live far away. People who can afford to, slaughter both a goat and a cow for this occasion.

4.3.5. Ensuring communication with the deceased/ancestors

There are also a set of rituals that were explained to take place in terms of communication with the deceased. At different points in time the mourners communicate in symbolic form with the deceased. They inform the deceased of all the practices that have been executed on their behalf. In African tradition the dead are said to become '*amadlozi*' (ancestors). They are contacted through rituals in times of actual or anticipated misfortune and suffering (Mbiti, 1970). The mourners communicate with the deceased during the period of mourning. Participant number five who is a widow reported that after the death of her husband she had problems with running her late husband's taxi business. Taxis were breaking down all the time. She communicated with her deceased husband and asked for his help. She said that thereafter she felt strong and the taxi

business was back on track. The amadlozi are believed to be responsible both for protecting and disciplining their descendants (Mbiti, 1975).

Traditionally a practice called '*ukubuyisa*' was supposed to be performed in order for a person to become an ancestor. This practice involved slaughtering of a cow, visiting the grave of the deceased and 'telling' the deceased person that he/she is being taken back home to become an '*idlozi*'. However, because of acculturation, many Zulus have abandoned this practice which is seen to be unchristian. Only one person mentioned that she was going to observe this ritual. Other subjects appeared to have even lost an appreciation of the word. For example, they referred to other practices, such as going to the place where the person has died as '*ukubuyisa*'. Some believe that the dead person automatically becomes an '*idlozi*' through all the other practices that they have performed and that '*ukubuyisa*' is not necessary to facilitate this process.

It should be noted that some of the categories were repeated at different points, e.g., the slaughtering of a goat. This is because, although some practices are repeated they carry different meanings at different points in time. It could be argued that the categories which emerged from the coding of common rituals encompass three broad sets of practices of ritualistic behavior which are animal sacrifice (e.g., slaughtering a goat), environmental change (e.g., marking widows), and personal change (e.g., wearing black clothes).

4.4. Social and psychological meaning of mourning practices

Attempts were made to obtain elaboration from the subjects on what the practices described thus far mean to the grieving individual. It was not easy to obtain answers that were directly connected to psychological processes in relation to the reasons for following mourning rituals. When asked why they observe all these practices and how such observance was of help to them, most of the subjects supplied the following broad answers: they are following tradition, this is what their parents did, they are showing respect for the dead person, and they want the deceased person to sleep peacefully. At a more overarching level, all of the subjects were worried about having to please the ancestors. If we can equate an ancestor in some respects with one's conscience, one could speculate that talking of being at peace with oneself (with a clear conscience) is dependent upon being at peace with a happy ancestor. Thus this engagement in culturally prescribed ritual allows for some sense of legitimation of one's actions and closure in the sense of meeting one's obligations to the deceased. All the subjects reported that failure to perform the rituals causes bad luck since the ancestors will withdraw their protection from the survivors who are then open to being bewitched. However, from a more inferential extrapolation from the interviews some more individualized experiences related to mourning practices could be deduced from the participants' explanations. These are explored under the following headings:

4.4.1. Support in times of distress and social transition

Subjects acknowledged that losing a loved one was very painful and distressing. Most of them felt supported by the presence of many people during the time of mourning, and on the numerous occasions when there were gatherings to carry out the rituals. The first major ritual, i.e., the funeral, seems very important to individuals. The funeral is one of those rituals that Taylor (1983, cited in Littlewood, 1992) referred to as “rites of passage” because such rituals are enacted to facilitate transition (Wyrostok, 1995) or to mark the change of the social status of the dead person and that of the bereaved. The rituals aid in acquainting people with their new roles or status. The people who have lost somebody become mourners, they are in transition from being fully participating members of society to becoming withdrawn from social activities. The number of people who support them in their transition serve to affirm their status in the community, and to confirm that the deceased was a valued member of the community. The issue that stands out and which was affirmed by participants in this study is that of communal support. This form of support seems to be indispensable in African societies since the rituals observed are observed by the whole family and also supporters from the community. A death then, is not only a family loss, but also a communal loss. It is society which determines what is supposed to be done when one of its members has passed away. This sense of a community engaged in dealing with loss is paralleled by the sense of a community of ancestors observing procedures and waiting to take in the bereaved.

