

## **CHAPTER SIX**

### **6. ANALYSIS OF DATA**

#### **6.1 INTRODUCTION**

The aim of the study is to explore and understand the relevance of contextual influences on bereavement and complicated grief. In this chapter, the results are analysed as described in (Chapter Five, 5.2.4). Specifically, the data analysis process involves reading and reviewing transcripts and translating the predetermined guide questions into categories. This is followed by a frequency analysis of the responses contained in each category. The frequency of responses in each category is calculated and presented in percentage form.

Having said this, it is important to note that there may be instances where participant responses occur on a gradient. Likewise, individual participant responses may also overlap. This may explain why the calculated frequency percentages of the participant responses do not necessarily add up to a neat 100%.

#### **6.2 SOCIO-DEMOGRAPHIC INFORMATION**

The participants in the study were adult females who experienced a loss, due to death of a significant person. The time since death to data collection ranged from 5 ½ months to 15 years. None of the deceased were cremated or buried at sea. The participants and their families opted for funeral ceremonies that were conducted in accordance with burial rituals conforming to their respective religious denominations.

In order to provide an understanding of the personal background against which each participant's loss took place, pertinent biographical details that were documented in the intake form will be summarised in table I, and table II, respectively.

**TABLE I: SOCIO-DEMOGRAPHIC INFORMATION OF THE BEREAVED**

<b>PARTICIPANT</b>	<b>AGE</b>	<b>HOME LANGUAGE</b>	<b>MARITAL STATUS</b>	<b>EMPLOYMENT</b>	<b>PREVIOUS LOSSES</b>	<b>RELIGION</b>
P1	39	Afrikaans	Married	Employed	Older brother	Protestant
P2	28	English	Single	Unemployed	None	Islamic
P3	26	South Sotho	Married	Unemployed	Older brother	Christian
P4	32	Tsonga/Sotho	Married	Unemployed	None	All Saints church
P5	42	Zulu	Widow	Unemployed	2 Perinatal Deaths	Christian
P6	31	Zulu	Widow	Employed	1 Perinatal Death	Zion
P7	43	Pedi/Sotho	Married	Employed	Father	Lutheran
P8	43	South Sotho	Married	Unemployed	Mother	Protestant
P9	37	Zulu	Live-in-partner	Unemployed	None	ZCC
P10	28	Sotho/Ndebele	Single	Unemployed	None	African Church
P11	39	Afrikaans	Divorced	Unemployed	Both parents	Anglican
P12	38	Afrikaans	Widow	Employed	None	Protestant
P13	39	Zulu	Widow	Unemployed	None	Roman Catholic

**TABLE II: INFORMATION ABOUT DECEASED / BEREAVEMENT**

<b>PARTI-CIPANT</b>	<b>DECEASED</b>	<b>MODE OF DEATH</b>	<b>DEATH ANTICIPATED</b>	<b>TIME SINCE DEATH</b>
P1	Older sister	Natural causes	Anticipated	10 months ago
P2	Mother	Unnatural death	Anticipated	10 years ago
P3	Mother	Natural causes	Anticipated	2 years ago
P4	Younger sister	Natural causes	Anticipated	5 years ago
P5	Spouse	Unnatural causes	Anticipated	11 months ago
P6	Spouse	Natural causes	Unanticipated	18 months ago
P7	Younger sister	Unnatural causes	Anticipated	15 years ago
P8	Father & son	Unnatural causes	Unanticipated	2 years ago
P9	Younger sister & younger brother	Both natural causes	Sister anticipated & brother unanticipated	9 months & 5 months respectively
P10	Child & father of child	Natural causes	Both unanticipated	Child 2 years ago & father 1 month later
P11	Adolescent child	Motor vehicle accident	Unanticipated	5½ months ago
P12	Spouse	Unnatural	Unanticipated	2 years ago
P13	Husband & live-in-partner	Natural causes	Both unanticipated	Husband 2 years ago & partner 5½ months ago

### **6.3 DATA ANALYSIS**

Having translated the categories from the predetermined guide questions under each of the contexts informing the study, a frequency analysis of the responses was done. Next, the frequency of responses was calculated and presented as percentages. In what follows, interview responses that support the various categories will be discussed. Having said this, attention is drawn to the fact that the findings presented hereafter do not constitute absolute truth but are perspectives and perceptions of the individual participants. Furthermore, in the next chapter these bereavement and grief findings are interpreted against the background of existing and current conceptualisations of and literature related to the influence of context on bereavement and grief.

For the sake of clarity and ease of comprehension, responses provided by Afrikaans speaking participants will be translated into English. The latter will be indicated as numbered footnotes and in smaller print at the bottom of the relevant page and where necessary, continued on the next page.

#### **6.3.1 THE SOCIO-ENVIRONMENTAL CONTEXT**

The socio-environmental context comprises the most distal context in the participants' ecosystem. The control of these socio-environmental factors is largely beyond any individual but these contextual factors are sufficiently important to determine the quality of individual and family life. Applied to bereavement and grief, socio-environmental contextual factors may alleviate or exacerbate the psychological and emotional distress inherent in the loss of an important relationship and resource.

Responses to the predetermined guide questions translated into categories listed below. Each of these categories will be discussed in turn.

- Living environment constraints;
- Community support;
- Economic factors;
- Socio-political climate and
- Medical community experiences.

## LIVING ENVIRONMENT CONSTRAINTS

The category – living environment constraints – describes the influence of adverse living conditions on complicated grief. Special reference is made to violence leading to death and criminal acts that compound the process of grief. Chapter Three (3.3.1) highlights the prevalence of these social pathological conditions in economically disadvantaged communities. Specifically, violent crimes increase the risk of women experiencing the non-normative death of either a son, or a husband or a brother. With regard to differences between psychosocial stresses inherent in rural and urban environments it is noted that of the seventeen deaths distributed among the thirteen participants, fifteen occurred in urban areas. Specifically, twelve participants (93.30%) (P1, P2, P3, P4, P5, P6, P7, P8, P9, P10, P11, P13) came from densely populated urban environments that were previously demarcated by the group areas act of the apartheid government as Black, Coloured and Indian townships. The remaining participant (P12) had no exposure to life in a traditional township. While this participant may have experienced social and economic difficulties, these differed qualitatively from life in previously disadvantaged areas. Against this background, the participants' experiences with living environment constraints are reflected in the following statements.

- P1: The participant did not experience her living environment as threatening at the time of her sister's death.
- P2: The participant did not express fears or risks related to her living environment.
- P3: Her older brother was stabbed to death when she was nine years old. Despite this, she did not succumb to fears of being overcome by violence.
- P4: The participant's sister died naturally and the participant perceived her informal settlement living conditions as a normal way of life.
- P5: The participant referred to at least three deaths, including that of her spouse, due to shooting incidents. Commencing with the death of her spouse the participant pointed out that, "the man who shot my husband, he shot my husband on Friday...the following day they also killed him...they've killed him on Saturday. The third death involved the spouse of her most significant post-bereavement support system who was also shot the same year. An additional crime related loss, albeit in a material sense, is described in the following statement "...it was Wednesday and I wake up in the morning, they

took all the four wheels out of my car. I can't repair that car; it stands on top of bricks now. I can't do nothing with that car. I can't do nothing".

- P6: Living environment risks were reflected in the participant's description of her spouse, prior to his death "...was going to the night vigil of the church...the other guy attack him, they want to shoot him. Luckily he had a licence for his firearm and he shoot that guy. That guy passed away". Similarly, the participant planned to relocate because she no longer felt safe in the environment where she lived prior to her husband's death. She specified, "I'll sell the house because I don't trust the people of that place...I wake up and open my house I can see that house". Cognisance is taken of the fact that the house in question was reportedly the house where the deceased spouse's girlfriend lived. She adopted the attitude "that is the house that killed my husband, I keep on saying that, so I don't like to stay in that place anymore. I will sell the house and move nearer to my younger brother in the other section".
- P7: The death of the participant's sister occurred when political violence was probably the greatest environmental risk. The deceased was "a member of the UDF, at that time she was an activist" and her death related to her political involvement.
- P8: Living environment constraints featured prominently in the participant's experience of bereavement and grief. This related to "my son and father were killed in front of me...they (perpetrators) demanded money and my father gave them and they said they wanted more than that what he gave them..." At the instructions of the perpetrators, "we were lying down and ...they were shot". The participant added that her "son was talking when his killer shot him. He called his name, that's why he brought a gun and shot him". Furthermore, "these intruders they shot three people that time. They started at my neighbour's house before jumping to my house...and the person who was killed was not a family man, it was a visitor to that family". It is against this background that the participant acknowledged that she feels scared to continue to live in that environment but she has no "alternative...I'm not working". Her problem was compounded in that she sees "...this boy every time. He is next to my street, and when I meet him he looks at me as if he is still angry that he served a year inside because he is claiming he didn't do it. But my son called

his name the very same time before killing him”. Living environment risks are also implicated in the fact that the participant’s younger sisters took her father’s taxi claiming that, “they’re afraid if they leave the taxi at my place maybe they come, they can come back”. The participant essentially conceptualised her living environment risks in terms of crime and the fact that the perpetrators lived in close proximity.

- P9: A difficulty described by the participant was that of “witchcraft, they believe in witchcraft”. The latter was reportedly a difficulty for “everybody” in the environment.
- P10: The participant did not make any suggestions of being threatened by risks in her living environment.
- P11: The participant did not make any suggestions of being threatened by risks in her living environment.
- P12: The participant did not make any suggestions of being threatened by risks in her living environment.
- P13: The participant did not make any suggestions of being threatened by risks in her living environment.

Integrating the above interview material, suggests that nine participants (69.23%) did not implicate adverse living conditions in their complicated grief even though three of the nine participants also experienced unnatural deaths. The possibility exists that adverse living conditions may have been present in the areas in which these participants lived. However, the participants may have come to accept the threatening conditions as a way of life. Other participants were however, aware of being endangered in the areas in which they were living. Specifically, four participants (31.67%) expressed a sense of their grief being compounded by living condition constraints. The latter related to criminal activities in the environment, threats that derived from the political climate prevailing at the time of the death, perpetrators of the deaths living in close proximity to the participant and the threat of witchcraft. For two participants (15.38%) the problem of living in such harsh conditions was compounded by economic difficulties and the lack of employment. The latter confined those participants to their unsafe living environments in that they did not have the financial means to relocate.

## COMMUNITY SUPPORT

The category – community support – conveys the extent to which the participants were integrated into the community and were able to rely on community support. In Chapter Three (3.3.2) it was indicated that community resources and support systems might serve the purpose of buffering the negative influence of adverse living conditions on the bereaved. However, community support may not be forthcoming even if the bereaved are not necessarily exposed to adverse living conditions. For instance, the term disenfranchised grief is used to describe stigmatised deaths and perinatal deaths as situations where communities fail to validate the loss thus making it difficult for the losses to be publicly expressed or mourned openly. On the other hand, communities may mourn the physical death of a person without realizing the symbolic aspects or meaning that the deceased held for the bereaved.

P1: With regard to the influence of community support and reactions, the participant noted that, “some people who came to pray for her...came to sit and talk with her...quite a few people that came to visit her...my friend “M” was there a lot, she helped to feed and clean her, she was one of the people that helped the most. There were other people in the community”. With regard to the community’s reaction to the cause of death the participant conceded that personally, she had not heard negative remarks from community members. However, her mother and sister informed her about negative statements made about AIDS and the fact that it was the cause of her sister’s death. The participant experienced this information quite unsettling. Similarly, her encounter with adolescents making “the most stupid remarks about AIDS “op die brein” (1) instilled anger in her.

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(1) “On the brain”



As described by the participant “I clobbered them...I told them “...die dag toe my suster op hou om wou uit gaan is omdat mense haar gekyk het en gepraat het van die “A” siekte (2). Still reprimanding these adolescents, the participant added that, “is nie iets om oor skaam to wees nie...is nie iets om oor te skinder eers nie, is nog net ‘n siekte” (3). As far as colleagues are concerned the participant indicated that, “I’ve been very open about my sister’s illness...and I said she’s passed away...I don’t feel there is anything to be ashamed of...the rest of my colleagues haven’t said anything, I haven’t heard them making any remarks about AIDS in general”. Similarly, the participant acknowledged that the support she received from a colleague who was instrumental in her going for counselling. Specifically, “I was very upset, I cried...I...to one of the other guys...I was telling him that I need to go on leave...I need a break. I can’t cope. I am not coping at all. He must help me. I need to know what I need to do for my leave...so I went to the office...poor man hadn’t even opened his mouth so I burst out crying and crying and crying and crying, I couldn’t stop crying...I couldn’t open my mouth. I was staring at him and then I cried, I cried and I cried and I cried and then my friends (colleagues) decided this is it “I must go and see someone”. Having said this, the participant expressed amazement at the ignorance revealed by another colleague about AIDS. This is reflected in the statement “you’d expect educated people to be more informed”.

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- (2) “the day that my sister stopped wanting to go out is because people looked at her and talked about the “A” sickness”.
- (3) “its not something to be embarrassed about...its not something to gossip about...its just another sickness”.

- P2: The participant referred to remarks from community members who suggested that, “it’s through you that your mother died because you did give her headaches...but I mean I did nothing”. On establishing who specifically made that statement the participant explained that, “no it’s like people from outside, I don’t know them but they neighbours far from us”.
- P3: The participant’s relationship with her neighbours was such that, “I didn’t have any problems...because I used to talk with other people because I was close with the neighbour next door and I used to say to her you know, I have a problem of this and that”. Likewise, “I used to share my ideas with her, even if I have a problem I go to her...then we sit down and then they tell me do this and do that, because I think she is older than me”. The participant’s neighbour also reached out to establish “how is your mother? Because I used to tell them that you know...my mother is sick. When I arrive they said how is your mother?” Support is also reflected in that when not seeing the participant for about 5 to 7 days, her friend reminded her that she was being missed. Her friend specifically indicated that, “you know we are depending on you. Even when you are not working but your love, your caring and your mind works very fast”.
- P4: The participant pointed out that neighbours “in the streets they came in and help us at home and came and cook and doing this...”
- P5: The participant referred to the support of one neighbour who keeps her “alive” in that “when she cooks she brings me a plate, everything that she eats she shares with me and my brother...even if I want something I go to her...” Other than that, more negative experiences are described. For instance, the participant specified that “I haven’t even got friends, I just wake up, clean my house, wash myself and go back to sleep again...” Difficulties were also experienced when neighbours made statements such as “I’m eating my husband’s money because I never killed my husband, mine is still alive”. Community reactions such as these resulted in the participant secluding herself in that “I don’t even go to the shop because of these funny things”. The participant also described being alienated from people who borrowed money from her husband. When asking them to bring the money back “they threaten to kill me” or “there is a fight”. These experiences are expressed when stating

that her enemies are her deceased husband's friends "those who got the money".

P6: Apart from feeling threatened by the particular house/place where her deceased husband's girlfriend lived, the participant asserted that she shared good relations with her neighbours. In fact she stated that, "most of them the neighbours they knew that he (deceased) was in love with that girl by giving him something to eat". Furthermore, "his friends, I got my neighbours next door he was a close friend, he even said to him when he was still alive he said, I told you that house was not right...don't be in love to that girl...we are in the same area, you are making the dignity of your wife to look like a fool...you now not respecting your wife".

P7: Prior to her death the deceased was a political activist. However, it was alleged that she gave "the hand grenades to the children and the hand grenades exploded in the hands of them and killed them". But there were other children that survived "...so last year the Truth and Reconciliation Commission came to "D" and those, which were injured said that the deceased was not even there when they were given the hand grenades. They were given the hand grenades by somebody else". According to the participant it later emerged that "the police who were responsible for those hand grenades applied for amnesty. So we were called to Pretoria for the whole week with the hearing". Led by the belief that the deceased was instrumental in the deaths of fellow activists, community support was not forthcoming. Two divergent views were expressed. Specifically community members "were too scared, others said no, it was because they believed that she was responsible for those hand grenade victims". Not being supported by the community for whatever reason, was different from the norm as the participant suggested "you know at the location when there is a funeral at a certain place people go for bereavement (meaning to sympathise) but people were not coming because they were afraid that they will be burnt also". Stated differently, "We know that when there is a funeral people are so supportive...we didn't have that. The only people from the local community who went from "N" to attend the funeral in Soweto were "our priest here and our two neighbours went with us...the others were afraid they did not come". Fifteen years later, the participant still encountered hostile reactions from people in the community as noted, "I think it was two months

ago when I got into the chemist the other lady said to me...ja...this is the sister of that one that had made children to die and gave hand grenades to them. I just kept quiet, I didn't say anything".

- P8: The participant denied having problems with her immediate neighbours. The latter were in fact perceived to have been helpful at the time of her crisis.
- P9: With regard to community support the participant reported that, "some of them they just laughed because they have information ...some of the family told that secret to the community. Some they laughed "M" was killed by AIDS ...they never came for burial, they do nothing...only those people in the house buried her...we didn't want people to come and visit us". Pre-death assistance with the "seriously sick" sister derived from the participant's "mother's sister". The participant asserted that the community's response to her brother's death was that "more came, some came, but not others". However, before the deaths, the community's and the family relationship was "still the same, they do like that, we took it easily, never counted it that they do what, they do what...we just look at them". The participant additionally pointed out that, "I feel like going home and stay with my family". But, "I still will have a problem because my neighbours I don't cope with them".
- P10: The participant referred to receiving support from neighbours in that "they come to me, they tell me, gave me something like food".
- P11: The participant suggested that "Weet hy het 'n vreeslike groot begrafnis gehad en dit vir 'n weeksdag. Dit was nie 'n vakansiedag nie, maar daar was mensdom...maar nou sê ek waar's daai mense regtig nou vir ny? Want ek voel almal was nou daai tyd daar gewees met die dood en selfs die buurmense is nie mense wat nou sal inkom. Ek meen ek was nooit nie snaaks met mense gewees nie want ek gesels met almal. Maar soos ek van my vriende gehoor het wat sê "A" ek weet nie hoekom is ons bang om naby my te kom nie...hulle weet nie hoe...hulle sê hulle weet nie as ek...te bang vir my". The participant added that "dit voel vir my partykeer so...hulle is te bang om my...tog...sê ek, ek is nie die tipe mens wat hulle sê miskien hulle voel ek is nie lus vir mense. Ek sê ek is lief vir gesels...daar is tye wat ek voel ek wil alleen wees. Daar is regtig tye wat ek voel ek nodig mense in my lewe...as ek my ouers nog gehad het maar nou het ek nie eers dit nie, ek is eintlik stoksiel alleen by dē huis. Ek sê ek nodig dit...ek nodig regtig daai bystand, ek nodig geselskap...ek wil met

mense praat oor hoe ek voel...nou weet waar is daai mense as ek wil sit en gesels. Ek sê partykeer maak ons 'n groot fout ons dink vir die "next" persoon en dan voel hulle skuldig as ek nou vir hulle sê kyk dis nie hoe ek voel...ek het regtig mense nodig weet om net vir my te luister, al kom sit jy net, al sê jy nie veel nie, al sit jy net en luister na wat ek wil sê. Partykeer voel ek daar is net iets wat ek wil sê...ek sê partykeer as die telefoon lui dan voel ek goed al het ek nou begin (tj...) huil dan voel ek daar was iets wat net uit my uit is".

The participant further asserted that "mense se bystand was maar sleg...tot my beste maatjies is vandag net asof hulle so 'n distansie van my af hou. En dis mense wat nog nie die dood "geexperience" het nie...dit lyk asof ek kan vir die mense sê die tyd (funeral) het jy nie al daai mense om jou nodig nie maar die tyd wat jy hulle regtig nodig het is as alles verby is, as alles stil geword het en dis die tyd wanneer die mense skaars is". The participant acknowledged that she had "een vriend wat regtig omgee". Other than that "die mense wat ek altyd baie mee gewees het, wat ek saam gewerk het, jy weet wat ek regtig meeste van verwag het is die persoon wat bietjie op 'n distansie is...ek het nou laas vir haar gesê jene, maar mense is snaaks net sodra die dood of siekte intree...tot met die kind se siekte het die persoon, die vrou met wie ek baie mee "close" was, het omtrent twee dae voor die kind se dood gebel vir die eerste keer. Maar nou sê ek vir myself wat is vriendskap dan? Maar ek het regtig geleer dat in tyd van dood is mense almal daar vir jou maar nie wanneer jy hulle regtig nodig het nie" (4).

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- (4) "He had a terribly big funeral and that for a week day. It was not a holiday, but there were people...but now I am saying ...where are those people really for me? Because I feel everybody was there for me with the death and even the neighbours are not people who will come in. I mean, I was never funny towards people, because I talk to everybody. But as I heard my friends saying...I don't know why we are afraid to come near...they don't know why...they say...too afraid of me". The participant added that, "It sometimes feels that they are too afraid to...me. Yet I am saying that I am not the type of person whom they can perhaps say I don't feel like people. I'm saying I like talking...there are times that I feel I want to be alone. There are really times that I feel I need people

P12: Informal community support derived from “about in the fourth month after he died...I met a friend and the past year and a half she was the one...then she was like my shoulder...she would never talk, she was never asking, I was just crying, crying and one day she said to me...you know you don’t talk about “P” any more...so much like you did in the beginning...and then in the beginning of this year something happened...then I left. I went home...we were doing things together so now I don’t do it anymore...I don’t have a person anymore because now I go there for an hour then I left...we used to do, make clothes, everything together...whole week-end, now we don’t do it anymore...”

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in my life...if I still had my parents but now I don’t even have them. I am actually alone at home. I am saying I need it...I really need that support...I need companionship...I want to talk to people about the way I feel...now where are all those people if I want to sit and talk. I am saying that sometimes we make a big mistake, we think for the next person and then they feel guilty if I tell them...look this is not how I feel. I really need people just to listen to me, even if you just sit, even if you don’t want to say much, even if you just sit and listen to what I have to say. Sometimes I feel there is just something that I want to say ...I am saying sometimes if the telephone rings then I feel good even if I started crying...then I feel there is something that has just gone out of me”. The participant further asserted that “peoples’ support was poor...even my best friends are up till this day as if they maintain a distance from me. And those are people who have not had any experience with death...it seems as if I can tell people that at the time of the funeral you don’t need all those people but the time that you really need people is when everything have passed, if everything have become quiet and that is the time when people are scarce”. Other than that, “the person that I was always with, that I worked with, you know that I really expected most from is the person who maintains a distance...more recently I said to her...people are funny, as soon as death or sickness steps in...with the illness of the child, the person...the woman with whom I was very close...about two days before the child’s death phoned for the first time. But now I say to myself, what is friendship about? But I really learnt that in times of death, people are all there for you but not when you really need them”.

P13: With regard to the death of her spouse, community support derived from “my husband...a prison warden...they said to me they going to bury him and do everything”. Furthermore, the participant identified “DP” as “one person who helped me everyday” with the death of her live-in partner. She indicated that while “some people know, others they don’t know” what the cause of his death was but, there were no negative remarks from neighbours or from members of the larger community.

Integrating the interview material shows that nine participants (69.23%) experienced support which derived from neighbours who provided material and instrumental assistance especially at the time of the burial. However, four participants (31.67%) were exceptions. Reasons provided for the lack of support ranged from conflict with the community, the deceased having suffered from a stigmatised disease and community members being afraid of intimidation by the perpetrators of the death. Hence findings reveal that community support was not pervasively forthcoming and if available it was primarily instrumental in nature and extended largely to the time of the burial. When support was not available it was experienced as or considered to be uncharacteristic of the communities in which the participants lived. The lack of community support also had implications in terms of the participants’ experiencing a sense of isolation in their grief.

### **ECONOMIC FACTORS**

The category – economic factors – focuses on the influence of economic factors on the participants’ experience of complicated grief. As described in Chapter Three (3.3.3.1) economic factors may assume either a moderating or a mediating role in bereavement and grief.

- P1: When describing family support the participant indicated that “my mother is...from a big family...they brought money to help her with whatever she still had to do, pay whatever she still had to pay...” Likewise the deceased had her own burial policy, which assisted the family in covering funeral costs.
- P2: The participant described her mother’s death as having left her financially stressed as reflected in her statement “...and I think my finance...I got no

income...I can't afford to be working due to illness". The participant further emphasized that "you got no money in your hands, there's no life..." The impact of not having any income was described in terms of "actually I should like always feel like down because there's no income". The participant added that, "I needed things to do on my own, I needed a place to live an independent life...I couldn't and I still can't because I need the income". Compounding the participant's financial plight was the fact that "I can't go...going for work because of my illness...I need some kind of income but I still don't get it. I was getting a pension lately, so they stopped it, they gave me for a year and they stopped it, they say I was fit for work".

- P3: The participant's spouse was employed and supported her financially. Similarly, her father was employed and provided whatever funds needed to sustain her terminally ill mother. Moreover, prior to her death the participant's mother informed her that, "I have this secret, all the money that I have at the bank it's yours". In response to this information the participant said "what about those people who live at home? Because you know I live with my husband and my husband is working and you want me to take all the money at the bank". The participant's mother replied "I put it in your name, when I die...take that money, it's yours and your husband's because I saw that you care about me...so do me a favour and take that money. I tell you even now I didn't take that money. I tell them that you know mother said I must go to the bank and take all that money, it's mine". Her father's attitude towards this revelation was that "when a person told you that a thing is yours, you must accept it and take it". The participant replied "I'll never take that money because you know I have a younger brother who is still at school and sister is still at home".
- P4: The participant was unemployed and she was no longer able to settle her debts. Her lack of income resulted in her having difficulty providing for her deceased sister's child, whom she had adopted, with necessities for school.
- P5: The participant indicated that prior to the death of her husband the family's financial position was such that "he was having his car and I was having my car..." The participant additionally bought a combi. The reason for this purchase was "...so that I can eat. At least every morning when my husband go to work he is going to get something so that we can eat". Following the



death of her spouse, the participant's economic situation declined as revealed in the statements "...since then I haven't got nothing...I'm not working. Everything is miserable. I can't do nothing because if you haven't got money, you haven't got nothing. I even sleep with no food...even my brother is not working we are just sitting at home". The participant further acknowledged that "I can't pay the rent, I can't pay the water, the lights and everything. I even tell myself that if they want to lock me up they can lock me up because I will just explain as it is that I haven't got nothing. I'm not working, because I'll go to the court and explain that since they killed my husband I can't afford anything". Referring to people who owed her deceased husband money the participant asserted that, "there are many people here I know they've got my husband's money but if I want it they promise to kill me".