4.4.2. Acceptance of the reality of death

There appeared to be several practices described that have been documented to help with the acceptance of death. An example of such a practice is altering the look of the house, which represents the fact that something of enormity has happened in the house. One participant said that she was fetched at work and was not told that her son had passed away, but when she arrived home she found that furniture had been removed from her room and a mattress put down. This change in environmental cues made it clear to her that her son who had been in hospital had passed away and she began to cry. This illustration in keeping with the African way of dealing with issues, which tends to be by demonstration of actions rather than talking. Observing a number of people in the house, marked windows, burning candles and changes in clothing, mourner are practices which tend to make the reality of death inescapable. The mourner is also expected to sleep in the presence of the deceased the day before burial and the viewing of the lifeless body makes the death a reality. One participant whose mother was shot, said, *“It was difficult to believe that she was dead, but the viewing of the body made me realize that she was no longer around, I said my final farewell to her...”*

4.4.3. The end of mourning

A most important aspect of rituals related to bereavement has been found to be the time stipulation of mourning (Parkes, 1972; Firth, 1993). It is argued that if the length of time the mourners are to spend in mourning is ritually stipulated

then this acts as an aid to the bereaved's re-entry into social life. The '*ukugeza*' (cleansing ritual) which marks the end of the mourning period was reported to have been helpful by most of the subjects. Most of them reported that the '*ukugeza*' helped them to come to terms with the fact that they had grieved enough for the person, that he/she was gone and that they would never see him/her in life again. The bereaved then appeared to be able to resume their normal activities without feeling guilty. There is not an agreed upon time of grieving in western literature (Littlewood, 1992). Some theory proposes that grieving ends after a year and others after two years. The period may also differ according to the degree of attachment and intimacy of the relationship to the deceased. In Zulu speaking South Africans it appears that for adults the mourning period cut-off point is one year following death. Judging from participants' reports it seemed that this specification of a time period was facilitative in enhancing a sense that mourning was complete and re-engagement could take place. Glick, Weiss and Parkes (1974) suggest that for a widow, remarrying indicates that mourning has ended. This has obvious parallels with some of the prescriptions for bereaved women in Zulu culture as described previously.

4.5. Considerations of African practices in relation to western literature on bereavement

It is generally accepted that emotional stresses that are endured during the time of bereavement may cause serious psychological damage in some people. Whilst this is not a norm, complicated bereavement is not uncommon. From a

psychological perspective it is anticipated that dealing with severe loss will have a profound effect on psychic functioning, and even in 'normal' cases of bereavement it is recognized that counselling/therapeutic support may be facilitative. In western literature, talking through issues that are distressing is encouraged, whereas in Africans there is diversion of focus from the unpleasant experiences to a complexity of ritualistic behavior as Ngubane (1977) has stated. Most of the subjects reported that after having performed all the rituals they felt unburdened or free. They felt at peace with the sense that they had done their mourning for the deceased. One woman mentioned that it is important to grieve for one's husband to show that he was loved. Grieving amongst many African people does not necessarily mean experiencing and expressing grief related feelings, rather the carrying out of a range of necessary rituals. It is thus apparent that healing in African people is centrally facilitated and affected by these rituals. In effect the rituals provide the vehicle for grieving and in terms of the definitions originally outlined there appears to be little differentiation between grieving (personal) and mourning (cultural) practices.

Because of the status of ancestorship that is assigned to the deceased people it is uncommon to find an African person talking ill of the deceased. However, as far as western literature is concerned, unfinished business, especially the negative aspects of a relationship may cause complicated bereavement if they are not worked through. This working through may well involve encouraging open acknowledgement of such negative perceptions. If an African person engages in talking about unpleasant thoughts about a deceased person, this may well be labelled as pathological within the cultural context. This raises the question of

the definition of pathology which seems to be centrally influenced by the context from which one emerges or within which one is located.

African funerals tend to attract considerable support and as a result the bereaved spend large sums of money on food, but also on coffins and on all the other aspects of the funeral. There is a tendency for people to do their best as far as the funeral and all the other rituals are concerned. People spend considerable money buying goats and cows. It is possible that such expenditure may represent a further way of dealing with any guilt feelings, which have been described as a common aspect of bereavement in western literature. Even in families where there was a history of conflict, it is very common that they will overspend on a funeral. A person who may have been sleeping without a blanket while alive, is buried with a very expensive coffin. It could be argued that this represents an attempt to do something for the dead person for the last time and thus to expiate previous omission. This kind of practice may represent a substitute set of practices for the kind of 'unfinished business' work that is conducted in western psychotherapies.