- P6: Post-bereavement, the participant became aware of unpaid debts that drained her financial resources. The participant clung to the idea that "I will get that lump sum of money for the children and for me and then every month I will get money as long as I'm not married..."
- P7: The participant did not refer to economic hardships or factors that influenced her or her family pre or post-bereavement.
- P8: Prior to his death, the participant's father assisted her financially. This means that post-bereavement she was without a source of financial support. Similarly, her estranged spouse maintained his two children as described "the father used to maintain the kids even if we parted...but now he is no longer willing to do a thing. He is not maintaining the kids anymore". Describing her financial position, the participant stated that, "I don't get a job, I'm not working and my daughter is in standard nine. If she passes she'll be in standard ten and I'm not working".
- P9: The participant admitted that financially "it was difficult...very difficult". Specifically, the family experienced "financial problems to help "M"(deceased) to take her to the hospital or to the doctors and as you know that, someone who is sick, is losing appetite she needs something special like food. We didn't have that money to buy her that..." The participant added that her father "is a pensioner...he is doing what he wants with his pension". With regard to her nuclear family life the participant stated that, "my boyfriend is the father of those two kids. We are having problems. He was working but

now he's not working, he lose his job because of friends...but now he is working temporarily...he never gives me money". The participant also referred to taking her deceased sister's child to her mother because "I can't afford because I'm not working, I'm living from a grant for my second child...it's a child's grant...its R120...so I took the baby to my mother".

- P10: Following the death of her child and his father one month later, the participant described her life as "difficult for me because I'm not working...I am suffering...I depend on my mother always". She stipulated that "I want work...maybe something change for me...life".
- P11: The participant did not express any concerns related to economic hardships in relation to the death.
- P12: The participant referred to "after his funeral there was no time to think what was happening now, what's gonna happen now, what's going on. I just had to go on because I didn't have money to bury him. I had to borrow the money ...and after that you know I was temping". Additionally, "I only remember running around trying to solve everything and then I went insolvent...because of all the debt. I found out later he had all this gambling debts, gambling debts he made, debts that he didn't pay and he borrowed money every where and he didn't tell me about it so I had all this horrible debts and I had to pay. So I went insolvent, so it was I lost my house, I lost my car, I lost my furniture, I had to push forward, I had to struggle just to survive to get food on the table tonight and there was no time to think he is dead now, I must stop asking about him. The participant asserted that, "I said but you can't imagine how mad I am because he left me alone and he left with all this and now I have to do it myself. I have to sort it out and it's not fair that he left me he didn't make a plan and he made all this horrible things and he didn't make...put money away for his kids and he left me and my kids" Substantiating this point further, the participant pointed out that, "the university told me my son can't go back before I pay...now I told my son...but it's like...I feel like a failure, I feel I'm failing him because I promised him he can go and...now he can't go back, then there is nothing I can do...there's nothing I can do to help him. It feels like I'm the biggest failure around here". The participant described her situation in terms of "financially I'm struggling and actually I'm busy..."ek is

besig om te versmoor in” (5), I can’t survive anymore because financially I can’t make it anymore”.

P13: The participant pointed out that “It upset the most...it’s because I’m not working. If that AIDS catch me...what’s happening to my child, she’s old now...but she want everything she want is me...now when I’m going to die what about her?” The participant maintained that money is also a problem in that “If I go there (to in-laws) to say I want to go to the cemetery they say we’ll go with you then I must give the money...but I’m not working, I’m responsible to ask somebody give me R20” (taxi fare to cemetery).

Put together, the interviews revealed that, five participants (38.46%) experienced financial hardships at the time of and after the death. This had a demoralizing impact on the affected participants. As such, boundaries between emotions related to grief and emotions related to survival issues became blurred. For three participants (23.07%) financial difficulties preceded (moderating factor) the death. For one participant (7.68%) the death presented a financial crisis in that there were no funds to bury the deceased. Six participants (46.15%) were not dependent on the deceased for financial support.

## **THE SOCIO-POLITICAL CLIMATE**

The category – socio-political climate – describes the participants’ exposure to human rights abuses and murder that is committed in the name of social and political justice. This notion was probably well borne out times of war and more locally, the extreme violence that informed the South African history during the times of the apartheid governance (Chapter Three, 3.3.3.2). In the context of this study only one participant (P7) was exposed to a politically motivated death. This participant’s experience was of sufficiently intense to warrant inclusion as a category.

P1: Death was not politically motivated.

P2: Death was not politically motivated.

P3: Death was not politically motivated.

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(5) “It is smothering me.”

- P4: Death was not politically motivated.
- P5: Death was not politically motivated.
- P6: Death was not politically motivated.
- P7: The participant described the deceased person's political involvement in terms of "It was as if they had died like this so that we can be free from apartheid...I remember when Mandela was released and the papers said that he will be released from jail...they were happy outside, singing that Mandela was going to be released. I was sorry that they are not there to see him released because they are the ones that were fighting for him to be released. I was sorry that they are not there to see him to be released...we are fighting for him to be released we are fighting for this..." Having fought alongside with other activists, the deceased was suspected of maintaining double standards hence her violent death by fellow activists.
- P8: Death was not politically motivated.
- P9: Death was not politically motivated.
- P10: Death was not politically motivated.
- P11: Death was not politically motivated.
- P12: Death was not politically motivated.
- P13: Death was not politically motivated.

It is important to note that 15 years after the death the one participant in the study who was exposed to a political death still presented with intense symptoms of grief. From this point of view, the participant's experience was sufficiently important to capture the dynamic between a hostile socio-political environment and complicated grief.

### **EXPERIENCES WITH MEDICAL COMMUNITY**

The category – medical community experiences – describes the informational and emotional support that the participants received from the medical community including the doctors and nurses. As pointed out in Chapter Three ((3.3.3.3) with technological advances, more deaths tend to occur in hospitals. This emphasises the importance of the supportive role assumed by medical and nursing staff. Attention is drawn to family members being appreciative of emotional support during the acute phase of the person's illness while informational support makes a difference in the subsequent stages. Cognisance is also taken of crisis situations during which, family

members do need support from medical staff but this support is often asked in a distorted way. The latter manifests in aggressive, demanding and despairing behaviour. Feelings or perceptions of being marginalized by medical staff seem to remain central in the minds of survivors long after the death has occurred. Much importance is attached to the role of traditional healers in the lives of the vast majority of Black South Africans. From this perspective, traditional healers are consulted in order to make sense of the death.

P1: Except for the family doctor, there was no extensive medical community involvement. The family doctor was perceived as a significant support system as stated by the participant, “we had no problems with the doctor there”.

P2: Mother’s suicide death did not involve the medical community.

P3: The participant’s initial contact with the medical community occurred when a friend who was also a nurse, informally diagnosed her mother’s condition. The latter informed her mother “that you have cancer. Then she goes to the hospital and told the doctor that I have cancer. The doctor said no, this is not cancer. Then she gave up, she stayed at home, she do nothing”. Observing her mother’s intense pain, the participant acknowledged that she is not able to assist her mother at home and decided to take her mother to the local hospital. At that point “they said no, this thing is spreading all over the body, the rest of the body we can’t help you because the doctor said its cancer...and the way I see her, she can’t even last for seven days. Within seven days...within seven days she is going to die”. Being given this information about her mother’s impending death the participant “shouted at them” at which point the doctor reiterated and said “no, your mother the way I see her, she can’t survive and she can’t stay for seven days”. Following admission to the ward her mother reported that, “ I’m Ok...because they inject her the drug injection...then she said...I’m not feeling the pain anymore”. One day after being discharged from the local hospital the participant took her mother “to the General Hospital because I trust this hospital...it’s a good hospital. “Ja” I know that she is going to survive there. We arrive at eight o’clock but the time we leave her at twelve o’clock she died but they didn’t phone us they phone us at eight o’clock when my father arrived from work”.

- P4: Exposure to the medical community involved treatment by a General Practitioner and the local community hospital. The participant was of the opinion that the doctors at the hospital knew that her sister was going to die. This is borne out by her statement “they discharged her, she must go and talk with us, anything she wants to tell us”.
- P5: The participant’s husband was shot at New Era station and when she arrived at the scene her husband was already loaded into the ambulance. She was sent home by the police and had difficulty understanding why they would not allow her into the ambulance to accompany her husband to the hospital. On arrival at home she hired a car to take her to the hospital where she was informed that her husband was already dead.
- P6: The participant is of the opinion that the hospital concealed that, “he vomits all the parts, the liver, the what...he vomits them”. This perception was based on the family’s observation that the deceased was vomiting “thick blood”. Led by the idea that her husband vomited his inside parts, the family asked the hospital to take him home. The response from the hospital staff was “you take him, you leave him, it is up to you but there is nobody here, you can just go and prepare for the burial”.
- P7: There was no involvement with the medical community.
- P8: The deaths of the participant’s father and her son occurred instantly and there was no involvement with the medical community.
- P9: The participant’s support from the medical community is reflected in her withholding the deceased sister’s immune status from her. This was explained in terms of “I took her to the doctor. When I go there...I explained to my doctor that this “M” have got a problem, any problem she try to commit suicide. So I explained to her (doctor) that I want him to take a blood test but I want it to become a secret. I am going to take that result so then he understand...four times she tried to commit suicide...even when we talk sometimes she get angry, she try to commit suicide...by hanging herself, for the second time she take the ratex and the third time she try again by hanging herself”. The participant further admitted to having good information from the hospital doctors and nurses as her deceased sister “sometimes she stay in the hospital, sometimes they asked us to stay with her at home”.

- P10: The participant's child died at home and the medical community was not involved at the time.
- P11: The participant indicated that her experiences with one of the hospitals were such that "ons is baie negatief omtrent die hospitaal...hy is basies die oggend is hy vroeg...die ongeluk het die oggend vroeg, so om en by drie, vier uur...tot die aand sewe uur toe sê ek vir hulle ek gaan hom...hierdie kind hier uithaal want ek sien daar is niks wat julle vir hom doen nie". The participant further described the doctor's response in terms of "En toe die dokter nou vir my sê hy weet nie waaroor is ek bekommer nie...hy is baie vêr van dood gaan. So 'n negatiewe antwoord en toe ek nou gaan soebat en vra kan hy nie vir ons 'n brief gee nie laat ons net die kind hier weg kry nie. Maar dit was 'n...weet hulle houding wat hulle gehad het was vir my regtig, hulle was nie...hulle het ons nie regtig bygestaan en gesê kyk wat ons bekommer oor die kind..." On asking that her child be transferred to another hospital, the participant expressed a sense of "Weet dit was so 'n groot "effort" vir hulle om die hospitaal te bel. Toe het hy nog 'n lang storie dis altyd 'n probleem vir "JG" hospitaal as hulle wil pasiente soontoe wil stuur...weet hulle het alles probeer struikel blokke vir ons maak dat ons nie die kind moet daar uitkry. En toe ons hom tog uiteindelik daar uit kry, toe is daar baie dingetjies wat "JG" baie ontevrede mee was". With regard to the support of her General Practitioner, the participant clarified that, "Vir al die jare wat ek gewerk het, vir 17 jaar was ek op 'n mediese fonds, 'n goeie mediese fonds wat "at least" daai "trauma" wat hy deur gemaak het vir die twee jaar (meaning two months) sou "gecover" het, want hulle het 'n goeie bedrag vir trauma uitgebetaal. Nou voel ek toe moes ek my werk verloor het net voor dit...net voor die ongeluk. Februarie maand is hy oorlede toe betaal my medies nie meer nie. Nou voel ek jene, ek kon hom nie eens, ek kon nie eens my kind red nie. Miskien nou dink ek nou as ek nou miskien 'n goeie hospitaal...dit was nou "JG" gewees toe sê Dr. "D" vir my weet ek moenie daai skuldgevoel het nie "because" daai is een van die beste hospitale al is dit nie 'n kliniek nie want baie van die dokters, die beste

dokters wat by die klinieks is, het tog daar gepraktiseer en omdat hy dit gesê het, het dit ook my bemoedig” (6).

- P12: Except for the General Practitioner who sedated the participant and her children on discovering the deceased, there was no other medical community involvement.
- P13: Involvement with the medical community revealed that, “the Doctors when they told us she (he) was mad (meaning confused), he didn’t know anything...then the Doctors say to me he was HIV. The Doctor said this person he’s got HIV that’s finish...then the Doctor say who are you, then I say I’m the girlfriend...then he said sorry...I say sorry it’s too late for me”. The participant reflected that they didn’t sit down “and talk” they just “say its HIV...that’s finish”.

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(6) The participant indicated that her experiences with one of the hospitals were such that, “we are very negative towards the hospital...he was basically early in the morning...the accident occurred early in the morning, round about three, four o’clock...until the evening seven o’clock. So I said to them I am going to...take this child out because I see there is nothing that you are doing for him”. The participant further described the doctor’s response in terms of “And when the doctor told me that he doesn’t know why I am worried...he (son) is far from dying. Such a negative answer and so I went to go and beg and ask if he cannot give us a letter so that we can just get the child away...but it was really a...they really did not assist us and said look, what worries us about this child...” On asking that her child be transferred to another hospital, the participant expressed a sense of “You know it was a big effort for them to call the hospital. So he had a long story that it’s always a problem for JG hospital if they want to send patients, you know, they tried to create all obstacles for us so that we don’t take the child out. When we eventually took him out, there were many things that JG were dissatisfied with”. With regard to the support of her GP, the participant clarified that “ For all the years that I’ve worked, for 17 years I was on a medical aid fund, a good medical fund that would at least have covered the trauma that he went through for the two years (meaning two months), because they paid a considerable amount for trauma. Now I feel, I had to lose my job just before it...just before the accident. He died in February and my medical aid did not pay any longer. Now I feel I could not even save my child. Maybe, I think if I perhaps had a good hospital...even if it was JG...so Dr “D” said to me, don’t feel guilty because that is one of the best hospitals even though it might not be a clinic, many doctors, the best doctors who are working at clinics also practiced there and because he said it, it also gave me some courage”.



Put together, the interviews revealed that the support of the medical community was largely determined by the mode of death. Seven participants (53.84%) were involved with the medical community. The two participants' (15.38%) involvement with General Practitioners appears to have been mostly satisfactory. Two participants (15.38%) were satisfied with their experiences with hospitals. Three participants (23.07%) perceived their experiences with hospitals as unsupportive and even hostile at times. The provision of information support, which the participants considered to be important and basic, was not forthcoming. From this point of view, the participants groped in the dark with regard to the person's diagnosis and medical status.

### **6.3.2 THE FAMILY CONTEXT**

The family context comprises a more proximal context in the participants' ecosystem. A non-normative death in a family may foster difficulties that span across generations and bear witness to dysfunctional family organizational styles and maladaptive family developmental task achievement.

Responses to the predetermined guide questions translated to the following categories:

- Family patterns of interaction and relating;
- Family emotional integration and
- Family support.

#### **FAMILY PATTERNS OF INTERACTION AND RELATING**

The category – family patterns of interaction and relating – describes the participants' perceptions of the extent to which psychological closeness or distance prevailed among family members at the time of or subsequent to the death. As described in Chapter Three (3.4.2) earlier bereavement and grief theorists provide clinical and observational support that dysfunctional family relationships culminate in symptom formation in a vulnerable member following the death of an important person. However, more contemporary theorists note that family attachment styles comprise foundational elements in family patterns of functioning. A ripple effect is experienced in that stressful events activate attachment styles. Hence it can be inferred that if parents endorse insecure attachment styles, dysfunctional patterns of interaction and relating are likely to pervade the family system. From this point of view, the crisis of death is likely

to exacerbate dysfunctional patterns of interaction and relating. Note is taken that these responses represent the participants' perceptions and understanding of the family dynamics. The category, family patterns of interaction and relating, comprises statements reflected below.

- P1: In clarifying the family patterns of interaction and relationships the participant suggested that, "my youngest sister...was distant...she should have supported my mother more (being a nurse)...she was supposed to be available...she just cares about herself and her own problems around things". Similarly, "my brothers...they weren't very supportive. My older brother will shout at her (deceased)...I don't think he wanted to admit that his sister had AIDS". About the other brother the participant asserted that, "my one brother is not very supportive of anybody or anything. He is a very selfish person...that's just the way he is". Likewise "my one sister...would be there everyday but she'd be afraid of my sister's impending death. If I could say, go in...she'd say hello to her, talk to her for a while and she'd disappear. She'd come after h-o-u-r-s or she'd make a little soup then disappear and then someone else has to feed her. I realized that she was afraid of my sister's illness that, I can believe at least she was there. The participant conceded that, "they upset me with their callous play".
- P2: The participant maintained that, "my mother was too fed-up...she took a lot...so she can't take no more". Dysfunctional patterns manifested in a stressful parental marriage, which ended in divorce. The participant perceived the divorce to have ultimately contributed to the death of her mother with whom she had a very dependent relationship. Of importance is the participant's early history of premature birth and scholastic underachievement. These histories suggest that the participant may well have been lacking adequate social, emotional and intellectual resources. The latter coupled with the dysfunctional family dynamics probably rendered the participant the most vulnerable member hence the development of complicated grief.
- P3: The participant indicated that, "I miss my mum. Ja, because I think she was a loving parent, a caring parent". Likewise, the participant conveyed a sense of "I love her (deceased mother) very much...when she died I love her very, very much".

- P4: The participant described the family dynamics in the following statement “she (deceased sibling) was understanding me”. Other than that, contact with and responses from biological mother led the participant to experience a sense of “I don’t think I’m your child...you haven’t got pain for me”. With regard to her marital relationship, the participant suggested that, “even my husband he mustn’t shout...he must try to understand me”. The participant seemed to perceive her relationship with her mother in terms of being an unwanted child or a child who has no place in the family.
- P5: The participant asserted that “one time I had a fight with my husband...He took the marriage certificate, he said I’m going to divorce you. I said it’s Ok you can divorce me if you like. He took the marriage certificate, from there he decided ag, but it’s for a long time I was staying with this one”. The participant on the other hand indicated that, “I found him with another girlfriend...I’ve hit that girlfriend”.
- P6: The participant indicated that, “we’ve grown up under grandmother, grandfather and aunts...they’ve grown us up very well...if I’ve got them, I’ve got everything”. However, the participant feared that her spouse, “he is no more in love with me...” and “didn’t like to stay in the house...life was not right at home”.
- P7: Her relationship with her deceased sister was described in terms of “we were very fond of each other”.
- P8: Following the death of her mother in 1992, coupled with the separation from her spouse, the participant and her children were supported financially by her father.
- P9: The participant described family patterns of interaction and relating in terms of “usually we don’t discuss because I stay here in “T”, my mother is at home but sometimes they call me”. On the other hand, the participant indicated that “where I’m staying, I’m staying with my boyfriend and this my boyfriend is the father of those two kids...we are having problems”.
- P10: The participant described her life with the family of origin in terms of “Is right life”. Relationships with her in-laws were also described as “alright...good” while her relationship with the father of the deceased child was referred to as “it is fine”.

P11: Although the participant and the father of the deceased child were divorced “ons het nog altyd kontak, daar was altyd kontak. Baie het gesê julle kom so goed oor die weg, julle kan so goed gesels. Ek dink dit is wat my seun ook gedink het, my ma en my pa kan dan so goed gesels as hy daar kom...ons is regtig soos ou vriende maar net die liefde was nie weer daar nie.” The participant further conceded that, “sy pa was altyd daar vir hom maar dit het altyd gelyk asof hy baie ongelukkig voel. Sy skool maatjies het altyd gepraat en gesê hoe...hulle is so gelukkig wat albei ouers het want hy begeer dit”. In the absence of the deceased child’s biological father, the participant revealed that “...in die laaste tyd het hy altyd gevoel ek en my broer, my broer is ‘n baie streng mens en hy het altyd probeer...my broer het geprobeer om hom pa se plek te vul. Weet hy is eintlik baie streng, baie reguit persoon en omdat hy nou nie met drank en sigarette te doene is nie, het hy nou agtergekom my seun is miskien in die verkeerde geselskap. Toe het hy nou streng opgetree, want toe sê my broer vir hom kyk, as jy nie met die reëls in die huis in...jy kan nie laat in die huis kom soos wat jy wil nie...” The participant further reflected that “ons het baie probeer op hom druk...miskien was ons te hard...” The participant also maintained that “ons was miskien te kwaai met hom, te streng...en ons moes miskien meer met hom gepraat het want ons het net geskel en gesê nee, jy kan dit nie doen nie. Ons het nie vir hom gesê waarom is dit dat ons so voel nie”. The participant added that “omdat ons so streng groot gemaak was, het ons dit nog in ons” (7).

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(7) Although the participant and the father of the deceased child were divorced “we always had contact, there was always contact. Many said that you get along so well, you are able to converse so well. I think that is what my son also thought, my mother and my father are able to converse so well if he comes home...we are really like old friends but just, there was no longer any love”. The participant further conceded that, “ His father was always there for him but it always seemed as if he felt very unhappy. His school friends always talked and said how they, who had both parents felt so happy because he desires that”. In the absence of the deceased child’s biological father, the participant revealed that, “more recently he always felt that me and my brother...my brother is a very strict person and he always tried to fill the place of his father. You know he is actually a strict, very strict person and because he is not involved with alcohol and cigarettes, he then found out that my son is perhaps in the wrong company. He then became very strict because my brother said to him (deceased) look, if you don’t...with the rules

P12: The participant described the nuclear family patterns of interaction and relationships in terms of “I was always a strong person, I was always the strong one in our marriage, I was always the one standing and fighting and making everything right”. Additionally, “he died...Wednesday...the Monday they told me they going to retrench me and he (spouse) was really upset about it. He said to me you know it’s impossible because I’m the main incomer in the house and how can I never work and he only got a contract based for three months”.

Family dynamics are further reflected in the participant’s statement that “I raised my kids there’s no words like I can’t do it...I will do it...I must do...I try to do it...I will do my best to do it...that’s how I raised my kids. So we raised them, you will go and study, you will make a good life for yourself, that’s how I believe and you work for everything in life you want...that’s how I raised my kids...”

With regard to the family of origin, the participant asserted that, “we are a very close family...and we are very close, my mother and my father raised us when the one is in need you always there for that one that’s in need and again you do everything to help that one in need and that’s how we are”. Furthermore, “my mother and my father is my whole life...like my mother and my father is struggling, now I want to help them...even if I know I can’t help them...I want to because they are my mother and my father and like...if my sister comes to me today I will do everything for her and the same it’s the other way round. We only got this six grandchildren in the family...and its not my brother’s kids, it’s not my kids it’s our kids. Financially, I can’t give like money to my brother and say here, give to your children but we always there for one another if there is a crisis we always help. They will come and help my kids and I will help my brothers kids, that’s how it works in our family”.

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in this house...you can’t come late into the house as you like”. The participant reflected that, “we tried to pressurize him...perhaps we were too harsh”. The participant also maintained that “we were perhaps too strict...and perhaps we should have talked more to him because we always just shouted and said no, you can’t do it. We never told him why do we feel like we do”. The participant added that, “because we were brought up so strictly, we still have it in us”.

P13: The participant described the family dynamics in terms of “My mother she is a cardiac person...my father she’s old now, she’s 65 and I’m a mother...I’m a father...somebody was sick they come to me. If I tell my mother I’m HIV who’s going to help me”. The participant further pointed out that, “I was fighting with my mother”. This incident related to her perception that, “I’m not working that’s why I’m a slave...because I’m a slave...if I’m not at home nobody will clean the home”. Having said this the participant conceded that, these arguments “it’s a new thing” and that her boyfriends death is “affecting her more and that sometimes she will take remarks very seriously”.

Put together, the interviews provided evidence that ten participants (76.92%) reported secure family of origin patterns of interaction and relationships. The latter provided a holding environment for the participants. Three participants (23.07%) referred to family patterns of interaction and relationships suggestive of conflict and disturbances. It may well be that the deceased assumed a stabilizing role in the family and/or in the life of the deceased. In the event of the deceased bringing stability to the family, dysfunctional patterns of interaction and relating were exacerbated by the absence of the deceased. However, in the event of the deceased assuming a stabilizing or security-enhancing role in the life of the bereaved participant, it is possible that the latter may have been the most vulnerable member in the family. From this point of view, the participants may examine themselves in terms of what their lives were like before the death and what their lives mean without the deceased.

### **FAMILY EMOTIONAL INTEGRATION**

The category – family emotional integration – describes the extent to which emotional expression within the family was inhibited or tolerated and whether there were indications of mutual concern and cohesiveness. In Chapter Three (3.4.4) reference was made to family cohesiveness, conflict and expressiveness as constructs that differentiated adaptive from maladaptive grieving families. Specifically, cohesiveness was identified as the highest variable in the hierarchy of adaptive family grieving. Subsumed under the dominant construct of cohesiveness are family processes such as emotional closeness, sharing of distress and mutual support. The participants’ perceptions of the emotional climate that influenced grief reactions are reflected in statements below.

- P1: Exemplifying the inhibition of emotions are statements such as “the day of the funeral I felt like my heart was breaking into thousand pieces”. The morning of the funeral the participant’s spouse said to her “onthou nou jy kan nie tekere gaan asseblief...jy moet sterk wees vir ma...ma het jou nodig...(8) and then I started to cry, he said to me...I mustn’t upset my kids”. The participant asserted that, “I wasn’t allowed to cry and I remember waking up one night...I missed my sister so much. I couldn’t even cry in my room because my baby was there. I had to go to the outer bathroom and cry there...and I came back and I woke my husband up...when I started crying and I said to him I miss my sister so much he just said “ai gaan aan” (9). At that point the spouse also told the participant to “shu”. The participant indicated that, “it was difficult for me, it’s still difficult even if I feel like crying nowadays too...I feel that you not allowed to cry. He doesn’t want me to upset his kids...I must go and do my crying in private...I can cry about anything else”. Essentially, the participant conveyed a sense of being forbidden by her spouse to express her emotions of grief in the presence of her children.
- P2: The participant remarked that, “after he cooled down after my mother passed away my father he like reconciled with all of us but then we all told him it’s too late to communicate with all of us because you never did”. Additionally “he feels like doing something good now...I don’t know but it doesn’t feel right now”. Emotional intolerance is also detected in patterns of interaction amongst the siblings. This dynamic was reflected in the statement that, “ ...my brother also, he was married and his wife didn’t like wanted me to go and live there so I

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(8) “The morning of the funeral the participant’s spouse said to her “remember you cannot go and perform, please...you must be strong for mother...mother needs you”.

(9) “Ai, go on”.

had to go and live with my uncle in the township and afterwards he died, my father sold the house, my brother used to give me a hard time, my sister-in-law used to give me a hard time, like my brother...shouldn't like pick my side he even used to like take her side". Against the background of family disorganization, family members were not available to share the participant's distressing emotions.