The period of time assigned for the mourning of children for Zulu speaking people is different from what is described in western literature, as is the time for mourning 'unnatural' death. According to western literature, it is particularly difficult to get over a death of a child because such relationships are based on protectiveness and feelings of responsibility for the well-being of the child. This can hamper the resumption of normal activities which may be construed as disloyalty by the bereaved (Weiss, 1988). The mother or father may struggle to

overcome the feeling that she/he failed to protect the child. However, it is important to know that Africans reframe the death of a loved one by assigning the role of becoming ancestors. One woman whose son died said that her son wanted to work and look after her, but perhaps now that he was dead, he would be able to look after her as an ancestor instead. This raises a further question as to whether the death of a son is easier to deal with than the death of a daughter, because according to African tradition, sons are supposed to look after their parents and daughters are not. Thus the death of a son may be more difficult to come to terms with from an economic perspective.

The letting go and the relocation of the deceased person is said to be facilitated by the ukumhlamba and the ukugeza rituals in Zulu speaking people. Whereas western psychological literature describes the emotional relocation of a deceased person in an intrapsychic/symbolic place that will enable the survivor to go on with life, Africans relocate the deceased in the new role of being an ancestor. In fact the deceased may be assigned the same role that he/she played in the family whilst alive, for example, a father may continue to be viewed as a protector. There are parallels in both cultural systems in defining difficulties that are associated with the final part of grieving, which is represented in the relocation of the deceased and moving on with life. For example, the manifestations of dreams may be a common indicator of inhibitions in grieving. Complicated bereavement in western terms may be indicated in distressing dreams about the deceased, particularly after an extended time has elapsed since the death of that person. Amongst African people, dreaming recurrently about the deceased is also considered to be abnormal. It is assumed to be an indication of the fact that

the ancestors are unhappy about something and it is assumed that any difficulties should be repaired by performance of certain rituals. If the ancestors are not interfering in the lives of their descendants, it can be concluded that the mourning has been successful. However, it is not clear what happens on an individual level after all the mourning rituals have been completed and this appears to require further research.

Communicating with the deceased immediately after death could be understood in terms of having to let the person go, especially in cases of unexpected death. In western bereavement counselling, a bereaved person may also be encouraged to say what he/she would have liked to say to the deceased and sometimes to write a letter to the deceased person in order to deal with unfinished business (Zisook, 1995). Thus, although at first impression practices may seem to differ widely, it is conceivable that there are similarities in providing opportunities for symbolic communication to facilitate closure.

Although there are differences amongst western and traditional ways of dealing with bereavement, at the level of the actual procedures that are followed, many of the goals achieved seem to be the same.

4.6. Specific considerations in relation to traumatic bereavement

Traumatic bereavement in this case refers to unexpected and accidental death. Five of the subjects experienced unexpected bereavement. The practices that are performed when a person did not die what is considered a natural death, are

slightly different from what has been described before. It is important to give some consideration to traumatic bereavement as in these cases loss was unexpected and the bereaved had little control over the circumstances of the loss (Stroebe, Stroebe and Domittner, 1988). These are the people who are most likely to require support and counselling (Yates, Ellison and McGuiness, 1993).

As previously mentioned, in Zulu tradition if a person is killed the bereaved go to where he/she was killed and converse with him/her saying that they have come to take 'him/her' back home. The coffin of a person who was killed is not brought into the house to avoid the misfortunes that are associated with traumatic death. One person mentioned that a goat was slaughtered to cleanse the family. The '*umswane*' of the goat is used to wash the wounds of the dead person and the meat of the goat is not eaten by mourners or family members. However, the act of sacrifice of the goat is believed to symbolically cleanse the bereaved family. These practices could be understood as attempts to restore the previous psychological balance, since something has happened to the family which has left them out of control and unsafe. In order to feel safe and in control of their lives again they perform a ritual which is believed to protect them from being struck again with bad luck. However, this becomes a problem when two people are killed in succession, despite the fact that this ritual was observed in the first instance. This happened to one of the male subjects who lost two sons within two years. He said that he observed all the rituals properly when he buried his first son, thus when the second son died, he could not make sense of it. He said he was in a lot of pain and had ended up suffering physical ailments which had led to his early retirement from his job. From this example, it would

seem that the belief in the power of ritual can have negative consequences, when rituals appear to have been ineffective.

There is also a need to reconstruct the person in fantasy if he/she died a gruesome death. Reconstruction is an important aspect in dealing with trauma. One lady whose mother was crushed by a train, reported that they went to where she was killed and performed a ritual which was believed to symbolically reconstruct her mother. Traditional reasons given for such a ritual are to restore the person to their previous unharmed state, so that he/she should be recognizable to the ancestors who would not recognize him/her if, for example he/she were dripping blood.

Traumatic deaths are treated with suspicion in African families. They are sometimes regarded to be the product of witchcraft. The bereaved are not supposed to grieve for an extended time whereas in western frameworks, traumatic bereavement is anticipated to involve extended grief. If one attempts to understand these beliefs in western terms it would appear that support is withdrawn where it is needed the most. People avoid talking about such death, whereas in western frameworks talking about such incidents is seen as psychologically helpful in terms of processing the loss.

A lady whose mother was shot by her grandson, said that although all the mourning rituals were performed for her mother, they only made things better up to a point because she experienced pain for very long time subsequent to the death. She said that was not easy to forget. She reported that she still wakes up

in the middle of the night and cries about her mother. This example seems to indicate that there are also individual differences in terms of experiences of people from the same cultural background. It is conceivable however, that Zulu speakers' mourning practices in the case of traumatic death may disallow adequate processing of such bereavement experiences.

4.7. Comparison of Zulu speakers' reported practices with Worden's model of mourning

One of the aims of the study was to compare mourning amongst Zulu speaking people with Worden's task based model. The comparison is structured under four headings, which represent Worden's proposed tasks of mourning.

4.7.1. To accept the reality of the loss

A number of practices appear to be facilitative of this task. These practices include the gathering of people in the house, the marking of windows, the burning of candles, removal of furniture and the sitting on the mattress. As mentioned previously, all these indicators make it difficult to ignore the facts of the loss. In other words the alteration of the environment and the alteration of the mourner's clothing and behavior help in achieving the task of acceptance of loss. The funeral itself has been seen as being facilitative of this task (Worden, 1991). Viewing the body is also encouraged by Worden as well as within Zulu custom. As one of the subjects has said, seeing the lifeless body of the person brought home the reality of the loss.

According to Worden the deceased has to accept that the loss means that the person is gone and will be permanently absent. One could argue that this part of loss acceptance is not completely facilitated by African traditional mourning practices which encourage continued communication with the deceased. This difference in emphasis makes sense in the context of ancestral beliefs, however, since it is believed that the dead are not lost in the same way, but have rather taken on the altered status of an ancestor. Depending on how present one's ancestors are experienced to be, the bereaved may understand loss with less sense of absence or finality.

In summary it would seem that many of the mourning practices described are directed towards acceptance of loss. However, ancestral beliefs introduce some points of difference in processing this stage.

4.7.2. To accept the pain of grief

Whereas Worden emphasizes the importance of acknowledging the pain of grief and working through it, the subjects reported that the display of emotion is accepted only up to a certain point in Zulu families. A person is told that by crying she/he is blocking the way of the deceased person and disturbing them in their sleep. Displaying emotions is generally discouraged as is particular apparent in the saying that 'a man does not cry'. Crying by a man is seen as being indicative of cowardice. Thus men face greater prohibitions in this respect than women, as is the case in most cultures. However, despite these efforts to

control the display of emotion, there is nevertheless a lot of crying observed at funerals especially if the death was a traumatic one. Even though the release of emotions is not facilitated, mourners are supposed to behave in a certain way to show that they are grieving. Thus living the pain of grief may not necessarily be equated with expression of emotion. The question that may be raised is whether engaging in activity and somatization represent alternate ways of dealing with loss in contrast to contemporary western way of dealing with distress through talking and displaying emotions.