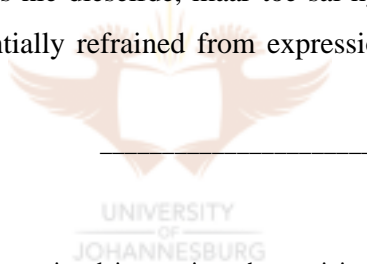
- P3: After the death of her mother, the participant undertook to "look after my family (of origin) like my mother used to". Emotional expression related to the mother's death was tolerated and supported.
- P4: The participant was reminded by her mother that "your father just leave you". Stepsiblings on the other hand, "when I just talk with them...they can't respect me because they know already it's not my father's house that". The participant thus perceived her family not to respect her and to frown upon the grief emotions she displayed.
- P5: Describing two perinatal deaths, including a set of triplets, the participant remarked that, "It was sore and even to my husband, both of us, it was not right because he was so thin after that. He was not feeling all right and me too. I was not feeling all right. I couldn't accept that I'm having the miscarriage". However, "my husband told me that I'm going to die. I asked him why are you going to die. He never said anything". Yet again he said to her "my wife if I'm dead you must know that the one who is going to kill me is A...(name of his assailant)". On the second occasion, "he came again to the house, my wife I'm going to die, this thing is real. I said but why? I didn't get an answer. The last time before he died he told me that he is going to die on Monday. Then on Friday he died. He never told me anything. When I go to Natal with the coffin of my husband...I've realized after that he was in love with another teacher". Other than marital difficulties experienced by the participant and her deceased spouse, relationships with her family of origin and family-in-law were supportive.
- P6: As indicated by the participant "he did not bring money to the home...he was not paying electricity for three months...we quarrel about that before". The family of origin supported the expression of emotions related to the death.
- P7: When rumours about the impending death reached the family, the participant suggested that the now deceased sibling changes her place of residence to a remote area. However, the deceased refused, her reasoning was that "no I



won't go away because when I go they will burn the house and kill all of you...so I don't want to do that. I got to stay". The participant's understanding of her deceased sister's refusal to leave the house was that "she was protecting us...the way they will kill you and burn the house and torture you that you must tell them where I am". A sense of mutual concern was indicated.

- P8: Describing the family dynamics, the participant indicated that, "My father owned a taxi. They (two younger siblings) said they were afraid if they leave the taxi at my place maybe they (assailants) can come back. After some months I asked them where is the taxi? They just told me they sold the taxi...not telling me and then they claimed that the money was stolen by the neighbour". Because of the strained relationships with her siblings, the participant refrained from sharing her emotions with them.
- P9: The family emotional integration is borne out in the handling of information about the deceased sister's immune status. Specifically, "my mother she knows the truth about ..."M" told her but we didn't tell my father because he was talking too much". In fact, the "whole family knew except my father". The participant described the family reaction to the news about the deceased in terms of "they all just cried". The emotional integration of the family further emerged when the participant indicated that "I phoned them, my mother told me that I found a letter on the drawer your father write a letter to his sister and saying to her that he is going to commit suicide". Prior to the deaths the family's emotional integration was characterized by "my father usually he stayed here in Johannesburg...to stay where the work was...to spend a living we were helped by my grandfather". Emotions related to the deceased person's stigmatised illness and death were shared but elements of family disorganization and conflict were evident.
- P10: The participant described the family emotional integration in terms of her mother and her brother "they sit with me and tell me all this thing that happened for me".
- P11: In describing the family emotional integration the participant suggested that her younger sibling "was baie geheg aan hom (deceased). Hy was die jongste, hy is die jongste van die familie en hy en my ma was ook vreeslik aan mekaar want dit was hy en my ouers, ek weet hy...en selfs met my seun se dood is...was dit ook vir hom nog erger want in die laaste tyd na my ma se dood was dit net die

drie van ons in die huis. Baie het gedink dis hom kind omdat hy ooral waar hy gegaan het...as hy by die sokker “tournaments”, het hy my seun saam gevat. Jy weet daar was nooit ‘n tyd wat hy hom laat voel het dat dis nie hom kind nie. Weet hulle was regtig soos twee broers”. With regard to emotional expression in relation to the death, the participant revealed that, “Ek voel partykeer ek gaan hulle net “upset” as ek hulle my “emotions” wys dis waarom ek probeer “cope”. Ek wil nie vir hulle, ek wil hulle nie “upset” nie. Ek en die suster kan maar nou bietjie daarvoor gesels...partykeer praat oor dinge wat hy gedoen het en gesê het. Maar daar is partykeer dan wil ek nie daarvoor...dan lyk dit ek kan vir haar sê sy moet nie daarvoor praat nie”. Referring specifically to her brother, the participant pointed out that “daarom kan ek, ek weet ek nie regtig met hom gesels nie want ek weet ek sal nie kan gesels nie sonder dat ek ‘n traan stort nie dan gaan hy sien dat ek nog binne seer het en partykeer is die huis so stil. Ek dink dis die stilte, ek kan partykeer nie die stilte vat nie seker omdat ek alreeds toe my ma weg is en my pa toe is daai huis nie dieselfde, maar toe sal hy nog die huis opbeur” (10). The participant essentially refrained from expression her emotions in order to protect her family.



(10) In describing the family emotional integration, the participant suggested that her younger sibling “was very attached to him (deceased). He was the youngest, he was the youngest of the family and he and my mother were very attached to one another because it was him and my parents, I know he...and even after my son’s death...it was worse for him because more recently after my mother’s death it was only the three of us at home. Many people thought that he (deceased) was his (participant’s brother) son because wherever he went...if he goes to soccer tournaments he took my son with. You know, there was never a time that he (brother) made him (deceased) feel that he is not his child. You know, they were really like two brothers”. With regard to the emotional expression in relation to the death, the participant revealed that, “I sometimes feel I am just going to upset them if I show them my emotions, that’s why I try to cope. I don’t want to upset them. My sister and I can only now talk about things that he did and said. But there are sometimes that I don’t want to...then it seems I can tell her that she mustn’t talk about it.” Referring specifically to her brother, the participant pointed out that, “that’s why I...I don’t really talk with him because I know I can’t talk about it without shedding a tear and then he is going to see that I am still hurting inside...and sometimes the house is so quiet. I think it’s the quietness that I sometimes can’t take perhaps because already when my mother had gone (died) and my father (died) the house was already not the same, but then he still cheered up the house”.

- P12: Emotional inhibition is reflected in “I was crying a lot, every night, when I was driving home on the highway I was crying and before I get home I stopped crying because I didn’t want my kids and my family to see how I feel”. Furthermore, the participant revealed that, “when I actually think he died, I didn’t show anyone I’m grieving when I cry, I cry on my own...still now I don’t actually...you know I didn’t tell no one...I don’t talk about it a lot because I can see it’s upsetting them but it upsets me and because I’m upset, they get upset so I don’t talk about it. I don’t show them how I feel”. The inhibition of emotional expression is further revealed in “I feel I can’t really go there (cemetery) with them (children) because I can’t cry my heart out, because they’re upset because I’m so upset”. The participant concealed her emotions from her children, which she perceived as her way of protecting them.
- P13: The participant acknowledged that when she feels sad and is “crying...they (family) ask me what’s happening...I say nothing...if they don’t understand me then I phone my last brother...she (he) say to me I must go to the doctor he’ll come and see me to hear what they say”. Based on the fact that the family asked what was happening, the participant acknowledged that her family of origin expressed concern when they observed that she was emotionally distressed. However, she refrained from sharing her distress and withdrew instead. Equally important, the participant’s emotional distress related not only to the death of her live-in-partner but also to her loss of physical and psychological integrity that derived from her own status. These circumstances provide fertile ground for loss of self-esteem. Compounding her loss of self-esteem is the participant’s perception that her parents and younger siblings have always relied on her for whatever support they needed. From this point of view she was a security-enhancing member in the family.

Six participants (46.15%) suggested that, their families tolerated their expressions of emotion while for three participants (23.07%) the inhibition of emotional expression was self-imposed. Five participants (38.46%) referred to the inhibition of emotional expression as being imposed by their families. In one instance, it seemed that emotional inhibition was an overt rule. An implication of emotional inhibition, irrespective of whether it was imposed by the self or by the family, it has as a consequence the

heightening of boundaries between the participants and internal family subsystems. This in turn, limits available support.

### **FAMILY SUPPORT**

The category – family support – emerged as the participants related the type of assistance they received from their nuclear and extended families. As clarified in Chapter Three (3.4.5) the role that social support assumes in alleviating the strain of bereavement is well established. However, in the context of bereavement it is important to establish what the nature and quality of support are and whether the available support was sustained. More importantly, is the recognition that the deceased may have been a significant source of instrumental, emotional, or material support in the life of the bereaved. From this point of view, it is important to consider whether the available support compensates for the support that the deceased provided to the bereaved. The participants described their perceptions of support in the following statements.

- P1: With regard to her spouse, the participant expressed the idea that he supports her “as best as he can. He doesn’t understand...I think he doesn’t understand the whole thing I’m going through because he never lost a brother or a sister, I don’t think he can deal with me...what’s the word...associate with what I’m going through at all...he has no idea...to him he also lost someone...we lost my sister they were close too but its not his sister at the end of the day, he didn’t grow up with her its my sister...he doesn’t understand the depth of my [pain]”. While the participant did not perceive the support that she received from her spouse as exceptional in quality, she nevertheless perceived it to have been within the limits of his own emotional capacity and personal resources.
- P2: Prior to the death the participant’s mother expressed the hope that her siblings would take care of her. This was described in terms of “My mother before she died she even spoke to my sister, do me a favour, just take care of your sister and make sure that she doesn’t go out anywhere because she’s just not well, she doesn’t know streets properly and she doesn’t know how to go here and there and there”. Similarly, she also told “my brother...to take care of me”. However, post bereavement, the participant landed in Nigel with a relative who “provides me but I mean I get like scared...like if I need something now because she is also taking care of two foster children...she can only give me a

little but she can't give me more than that...I mean I can go to her and say I need this, I need that but then I must think she's got two children in between". The participant conceded that, "it is difficult for me to go and speak to her and say I need this or I need that". Being isolated by her siblings and having to relocate resulted in a complete uprootment from the only home she has ever known, from familiar social structures and all that which lend coherence to her self-identity. The participant's post-loss circumstances translated into a total loss of community, which compounded her grief.

- P3: Family support derived from the participant's family of origin and her spouse. The participant's twin sibling was physically less available due to her own family commitments. Extended family support was available at the time of the death and the participant indicated that they were "gathered together...but now we scattered. You see now, no one can come and say how do you feel, how is your father, how is your brother. Now you see when you come at home ...my father he's watching TV, he is alone. Then my younger brother he's at his bedroom then he is studying because most of the time you'll see him with a book". Essentially, the participant received unconditional support from her family of origin while support from her extended family dwindled soon after the burial.
- P4: The participant described her stepfather as the one "who was understanding me". Furthermore, the participant decided not to work any longer as a result of not feeling well. Mother's response to this was "I don't know why she don't go to work because she can't wake up her sister again. She can't wake up her sister again. She can't wake up maybe she think maybe she says she is not going to work...her sister is going to wake up..." The participant asserted that support from the family of origin was unavailable. Her understanding of the lack of support from her family related to her perception that when she was employed, her family appreciated her. However, since she was no longer able to provide for them financially, they failed to value her as a person. She conveyed the attitude that her deceased sibling was the only one in the family who valued her unconditionally.
- P5: The participant felt supported by her in-laws even though they were living in Natal. However, "they were poor and it was me who was supporting them. Now because I'm no more working I don't know how they are doing".

- P6: Prior to the death of her husband, the participant received support from both her family-in-law and her family of origin. Indications of this support surfaced when confronted with marital problems “I call my family, I call his family and I told them that now he’s starting to do something that I don’t understand”. Similarly, at the time when her husband was seriously ill both families assisted her. For instance, she stated that, “during the week my mother-in-law, my aunts, the husband of my aunt went through to the hospital”. On their own the participant’s family would “fetch me at work, so they always phone me at work, how is “B”? today we are going to the hospital, you must come this side we’ll go along with you. After that they will take me home from hospital”. After being taken out of hospital her spouse was nursed at his maternal home and the participant was available to “help my mother-in-law”. The participant’s withdrawal from her in-laws after the death of her husband related to her perception that her health problems were as a result of them using witchcraft on her. She clarified that “from March I started to get sick. After he died I was just, I started by panicking, not sleeping...two weeks after we bury him, I started to have the pain, the pain”. The point made by the participant was that she derived no support from her family-in-law. Instead she was isolated by them, which she explained in terms of cultural beliefs. The latter led her family-in-law to allude to her involvement in the death of her spouse by means of witchcraft.
- P7: At the time of her sister’s death family members were supportive of each other. The support was sustained. For instance, a sibling always accompanied the participant when she had to “testify before the Truth and Reconciliation Commission in Pretoria”.
- P8: At the time of death the participant found her relatives most supportive. By being available most of the time they provided support. However, following the burial the support that the participant expected from her two younger siblings was not forthcoming due to conflict surrounding the possession and sale of their father’s taxi. The conflict resulted in the participant experiencing a sense of isolation and alienation from her siblings.
- P9: The participant described her family of origin support in terms of “we stand together”. Further support derived from extended family members including “my uncle and my mother’s sister and my Aunt”. Type of support involved

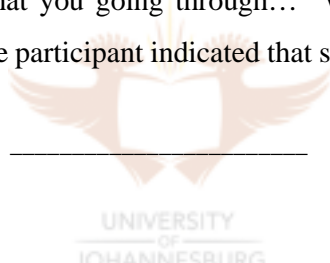
“for that short period they mourn with us” and before the burial “they were busy preparing the food”. After the burial “my uncle go away, my aunt sit with us”. However, the participant stated that, “my father didn’t help us with his pension. He just use it on himself”. With regard to her nuclear family the participant conceded to “having problems”. Hence “I usually want to go home but because my children are here at school I didn’t go home. But I feel like going home and stay at home with my family”. While the participant did not experience significant support from her father, she seemed to be more affected by her perception that her live-in partner was distant and not sharing her grief.