Subjects acknowledged that the time that is traditionally stipulated for mourning traumatic deaths is short and one woman reported that although the official mourning period was over, she was still grieving. Thus the repression of emotion and restraint expected in cases of bereavement may exacerbate distress most particularly in cases of traumatic death.

Another issue that stands out is that Worden encourages the experiencing of both pleasant and unpleasant thoughts about the deceased as a way of resolving one's grief and internalizing the relationship with the deceased in a balanced manner. However, idealisation of the deceased is encouraged in the African framework because the deceased are given a powerful position in becoming ancestors. Within Worden's model idealization may be understood as avoidance of pain, whereas within Zulu culture idealization may carry a different meaning. Thus it would seem that Zulu speakers mourning practices are in the main less facilitative of pain entertainment and expression understood as representative of pain in the western psychological theory.

4.7.3. To adjust to the environment in which the deceased is missing

In African tradition the task of taking on new roles was not originally facilitated in its broadest sense, but rather a kind of substitution process took place. If a woman lost a husband, she was to become the wife of her husband's brother or another relative as soon as she had been cleansed. For a husband there was no need to adjust to the role of a bereaved husband because he had many wives. However, contemporarily people have to readjust in different ways, as in the case of the widow who started running her late husband's taxi business immediately after his death. Expectations that one should withdraw from society for extended periods is not facilitative of this task of re-adjustment, because one needs to gradually learn how to meet challenges in the environment in which the deceased is missing. Thus it is possible that the degree and length of withdrawal from social life expected of the deceased may prevent aspects of adjustment in relation to taking on new role responsibilities, especially for women. However, the introduction of the ritual '*ukugeza*', marking the ending of bereavement in a public manner, may be facilitative in symbolizing reconnection and the assumption of a new identity.

4.7.4. To emotionally relocate the deceased and move on with life

Worden's model encourages the relocation of the deceased to a psychological 'space' in the emotional life of the bereaved that will enable them to move on effectively with life. Failure to do this is likely to result in the person not being able to form new attachments. This process is facilitated by traditional mourning

practices to a certain extent. Even though the bereaved are supposed to wash off the dead person, they reinstate him/her in the role of being an ancestor. The ancestors are pretty much a part of the family and they continue to influence their families' lives. However, if a person has completed all the mourning requirements and is able to go on with life without the interference from the ancestors it is accepted that this relocation has yielded positive results. Thus the belief in ancestors facilitates the relocation of the deceased in a very specific and tangible way.

4.8. Summary

In summary, it would seem that all of Worden's mourning tasks are facilitated to some extent by participation in Zulu-speakers mourning rituals. In particular the acceptance of death and the relocation of the deceased in psychological space are enabled by directed sets of practices. In contrast acknowledgement of pain is less clearly facilitated and emotional repression is encouraged. Grief is represented in restraint, withdrawal and enactment of particular roles, rather than in catharsis and rumination. Thus the notion of 'working through' is very differently entertained in western psychological and Zulu practices. It could be suggested that working through is absent in Zulu mourning rituals. In addition the altered status of the deceased (task 3) is represented in social withdrawal, but this tends to prohibit the development of new skills and new role enactment.

Finally, there is some suggestion that participation in Zulu culture represents a somewhat passive process in that the person follows a pre-determined course of

action with predominantly cultural rather than personal meaning. In this sense the carrying out of particular practices is somewhat discrepant with the notion of actively directing one's bereavement work in the form of tasks as suggested by Worden. Paradoxically participation in ritual enactment may be a somewhat passive process from a more psychodynamic perspective. It is also apparent that the emphasis in Zulu culture is more strongly upon mourning and communal practices than it is on the more personal participation in a private bereavement process. The loss of the deceased is perceived as a loss to the community and the facilitation of safe passage in becoming an ancestor is also viewed as beneficial to the community as well as to the individual.

CHAPTER 5: CONCLUSION

The findings of this research affirm that there are differences as well as commonalities in dealing with bereavement amongst urban Zulu speaking people and what is described in western literature. The goals of grief work within both frameworks (i.e., western and traditional) are frequently the same, but the differences lie in what is actually done to achieve these goals. This was apparent in the comparison of Worden's model with traditional mourning practices, where it was apparent that similar aspects of grief work appear to be facilitated by the tasks that are performed within both frameworks. The central difference lies in the fact that in western literature healing is achieved through talking and expression of emotions, whereas traditionally, healing is achieved through the carrying out of culturally stipulated rituals. Amongst African people it is common that a person is seen as part of a system and not as an individual in the sense that is reinforced by western cultures. This difference in collectivism affirms Mbiti (1969)'s assertion that amongst Africans the focus of grieving is on the collective and mourning is thus carried out collectively. The study demonstrated that even though people have changed to some degree as a result of urbanization and acculturation, there are many distinct traditions that persist, especially those that have to do with tragedies such as dealing with death. People appear to revert to familiar ways of dealing with such tragedies. These findings have implications for bereavement counsellors/ therapists who are likely to come across such people from other cultures in their careers.

5.1. Implications of findings for bereavement counsellors or therapists

Therapists need to appreciate that there are different ways of dealing with death depending on the context from which a person emerges. Counsellors should be aware of the fact that what may be pathological in one framework may be commonplace in another framework. When working with a person from a different background it is of significance to appreciate what is important in their culture. It is difficult to understand all the important aspects of bereavement in every culture but a general comprehension of practices and beliefs may be very useful.

When dealing with a bereaved person who observes cultural traditions, it is important to see such a person as part of a system as well as an individual. It is conceivable that some premises about what constitute healing within a western framework might isolate an African client from the support of his/her system. For example, in the case of emotional expression, it would be helpful for the therapist to be able to contain the patient in such a way that he/she is not left feeling guilty about crying excessively for a deceased person, in contradistinction to his/her traditional beliefs.

As in most areas of cross-cultural counselling, what is important is that therapists should enter the framework of their clients and be open to seeing the world from their point of view, while still remaining able to draw on a psychological theory as stressed by Hickson and Christie (1989). What could be argued is that it is important for people working with people from a different

background to have at least a general understanding of their culture. Moreover, in most therapeutic frameworks therapist are encouraged to attempt not to impose their own values on such clients but rather to attempt to understand them within their particular social context. Even when a person comes from the same ethnic or cultural background, or from the same community as the therapist, it is very possible that bereavement might have different meanings for each party and thus it is important to be guided by the patients themselves.

5.3. Limitations of the methodology

It is acknowledged that the fact that interviews were conducted in Zulu and then translated into English affected the results in that information is always transformed to some degree during translation. However, this approach was nevertheless viewed as the most desirable in that people were given the opportunity to express themselves fully in their own language and as a result valuable and rich information could be accessed. The researcher was able to draw upon her fluency in both languages and to establish greater rapport with participants.

It is also acknowledged that the sample (N= 10) interviewed, may appear too limited to be viewed as representative of the population investigated. However, the information gathered from different subjects showed fairly universal consistency and corresponded with what has been previously documented in the literature. Thus in terms of saturation of data categories it would seem that a degree of generalization from the present study is warranted. This claim is made

with the caution that the results must be recognized as pertaining to Zulu speaking, urbanized, black South Africans at this particular historical juncture.

Although this was a retrospective study where subjects were asked to reflect upon and reconstruct the experiences of the past, the validity of the information gathered appeared acceptable. However, this kind of study could not duplicate the findings of a longitudinal study in which the grief process could have been observed and investigated as it unfolded.

It is also acknowledged that the researcher played a central role in the interpretation of the material. Having been trained in a western clinical psychological framework, despite coming from an African cultural background, it is important to take into account the degree to which this perspective is likely to have influenced the discussion of the data.

5.2. Implications for further research

The study focused on the practices and beliefs related to bereavement amongst a Zulu speaking, township resident population. Some of the practices that have been described apply generally to other urban ethnic groups with slight differences in the execution of common practices. However it is premature to make further generalizations at this point and additional research is recommended in order to establish a more comprehensive source of reference for therapists. Despite the study of cross-cultural issues, the area of integration

of anthropological and psychological information is under developed and future research should be channelled in this direction.

Gender differences in the mourning process of Zulus were implicated in the study and this area needs further investigation. Another area which was highlighted by the study and which needs further research is the area of dealing with traumatic bereavement in black (African) South Africans.

Although there appear to be similarities in the goals of the mourning practices in Zulu and western bereavement models there are also differences in procedures that are employed. Further research seems needed to assess the efficacy of contemporary western bereavement counselling/therapeutic interventions in non-western groups. Such research would compliment the approach of the present study.