P10: In identifying sources of family support, the participant referred to “my mother and my brother”. The father of the child “was not at home when the child died...he was in hospital...because he fell down...since 1998...he does not work...he does not move...the body does not work all right”.

P11: In terms of family support the participant indicated that “Een suster van my is vreeslik, weet sy sal alles probeer, weet Sondae sal sy sê kom eet by my, en dan “J” se pa het my baie by gestaan. Sy familie het my baie bygestaan, sy ouma, sy ma se mense, sy suster. With reference to support from the deceased child’s biological father the participant indicated that “Nee sy pa ondersteun my regtig, sy ondersteuning met die tyd wat die kind in die hospitaal was, was regtig goed en tot na die dood is hy nog steeds by my. Weet hy ondersteun my. Dit is seker iets wat my regtig nog die moed gee om aan te gaan. In specific terms “Ek dink ek was seker op my laagste gewees en dis seker maar waar ek gevoel het hy (father) staan my nou dan by, hy is dan daar vir my, hy voel wat ek voel...” The participant further indicated that when her parents died “daar het ons al vier (one brother and three sisters including the participant) deel aan die dood gehad, ons al vier het verloor maar die keer voel ek, ek het alleen verloor. Hulle het ook verloor, hulle het ‘n suster’s kind verloor want hulle was ook baie trots op hom. Maar hierdie voel ek regtig dit is my...ek voel ek het alleen verloor, alhoewel hulle voel nie so nie. Hulle voel vir hulle was hy nie net...seker maar omdat hy in die huis groot geword het. Soos my broer sê dit was hom jongste broertjie, hy was al seun, my broer is al seun met die gevolg was “J” vir hom soos ‘n broer en dus waarom hy vat dit partykeer ook baie swaar”. The participant added that her siblings “gaan ook deur ‘n “trauma...” ek weet my broer is eintlik, weet soos moedersdag kon hy nie eers

vir my “gewish” het nie...Baie mense sê daar is ‘n verandering in hom, seker omdat hy nie praat daaroor nie” (11).

P12: The participant acknowledged that, “At the time of the death I only got...I only had my family, they were...how can I say...they were dealing with it but they were struggling”. She reflected that, “I knew my mother and father is also hurt...we were married for twenty years and he was never like a son,” “ag”...a son-in-law to them...he was a son, he was a...my brothers and sisters called him “ouboet” so he was the oldest son in the house...I knew they were also hurting especially my father...” Family support was also described when the participant stated that, “I went there (cemetery) once with my mother and my father alone and I was crying my depths, many mixed feelings, crying and I felt better afterwards”. In terms of support from her family-in-law the participant indicated that “every time when I was crying and I spoke to my father-in-law because me and my father-in-law was very near to one another...he said to me no I understand totally what you going through...” With reference to support from her mother-in-law, the participant indicated that she



(11) In terms of family support the participant indicated that, “One of my sisters is terribly...she’ll try everything...you know on Sundays she’ll say come and eat by me, and then “J”’s father assisted me a lot. His family supported me, his grandmother, his mother’s people, his sister”. With reference to support from the deceased child’s biological father, the participant indicated that “No, his father really supports me, his support at the time that the child was in hospital was really good and even after the death he is still with me. You know he supports me. This is probably something that really gives me the courage to go on”. In specific terms “I think I was probably at my lowest and that is probably where I felt that he (father of the deceased) supports me...He is there for me, he feels what I feel...” The participant further indicated that when her parents died “All four siblings shared the loss, all four had lost. But this time I feel I’ve lost alone. They also lost, they lost a sister’s child because they were also very proud of him. But this, I feel, I really, it is my...I feel I had lost alone, although they don’t feel like that. They feel that for them he was just not...probably because he grew up at home. Like my brother said it was his youngest brother, he was the only boy, my brother was the only boy as a result “J” was like a brother to him and that is why he is sometimes taking it very hard”. The participant stated that her siblings “are also going through trauma...I know my brother is actually...you know on Mother’s day he could not even wish me...Many people say there is a change in him, probably because he does not talk about it”.



“was always taking my part...when there was a fight or something wrong again then she was always taking my part”. Having said this the participant also conceded that, “me and my mother-in-law was never really big friends...you know...I loved her, she’s my mother-in-law, but you know I mean she wasn’t like a mother to you...” Post-bereavement, the participant’s mother-in-law indicated to her that, “she is not her daughter-in-law anymore...she will leave the kids something but only when they are twenty-five and not before that”. The participant essentially indicated that, “there’s nearly no contact with his family and I think it’s wrong because my kids are allowed to know what their father’s family are like...” Essentially, the participant had good quality and sustained support from the family of origin. However, dating back to the day of the burial, social and emotional support from her mother-in-law was withdrawn.

- P13: The participant indicated that with the death of her husband “the family they help me” and with the death of her boyfriend “the parents of my boyfriend they helped me”. The participant further received support from her family of origin. However, due to her compromised status she experienced a sense of emotional isolation even though support was available.

Put together, the interviews suggested that the participants seemed to have differentiated between support from family of origin, family-in-law and extended family. Of these, ten participants (76.92%) suggested that support from the family of origin seemed to have been most available. For the remaining three participants (23.07%) the loss of family of origin support had a lasting impact on their experience of complicated grief. Equally important, is the loss of support from families-in-law. Specifically, two participants (15.38%) expected support from their families-in-law after the death. However, due to post-bereavement conflict, the expectation of support from their families-in-law was not met. With regard to extended families, two participants ((15.38%) seemed to have experienced practical and emotional support. However, this was not sustained over extended periods. Hence there appears to have been post-bereavement experiences of isolation deriving from either the lack of support or unsustained support.

### **6.3.3 THE PERSONAL CONTEXT OR THE RELATIONSHIP OF THE BEREAVED TO THE DECEASED**

The bereaved person's relationship to the deceased constitutes the most personal and immediate context in which death occurs. Bereavement and grief behaviour are socially determined in that these behaviours are shared and given meaning in social context. It is also noted that adaptation to a significant loss involves the attribution of meaning by making sense of the death.

Responses to the predetermined guide questions translated into the following categories:

- Making meaning of the death;
- Mode of death and
- Individual beliefs, manifesting in religious and cultural beliefs.

#### **MAKING MEANING OF THE DEATH**

The category - making meaning of the death - incorporates an attempt to understand the meaning of the death from the perspective of what consequences has the death had for the life of the participant or what are the implications of the death for the participant. As described in Chapter Three (3.5.1.1) meaning conveys the bereaved person's perception of himself within the social world of which the deceased is no longer a part. Additionally, the loss of an important relationship also translates into the loss of personal identity. For instance, the loss of a spouse or child means shedding the identity of husband or wife or parent. Similarly, the child who loses a parent assumes the social identity of an orphan. Against this background, the category – making meaning of the death – emerged as an expression of what the deceased stood for in the life of the bereaved. Having said this, this category conveyed the significance that the loss had for the participants. Describing the meanings of the death for the bereaved person's relationship to the deceased are excerpts from the testimonies of the participants.

P1: The participant described the significance of the death in terms of “the loss of someone I love very much...the loss of someone whom my baby would never get to know”. Describing the significance of the death in family terms, the participant indicated that, “I think my whole family had this total sense of a great loss...most of us. The others depended on her for finances, if we needed

whatever, if she could she'd do it for you and there was just, really this great sense of loss. There was no fighting about anything of hers. There was no negative remarks or anything. I haven't heard anything from any one; she was just that type of person, that there was nothing. When they talk about her, they remember the funny things she did before she died...she always had something she said to everybody. They all have some memory of what she said. The process of meaning making is reflected in "usually we sit and talk about that or if something happened we'd say, "as sy nou hier was" (12). The participant's meaning of the death seems to be described in terms of the loss of a psychological mother.

- P2: The participant described the meaning of the death of her mother in terms of "she used to provide me with everything...no matter where she gets it, no matter how she gets it, I used to get it". To the participant the loss of her mother also meant that, "I curse myself day in and day out". Additionally, the participant construed her mother's self-imposed death in terms of "something spiteful" in that "she left me alone to suffer and now she is missing". The meaning attached to the death seems to translate into the loss of an object of dependency. The death seems to have meant the loss of an important source of emotional security, having been abandoned and being left to her personal resources.
- P3: The participant captured the significance of the lost relationship in terms of the following statements " I was close to my mother, I was close, very, very much...So, I take her like my friend...that is why my mind is always on her". The meaning of the death translates into the loss of companionship and the loss of a very special relationship.
- P4: The meaning of the death was expressed in terms of the loss of "a friend", and the loss of someone who "was understanding me". The participant seems to relate the meaning of the death to the loss of a companion and the loss of emotional support.

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(12) "If she was here now".

- P5: The meaning of the lost relationship is captured in terms of "...I was an egg for my husband...even if I can say to my husband, I want a thing...he will run and I know exactly I will get that thing that I want. To whom must I cry now?" The participant added that, "even now if I'm going alone in the streets I can see that part of me...I'm not complete" and as a couple they were "doing everything together". Furthermore, "it means all the difficulties...I can't have food now. I can't sleep. If I want something I can't get it". The participant seems to describe the meaning of the death in terms of the loss of material and emotional security coupled with the loss of spousal role and identity
- P6: Reflecting on the meaning of the loss, the participant revealed that, "he was the right man because his bank cards must stay with me. When he gets paid he'll say here is the pay slip...I go to the bank, I take the money and pay the accounts, I do everything in the house...he was not even worried about saying where are the slips. I miss everything. He was telling me I'm working for the family, for my wife". The participant seems to have described the meaning of the death in terms of the loss of material well-being, coupled with the loss of identity as wife.
- P7: The death of her sister meant that the house was "empty...it was feeling empty...even if we were all sad in the house...when she arrived...everybody was able to laugh". Meaning attached by the family to the death on the one hand related to, "they (political activists) had died like this so that we can be free from apartheid". Against the background of her sibling's violent death, her perception was that "the life of a person nowadays is nothing. People can just do anything about your life and hurt other people very much". On the other hand, family notions were that, "Because if it was not for this violence, fighting for freedom, I think she will still be alive". The meaning of the death translated into loss of someone that assumed an important expressive role in the family. Additional meaning derived from the loss of value for human life.
- P8: The participant referred to the meaning of the death of her son in terms of "I could relate anything to him. He was like a brother to me...he was a good child". However, the participant struggled to make sense of the reactions of the perpetrators' family. This struggle is reflected in "the very same day I went with the police so that I can identify the very same person who came to the house and their mother said they'll come to my place and he never came. Instead, we met at the police station that time, telling the police they must not

give the sons bail...because the people will kill...they didn't show any remorse, the way she was acting as a parent, as a mother. It made me feel angry because as a mother you must not act as if ...I don't know how to put it...and 1998 when we were attending the court...they went there, the whole family. Lunchtime they went there as if it's a picnic, baskets full of fruit, sandwiches. When I think of that I become so angry". The meaning of the death seems to be captured in terms of the loss of a significant source of support coupled with the loss of maternal role and identity.

- P9: The participant described the significance of the deaths of her two younger siblings in terms of the loss of "close...very, very close" relationships, adding that, "I'm the only one whom she (deceased sister) really loved". The participant also described the meaning of the deaths not only with regard to her own life but also with regard to the lives of her children. Referring to the significance of the loss of her brother, the participant indicated that, "I miss him because most of the time he used to visit me and stay with me...joking...he liked my kids". With reference to her daughter, the participant indicated that, "she stay with my baby so I think that this baby is concerned because she took her as her own". This notion is further reflected when her daughter indicated that "I didn't believe that my mother (deceased Aunt) is dead and I lose hope at school because I'm always looking for her in my mind". The participant added that, "its not easy for her (daughter), sometimes she used to take her photo and sleep with it". From a family perspective, the participant described the significance of the losses in terms of "those two kids (deceased siblings) they are the only kids whom my mother struggled to teach them. "M" was a secretary and "C" was a qualified teacher. Me and my two sisters didn't go to school". The participant seems to describe the meaning of the deaths in terms of important sources of status.
- P10: The participant described the meaning of the relationship in terms of "I like him very much and I think...always...I remember that child too much". The meaning of the death translates into the loss of a significant source of affection and the loss of maternal role and identity.
- P11: The participant described the meaning of the loss in terms of "talle kere dat ek gevoel het lewe is te leeg...Ek was 'n ma van 'n kind, my enigste kind, hy was my enigste kind en toe het ek gevoel daar is niks meer oor nie...daar is niks

meer om voor te lewe nie”. The participant added that “my broers en susters het almal twee of meer as een kind. Nou vra ek hoekom die een...al een wat ek het vat die Here weg, hy’t eintlik alles vir my beteken”. Furthermore, “niks is meer dieselfde nie, weet alles het om hom gegaan...ek dink my hele lewe was eintlik oor hom. Ek het altyd gevoel ek wil vir hom die beste gee en daar gaan baie dinge...weet...wat nie meer dieselfde gaan wees. Hy was nie meer net ‘n kind nie hy was my maatjie gewees. Soos, daar was baie dinge waaroor ek en hy kon gelag het en gesels. Daar was baie dingetjies wat ek en hy “geshare” het, daar was net te veel, alles wat ons gedoen het, het ons baie keer saam gedoen...sy toekoms wat ek vir hom beplan het. Weet, ek het baie dinge vir hom gehad...drome vir hom gehad en dis soos ek nou die dag sê ek het nou al begin dink in ‘n paar jaar se tyd, vyf jaar of so sou hy getrou het...hoe sou die “grandchild” lyk...” The participant also asserted that, as parents “Ons het baie nader aan mekaar gekom met die kind se dood” (13).



(13) “I often felt my life is too empty...I was a mother of a child, my only child, he was my only child and I felt that there is nothing left anymore...there is nothing to live for anymore”. The participant added that, “my brothers and sisters all have two or more children. Now I ask why this one? The only one that I have God takes away, he actually meant everything to me”. The participant conceded that, “nothing is the same anymore because everything revolved round him...I think my whole life was actually about him. I always felt that I want to give him the best...and there are many things that I feel which will no longer be the same. He was no longer just a child he was like my friend. Like there were many things that him and I could laugh and talk about. There were so many things that him and I shared...there were just too many...everything that we did, we often did together, his future that I planned for him. You know...I had many things for him...dreams that I had for him...and its like I said the other day I started thinking that in a few years time, five years or so, he would have married...how would the grandchild have looked...” On the other hand, the participant also pointed out that as parents “we became much closer to one another with the death of the child”.

The participant seems to describe the meaning of the death in terms of the loss of maternal role and identity coupled with the loss of future goals, plans and aspirations. However, meaning also seems to have been attributed to the death as reflected in the fact that the participant and the father of the deceased child became much closer in their relationship. Furthermore, the meaning of the death also translated into having her social and maternal role identity threatened by the death.

- P12: The participant described the meaning of the loss in terms “I loved him very much he was my whole life...” Additionally, “I lost the one...he means everything, actually everything to me...all of a sudden I’ve got no one to fight with...I got no one to say because he was...I was the one whose bringing in the money but he was always the one who was there for the kids...he was always the one when we had problems...all right we’ll make a plan...and he always made a plan...like now I knew when he was here he would have made a plan...it’s like I don’t know how to make a plan without him. I don’t know how to cope without...I want him to be there, to help me cope with things...I want him back...I want him to hug me and say to me its gonna be fine...it’s going to be alright...it’s going to be fine...I want him to say to me he loves me still”. The death of her spouse further signified many changes in that “all of a sudden I’m the one whose doing everything, you know...like in the whole situation...he was the mother and the father. Like he was making food, he was taking the kids to the school functions and when they were sick he was taking them to the doctor and because I was studying and I was working and everything and he was always there...he was always the one who...making the plans and I was...when I came home tonight the meal was cooked...I was just the one who...doing the odd works in the house...so all of a sudden I had to do everything for the kids”. The meaning of the death translates into role overload, spousal role and identity loss, as well as the loss emotional security.
- P13: The participant described the meaning of the death in terms of her deceased husband “left her with a “child” and her deceased boyfriend left her “with HIV”. Furthermore, the death of her boyfriend “it means everything...she’s (he’s) making a space...a big space in my life...its bad...I know I’ll spend the week end for him...and even during the week when he go work I’ll spend for her...I’m not spending life for my mother and my child...now its high time I

spend life for my mother and my child". The participant's meaning of the death translated into the loss of spousal role and identity as well as her psychological and physical health being threatened.

Put together, the interviews suggested that the meaning of the death was construed largely in terms of what life was like for the participants with the deceased and later without the deceased. For five participants (38.46%) the meaning of the death was measured objectively or in terms of material and financial losses. Consistent the loss of an attachment figure, all thirteen (100%) participants translated the meaning of the death in subjective or abstract terms. In other words, eleven participants (84.61%) referred to the loss of affection, nine participants (69.23%) referred to the loss of companionship and seven participants (53.46%) referred to either spousal or parental role loss.

### **MODE OF DEATH**

The category - mode of death – conveys the emotions and behaviours that were evoked in the participants by the manner in which the death occurred. Chapter Three, (3.2.2) draws attention to differences in emotional distress following anticipated and sudden deaths. Among the thirteen participants interviewed, a total of seventeen attachment figures were lost due to death. The deceased were related to the bereaved in the following ways:

- Two biological mothers (P2, P3);
- One biological father (P8);
- Four spouses (P5, P6, P12, P13);
- Two live-in partners (P10, P13);
- Five siblings – 1 older and 4 younger than the bereaved (P1, P4, P7, P9);
- Two adolescent sons (P8, P11) and
- One, three-year old child (P10).



Furthermore, nine participants (69.23%) (P1, P2, P3, P4, P5, P6 P7, P11, P12) experienced the loss of one attachment figure while the remaining four participants (31.67%) (P8, P9, P10, P13) each experienced the death of more than one attachment figure. Specifically,

- P8 experienced the simultaneous deaths of her father and adolescent son in an armed robbery incident;
- P9 lost her two younger siblings within three months of each other due to natural causes;
- P10 lost her three year old child and live-in partner who is also the father of the deceased child within one month of each other due to natural causes and
- P13 lost her husband and live-in partner within two years of each other as a result of natural causes.

Those seven participants (53.84%) who experienced natural deaths also anticipated the deaths. Six (35.30%) of the seventeen persons died unnatural deaths, meaning that these deaths were unexpected. One of the six was involved in a vehicle accident from which he never recovered and died two months later in hospital. In the context of this study his death was regarded as unnatural.

The relevance of differentiating between anticipated and violent deaths relates to the former allowing for anticipated grief, which ameliorates the impact of the loss. Sudden and violent deaths in contrast, heighten the risk of grief becoming complicated by symptoms of Posttraumatic stress disorder (PTSD). As pointed out in Chapter Two (2.7.3), PTSD is common following unexpected and horrific deaths. Additionally, the notion of PTSD and pathological grief sharing areas of overlap in their symptomatic expression has also been entertained. Features of PTSD that are likely to occur in pathological grief are considered to range from symptoms of arousal and intrusive imagery to avoidance and defensive numbing. In the context of this study, symptoms of PTSD were not specifically explored for. The participants' responses in respect of the mode of death are described below.

- P1: The participant recollected that the deceased “was despondent...she wanted to die. I think she really wanted to die and in retrospect when I look back I don’t want to say I’m happy, I also had this feeling of being relieved when she died because she suffered so much. We couldn’t touch her without her screaming out in pain, you couldn’t sit on the bed without her screaming out in pain and when I think sometimes because I’m feeling so relieved, I feel guilty about that too...because how can I feel so relieved that my sister had died you know...and I think she suffered too much and I said I don’t ever want to see someone else going through that, I don’t know what I’d do”.
- P2: Recalling the mode of death, the participant stated that “...she kept on telling my sister that she’s gonna do something and she kept on telling my sister that she’s gonna do something and she did and I think she tried twice that day and because of the daylight she tried hanging herself. She failed because I did catch her twice and at night I don’t know what happened she...I fell off to sleep she got up I think it was about 1 or 2 o’clock something like that in the morning. I think round about that time in the morning she must have did it and I found the body at about 3:50...Even by the way we seen the body, we’ve seen it...and my brother...he was sleeping in the next room so he came and he jumped over me because I was like shaking and I didn’t have nobody with me so he then pushed me aside and untied the knot”.
- P3: The participant reflected that “in the morning when I saw my mother, she always cried saying here is pain, here I’m having pain, here I’m having pain. When I saw her she’s crying and I’m crying too”. Ultimately the participant said to her mother “its better now to go to the hospital we can’t help you”. At the hospital the participant was informed that her mother’s cancer “is spreading all over the body, the rest of the body... within seven days she is going to die. When I think about...I cry all the time...” The participant pondered about why mother died “the minute I leave you”.

- P4: The participant realized “my sister was very, very, very sick on Sunday. She was very, very sick. My mother was worried. Me also. I’m not feeling well...She was very, very, very confused. She died on Monday. They discharged her, she must go and talk with us anything she wants to tell us”.
- P5: The participant recalled that her spouse was shot through the right eye and “even if I’m looking TV...I see those things that they are putting in his mouth...even at night when I’m sleeping. Even if I’m closing my eyes I can see him from the time he was lying down...even if they didn’t take him with the stretcher”. The participant further struggled with the fact that “they’ve refused me to go with him inside the ambulance I don’t know why”. When she has to go to New Era Station where her deceased husband was shot the participant asks the drivers “can you please stop...just drop me by the robot or you will fetch me after you come from New Era...because if I go to New Era I saw his body, just removed there where he was lying down... I’ve even refused to go to New Era. I don’t like New Era station. I go once it was the end of it”. Based on the mode of death, the participant spontaneously referred to post bereavement experiences, which seem to resemble intrusive and avoidance symptoms of PTSD.
- P6: Statements describing the mode of death include “all the time when I’m staying alone and thinking the way he fight...even if they say people are HIV there is no person to die like the way he died by vomiting the parts (meaning internal organs) like this. I feel like...all I’ve been thinking about his death this is the only thing that won’t make me forget because he didn’t die peacefully...I didn’t see such a sickness in my life”. While the participant experienced difficulty witnessing the suffering of the deceased spouse, she simultaneously attributed the cause of his death to his own behaviour.
- P7: The participant indicated that the manner in which she died “has affected me very badly because I can’t forget about it and I’m still asking questions why did they have to do it like that. I have questions that I want to know, who was the person who planned a death like this and maybe if that person can come forward and tell me why did he do that. I think if she was just being shot I will not feel like this or maybe stabbed by knife I’ll take it another way but these things that they did to her”. The mode of death ultimately led the participant to entertain the belief that “the life of a person nowadays is nothing. People can just do anything about your life and hurt people very much”.

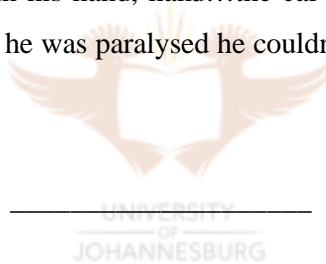
- P8: The participant explained that, “He (son) died painfully because he was talking when the killer shot him. He called his name that’s why he brought a gun and shot him. Then he took a balaclava (to conceal his face)”. Referring to her father, the participant stated that, “...it was even worse...my father was lying on the other side of the bed (on the floor) and my son was next to me...I could see when he was shooting him”.
- P9: The participant described circumstances surrounding her brother’s death as follows “it takes him a short time...when I go there I found him sleeping abne. His husband (meaning wife) she was out by then. When I go in I was shocked because he was changed, he’s changed. I asked him what’s wrong “C”? He said...its too difficult for him to talk (made gasping sounds). He said I’m dying my sister because “M” (deceased sister) died...I say no you are not going to die. He say...I’m going to die...after three days”. Following this visit to her brother “we took him to Bushbuckridge at home. After three days he died. His problem was he says there is something that blocked his throat. So for “C” it becomes difficult for me because he suffered for a short time...he takes two weeks of his sickness, then after he died. But before his death he says some people call him. Then my mother asked him whose calling you then he said no, don’t ask me that because I’m going to become tired because those bags I’m having are very big for me. Then after he died”. With regard to her sister’s death the participant understood that “she was going to die because she was having that AIDS”. However, the participant “didn’t tell her... that she is positive”. The participant “told her two days before her death” that she was positive at which point she “fainted”. By then “she didn’t have the power...because some days she’ll just sleep on the bed...yes she was seriously sick...she died after two days...after knowing that she was positive”. The participant further asserted that, “before her death during the night I always saw her funeral before because I know that she is going to die. But it become difficult because I’m not sharing that problem with her and she always said do you think I’m going to be all right again and even during the night she wakes me up Sissie...are you asleep...I say no...why don’t you talk to me? I say nothing, are you afraid of me because she was thin. I said no...knowing on my heart that she is going to die...Yes and always she want me to stay next to her...always”. When death occurred the participant conceded that “its better now because she feels no pain where she is now”.

- P10: With regard to mode of death, the participant indicated that, “I was sitting on my bed...the baby did not look at me...I call my mother...my mother said no my baby has gone”.
- P11: Observing her child in hospital, the participant described the experience as “Baie seer want naderhand het ek so, ek was naderhand al so “tense” as ek by die hospitaal kom...ek het gewonder, miskien gaan ek nog eendag hier kom dan sê hulle vir my miskien hy het miskien beswyk. Ek het altyd daai vrees gehad hulle gaan vir my sê kyk terwyl ons miskien nog op pad “N” toe...ek het altyd iets sleg, die slegste verwag”. The participant added that “maar wat so snaaks was toe ons die...die oproep kry was ek soos iemand wat, ek kon nie myself verstaan nie...ek kon nie huil nie. Dit het gelyk iets sê vir my hy is beter af...weet iets het my gesê kyk hy ly nou nie weer nie. Want, iets wat ek besef het, dit het baie meer seergemaak om hom so te sien...weet daar was, daar was soos ‘n verligting, daar was ‘n verligting wat gekom ...maar nie...ek het nog nie daai oomblik mos besef ek gaan nou my kind nooit weer sien nie. Dis net asof dit het so gelyk asof die Here sê vir my kyk hy is beter af waar hy nou is om so te sien...as ons daar gaan, dan die eendag is daar ‘n pyp in, die ander dag weer twee terug en jy kon gesien het dat die pyn ...sodra hy wakker skrik dan moet hulle weer vir hom...hy was baie “sedated” gehou. Toe dink ek maar jene, dit is ook maar nie lekker om hom so te sien nie maar nie dat ek...ek wou net geweier om hom te verloor. Ek het net gesê ek wil hom nie verloor. Die tyd toe hy, toe ons die boodskap hier kry toe hulle vir ons sê hy’t slegter geword toe was dit nog nie vir my ‘n werklikheid nie. Dit moes seker eers regtig deurdring, ek het aanvaar ek wou hom nie meer so sien nie maar ek kon hom ook nie verloor het nie” (14).