In conclusion, the degree of similarity between what is facilitated by Worden's tasks and what is facilitated by the set of Zulu practices which have been described, appears to affirm the validity of Worden's psychological model of mourning. However, some points of difference were also noted which in turn give some validity to the cross-cultural counselling theorists who argue that therapists/counsellors need to locate therapy/counselling in relation to the client's cultural or world view. It is hoped that the present study will be of benefit to other therapists and counsellors and that the information can be ideally disseminated to practitioners.

BIBLIOGRAPHY

Averill J.R. & Nunley, E.P. (1988). Grief as an emotion and as a disease: A social-constructionist perspective. *Journal of Social Issues*, 44(3), 79-95.

Bannister, P., Burman, E., Parker, I., Taylor, M. & Tindall, C. (1994). *Qualitative methods in psychology*. Buckingham: Open University Press.

Benton, R.G. (1978). *Death and dying*. New York: Van Nostrand Reinhold Company.

Berglund, A. (1976). *Zulu thought patterns and symbolism*. Uppsalla: Swedish Institute of Missionary Research.

Bowlby, J. (1969). *Attachment and Loss*. New York: Basic Books.

Bowlby, J. (1980). *Attachment and Loss, Vol. 3. Loss, Sadness and Depression*. London: The Hogarth Press.

Burnell, C.M. & Burnell, R.M. (1989). *Clinical management of bereavement*. New York: Human Sciences Press.

Cleiren, M.P.H.D. (1983). *Bereavement and adaptation*. New York: Hemisphere Publishing Corporation.

Compton, A. (1989). The volunteer in bereavement work. In: M.E. Latanzi-Litch (ed.) *Bereavement care*. New York: Harworth Press.

Corr, C.A. (1989). *Death and dying, life and living*. California: Brookes/Cole Publishing Company.

Eddy, J.M. & Alles, W.F. (1983). *Death education*. St. Louis: The C.V. Mosby Company.

Firth, S. (1993). Cross-cultural perspectives. In: D. Dickenson & M. Johnson (eds.) *Death, dying, bereavement*. London: Sage.

Freud, S. (1917). Mourning and Melancholia. In: *The standard Edition of the Complete Psychological Works of Sigmund Freud*, Vol. 14. London: The Hogarth Press.

Glick, I.O., Weiss, R.S., & Parkes, C.M. (1974). *The first year of bereavement*. New York: Wiley.

Hanson, R.O., Stroebe, M.S., & Stroebe, W. (1988). In conclusion: Current themes in bereavement, widowhood research. *Journal of Social Issues*, 44(3), 207-216.

Hickson, J. & Christie G.M. (1989). Research on cross-cultural counselling and psychotherapy: Implications for the South African context. *South African Journal of Psychology*, 19(3), 162-171.

Huttington, R. & Metcalf, P. (1979). *Celebrations of death*. New York: Cambridge Press.

Kalish, R.A. & Reynolds, D.K. (1981). *Death and ethnicity: A psychocultural study*. New York: Baywood Publishing Company.

Kammerman J.B. (1988). *Death in the midst of life: Social and cultural influences on death, grief and mourning*. New Jersey: Prentice Hall.

Kastenbaum, R.J. (1981). *Death, society and human experience*. St Louis: The C.V. Mosby Company.

Knopfmacher, N. (1996). *A phenomenological perspective on growth through grief*. Unpublished masters thesis, University of the Witwatersrand, Johannesburg.

Krippendorff, F. (1980). *Content analysis: An introduction to its methodology*. Beverly Hills: Sage.

Kubler-Ross, E. (1986). *On death and dying*. New York: Tavistock Publications.

- Leick, N., & David-Nielsen, M. (1991). *Healing pain*. New York: Routledge.
- Littlewood, J. (1992). *Aspects of grief: Bereavement in adult life*. London: Routledge.
- Mbiti, J.S. (1969). *African religions and philosophy*. London: Heinemann.
- Mbiti J.S. (1970). *Concepts of God in Africa*. London: Tingling and Company.
- Mbiti, J.S. (1975). *An introduction to African religion*. London: Heinemann.
- Mccall, R.B. (1990). *Fundamental statistics for behavioral sciences*. (5th ed.). New York: Harcourt Bruce Javanovich College Publishers.
- Ngubane, H. (1977). *Body and mind in Zulu medicine*. New York: Academic Press.
- Parkes, C.M. (1987). *Bereavement*. London: Tavistock Publications.
- Parkes, C.M. (1987). Bereavement counselling: Does it work? *British Medical Journal*, 281: 3-6.
- Platt, L.A. & Persico, V.R. (1982). *Grief in cross-cultural perspective*. New York: Garland Publishing Inc.

Raum, O. F. (1972). *Transition and change in a rural community*. East London: Fort Hare University Press.

Raum, O.F. (1973). *The social functions of avoidance's and taboos among the Zulu*. Berlin: Walter De Gruyter.

Rossenblatt, P.C. (1988). Grief: The social context of private feelings. In *Journal of Social Issues*, 44(3), 67-78.

Rossenblatt, P.C. (1993). Cross-cultural variations in the experience, expression, and understanding of grief. In: D.P. Irish, K.F. Lundquist, & V.J. Nielsen (eds.), *Ethnic variations in dying, death, and grief*. Washington: Taylor and Francis.

Rounds, J.C. (1979). *Religious change and social change in South Africa: A study of two new religions among the Zulu*. Thesis, Ann Arbor University Microfilm International.

Singleton, R.A., Straits, B.C. & Straits, M.M. (1993). *Approaches to social research*. (2nd ed.). New York: Oxford University Press.

Smith, C.R. (1992). *Social work with the dying and the bereaved*. Hongkong: MacMillan.

Stroebe, M.S. & Stroebe, W. (1988). Bereavement research: An historical introduction. *Journal of Social Issues*, 44(3), 1-18.

Stroebe, W., Stroebe, M.S., & Domittner, G. (1988). Individual and situational differences in recovery from bereavement: A risk group identified. *Journal of Social Issues*, 44(3), 143-158.

Thorpe, S.A. (1991). *African religions*. Pretoria: University of South Africa.

Yates, D.W., Ellison, G., & McGuiness, S. (1993). Care of the suddenly bereaved. In: D. Dickenson & M. Johnson (eds.) *Death, dying, bereavement*. London: Sage.

Vachon, M.L.S. & Stylianos, S.K. (1988). The role of social support in bereavement. *Journal of Social Issues*, 44(3), 175-190.

Weber, R.P. (1983). *Basic content analysis*. Beverley Hills: Sage.

Weiss, J.M. (1988). Loss and recovery. *Journal of Social Issues*, 44(3), 37-52.

Williams, C.S. (1982). *Ritual healing and holistic medicine among Zulu Zionists*. Washington: University Microfilms International.

Williams, R. (1994). The analysis of culture. In: J. Storey (ed.) *Cultural theory and popular culture*. London: Harvester Wheatsheat.

Worden, J.W. (1991). *Grief counselling and grief therapy*. London: Routledge.

Worden, J.W. (1983). *Grief counselling and grief therapy*. London: Tavistock.

Wyrostok, N. (1995). The ritual as a psychotherapeutic intervention. *Psychotherapy*, 32, 397- 404.

Zisook, S. (1995). Death, dying, and bereavement. In: H.I. Kaplan and B.J. Sadock (eds.) *Comprehensive textbook of psychiatry*. Vol. 2. (6th ed.). Baltimore: Williams and Williams.

APPENDIX

STRUCTURE OF THE GUIDING INTERVIEW QUESTIONS

(Subject to elaboration)

- * Demographic information of the subject

- * Demographic information of the deceased.

- * Tell me how the person died?

- * How did you respond to it?

- * **What happened during the time of death, throughout the burial and afterwards? (i.e., what they did and the significance of such practices).**

- * Can you tell me, in your belief system, how does this (i.e., what they say they did) compare with what is supposed to be done? (i.e., what they still have to do)

- * **In your culture what normally happens? (what do cultural expectations of mourning involve)**

- * How did you feel about doing these things?

- * What do you think would have happened if you had not done these things?

- * Culturally, are you supposed to behave in a certain way?

- * If you were to try to explain to somebody not from your culture, what the most important things are, in dealing with death, what would you say?

- * Do you think that as people have moved away from their birth place to cities, there has been changes in burial rituals?

- * Which traditions have prevailed and which have not?