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(14) Observing her child in hospital, the participant described the experience as “very painful because I later...I later I was so tense when I arrive at the hospital...I wondered, maybe I’ll still arrive one day then they’ll tell me perhaps he has died. I always had that fear that they were going to tell me while we were perhaps on our way to “N”...I always...something bad...expected to the worse”. The participant

P12: The now deceased spouse asked his son “to get some stuff for him like the tape and a piece of hosepipe and a scissors”. Much later “when we drive in...you know, past we stopped in the drive way, we saw the garage door open and I said I wonder why the garage door is open and “M” actually jumped out of the car and ran to the car...the garage and he opened the garage door and the car was standing in the garage and he ran around the car and opened the door and there he found his father. So he was the one helping his father to get the stuff and he was the one who found his father. But I nearly lost my mind...I completely...there is a lot of stuff that I can’t remember. I can only remember opening the door and trying to give him mouth-to-mouth breathe then I couldn’t believe it but his body was still hot. They said to me afterwards he must have died an hour, an hour and a half before we got there. So it was like...you know in my mind, I’m telling myself he wanted me to find him but I was too late...you know he wanted to make me scared because the car was switched off and he was sitting...in his hand, hand...the car keys was in his hand but could get...although I think he was paralysed he couldn’t get out of the car so I believe



added that “what was so strange was when we received the call I was like someone who...I could not understand myself...I could not cry. It seemed like something was telling me that he is better off...you know something told me look, he is no longer suffering. Because something that I have realized, it hurt me much more to see him like that...you know there was such a relief there was a relief that came...but not...I still did not at that moment realize that I will never see my child again. It was as if, it seemed as if God told me look, he is better off where he is now...if we go there then the one day there is a pipe in, the next day there are two back that were previously taken out...and you could see that the pain...as soon as he wakes up...then they have to again...he was kept very sedated. Then I thought it is probably not nice to see him like that but not...I just refused to lose him. I just said I don’t want to lose him. The time when he, when we received the message...when they told us he had deteriorated, it was still not a reality for me. It probably had to penetrate, I had to accept I did not want to see him like that but I couldn’t lose him either”.

he wanted to stop it...and if I don't believe that it...I will go mad...then I can remember screaming...I remember the doctor came...and he gave me an injection...after that its only a few things I can remember like we took the kids to the doctor's house for pills to sleep".

P13: Describing the mode of death, the participant indicated that, "On the 15<sup>th</sup> December, she (he) was starting to sick...I trying to push him to go to the clinic. He says no, he won't go to the clinic...on the 26<sup>th</sup> it was a Wednesday, I go to the "P" hospital and I was there at "P" hospital, he was ill. Then I ask him what is happening, he said nothing is happening to me...now she was upset she was brain damage. On Thursday they said to me I must go on Monday...why? I go there on Monday morning I found the doctor, said to me he was HIV. That HIV was there long, long ago on 1994... I say to him why did you not tell me he got the AIDS...he was never talking until he died".

Put together, the interviews suggested that the influence of the mode of death derived from two dimensions namely, witnessing the process of dying and the suddenness or violent manner in which the death occurred. Difficulties with the anticipated and slow process of dying relate to the seven participants (53.84%) having witnessed the suffering of their attachment figures. These difficulties translate into the participants' experiencing a sense of helplessness about the pain and suffering endured by the terminally ill attachment figure and about the loss of control over the inevitability of death. Six participants (46.15%) experienced sudden, violent and human induced deaths. These participants expressed an initial sense of cognitive disbelief.

### **INDIVIDUAL BELIEFS**

Adaptive grieving occurs within the person's system of beliefs. In the context of this study religious and cultural beliefs provided the cognitive framework or conceptual system within which the participants endeavoured to interpret their loss. Historically, the social sciences used the term culture to refer to patterns of ideas, beliefs, values and behaviours that are unique to specific social groups. The term ethnicity pertains to distinctive cultural subgroups within the larger cultural group. Distinct behaviours, physical characteristics, psychological features and lifestyles may mark ethnic differences. Religion on the other hand, is regarded as an expression of cultural and

ethnic distinctiveness. From this point of view, reference may be made to religious differences while ethnic and cultural differences are assumed or implied.

In line with the above, interview material revealed instances where religion and culture acted in harmony as opposed to being mutually exclusive.

### **INDIVIDUAL BELIEFS - RELIGIOUS BELIEFS AND PRACTICES**

This category describes the extent to which the bereaved experienced a sense of support from their religious beliefs and from participation in religious practices. Support may also derive from higher order beliefs even in the absence of active participation in some religious order. As pointed out in Chapter Three (3.5.2.1), bereavement constitutes a spiritual crisis in that following the death of an important person the bereaved may either turn toward or away from religion. Finding meaning in the death has significant potential in terms of providing a basis for a renewed sense of order and purpose in life. This in turn can pave the way for grief resolution.

P1: Religion formed an integral part of the deceased person's life. Prior to death, the deceased asked that the participant "must come and read Psalm 23 to her". Furthermore, "there were some church people that come to pray for her, there were so many people that came to pray for her, there were a lot of church people that came near the end". Having said this, note was taken of the participant's perception of the religious communities misdirecting their prayers. As described by the participant "I started saying "mense moet ophou bid vir genesing, sy gaan nie genees nie, hulle moet net bid vir strength to see each day through instead of praying for her to get well because I thought they were not being realistic. I just wanted her have strength for each day just to see that day through because at one time she was so despondent..." In her state of despondency the deceased would ask "wanneer gaan ek sterwe, wanneer gaan



ek sterwe, wanneer kom die Here my haal”(15). The participant’s (P1) personal religious beliefs were clarified when she stated that, “because I’m Christian, I believe in life after death, I believe in eternal life. I don’t believe in us appearing physically to one another again after you pass away. So to me it’s almost like a final thing...someday if I die I’ll see you again but while I’m alive there’ll be no contact between us that’s what I believe. I don’t believe like death is final, final. I believe in life after death, as I said, if I die I’ll see my sister because of the beliefs she had, the religious convictions that she had...because of the beliefs that she had, because of the peace that she made with herself and with God before she died. I believe that after death we’ll be reunited but now I don’t think there’s any way there’ll be any contact between us that’s what I believe.”

- P2: In terms of support from the religious community the participant acknowledged that, “from the church...people did come and encourage me and said you know what, if you need anything you must come and ask but your mother was a wonderful person”. The participant added that, “I take my religion very strongly... no matter in which way if I’m down, some day God will pick me up, someday God will give me that”. Being Muslim, note is taken of the significant overlap between the participant’s religion and culture.
- P3: Support from the religious community was expressed in terms of “the church people they loved my mother very much. Even now, you know, my mother is no longer at home but they come. They came and said no your mother said we must look after you. “Ja” so, that is why we come every day and see you”. Reference is also made to “the preacher said yoo, you know your mother was a loving

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(15) As described by the participant, “I started saying people must stop praying for healing...she is not going to recover, they must just pray for strength to see each day through”. In her state of despondency the deceased would ask “when am I going to die, when am I going to die, when is God coming to fetch me”.

person, a caring person and a responsible person...” The deceased person’s role in the church is further spelt out by describing how she guided members of the congregation when they had marital problems. Similarly, when church committees “want to do something, they said “C” suggest how can we do this...then my mother will come with the clue”.

- P4: The participant attended the All Souls church and indicated that, “we just believe in God...we pray only one God”. During her terminal stages, the deceased was reassured that “God is there...if it is God who is calling you, you are going to go all right”. Reference was neither made to exceptional involvement in the church nor post-bereavement supportive services from members of the congregation.
- P5: The participant indicated that, “ in the church I was scared to go. When I come from Natal to bury my husband...even now I can’t go to church and I can’t stay with people when they look at me, they just remind me of my husband...but in church they are still consoling me. I even spoke to them but I’m still afraid to come to the church because I feel like I’m lost”.
- P6: While the participant indicated that she attends the Zion church no reference was made to specific involvement. Furthermore, being a member of the Zion church, the participant referred to church practices involving prophets who “start propheting after they go round in circles then the spirits come from there”. Additionally, “those prophets they use water, the other side they use medicine”. The participant stipulated that she believes in what is being propheted at church because she “was dying”. She clarified that, “I must also attend the doctors (Western) because those witchdoctor’s medicine still they also can kill you because if you use them alone”. The impression thus gained is that the participant adhered to beliefs that derived from traditional healers, prophets from the church and Western medicine.
- P7: At the time of the death, the church people were the most significant source of support. Specifically, there were suggestions from the crowd that “if we bury her they will come and dig her up and burn her again so the grave was deeper than other graves. We have asked that they should make it deeper...” Mindful of these threats “we didn’t even bury her this side we buried her in “S” just to run away from people of “D”. So at the time I thought everybody was an enemy”. In “S” the religious community carried the family in that “my

stepfather is a priest so the people...the priests around there, I can say the circuit of Johannesburg, and our priest here came to the funeral”. In their state of fear the family suggested “that, she be cremated but because it is not our custom we didn’t know what we were going to do with the ashes”. The participant noted that, “my father said no, when they want to burn that church let them do that we are going to have a service in church, we are going to bury her in “C”, he was staying in “C”. Apart from the practical and emotional support provided by the church members, the participant also found solace in the fact that when her sister “heard that she was going to be killed she was reading the Bible...three times I saw that she is reading the Bible towards her death and on that day she was murdered she left the Bible open on the bed. I said to myself it seems that she’s talking to God. She and God came to an agreement that she will go this way because she knew that her death was going to be like this, maybe she came to an agreement with God”. This notion also seemed to have been reinforced when “the other guy (journalist) who was shooting, he says she was not there when they start to attack her. So that is why I’m telling myself, maybe she came to an agreement with God and God took her away before they start”. On establishing if it was normal for the deceased to read the Bible, the response was “no it was that time that I saw her reading the Bible although she was a member of a church and she was active at the church but at home it was the first time that I saw her reading the Bible”. Fourteen years after the death, and the first time ever, a religious community other than her own provided support. Specifically, “Roman Catholic church people who was remembering those people that died at the time of violence. So they made an appointment that they will come to our house and do a mass for her”. As indicated by the participant “it was the first time that ...people of the community came to make a prayer...we had a mass...I felt very, very better”.

- P8: The participant acknowledged the assistance and support of the church people at the time of the deaths. However, reference was not made to intense religious commitments, involvement or convictions.
- P9: The participant pointed out that, “as we are ZCC we use the ZCC ceremonies”. The religious community pointed out that the participant and her deceased sister “are to meet again...they told me that you must pray and

believe that one of the good days you are going to meet them after death...”

But for now “they told me to forget about them”.

- P10: The participant indicated that, “I believe in God...I’m going to church” and referred to the church community helping her in that “they come to me”.
- P11: The participant pointed out that support from the religious community was available at the time of death but “Net vir daai tyd. Dis wat my seer maak...hulle is eintlik...dis wat ek my suster gesê het wat ek so kwaad is...ek begin ontdek van onse mense hulle is almal daar wanneer jy dood het. Weet, hy het ‘n vreeslike groot begrafnis gehad...daar was mensdom...maar nou sê ek waar’s daai mense regtig nou vir my. Ek is basies elke dag by die huis want ek werk nie...maar nou vra ek waar is die kerk mense regtig. Weet daar’s baie keer wat ek voel ek hoef hulle mos nie te sê ek het hulle nodig nie of moet ek hulle vra om ‘n huis diens te kom hou”. The participant further conveyed a sense of “Jy voel net mense is nie regtig wat hulle voorgegee het nie...hulle was nou daar gewees...nie dat hulle nou nog nie daar is nie, selfs al het hulle ‘n diens gehou, ek voel dis nie dieselfde nie. Ek sal nie weet wat die probleem is nie, is dit maar net of hulle bang is. Ek sê nie hulle is snaaks of ek sê nie hulle gee nie om nie, maar dis maar net vir my seker maar...want ek is in die situasie...ek sien nou dat hulle nie regtig baie omgee nie” (16).

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(16) The participant pointed out that support from the religious community was available at the time of death “but just for that time. That is what hurts me...they are actually...that is what I told my sister that makes me so angry...I started to discover that people are all there when you have death. You know, he had a terribly big funeral...there were people...but now I’m saying where are all those people really for me. I am basically at home every day because I am not working...but now I’m asking where are the church people really for me. You know, there are a lot of times that I feel I don’t have to tell them I need them or must I ask them to come and conduct a prayer meeting”. The participant further conveyed a sense of “You just feel that people are not really what they pretend to be...they were there...not that they are still not there, even if they held a service, I feel its not the same. I wouldn’t know what the problem is, is it simply because they are afraid. I don’t say they are funny or I don’t say they don’t care but its probably just...because I am in the situation, now I see that they don’t really care a great deal”.

- P12: In describing support from the religious community the participant asserted that “ I don’t go to Church often, I did after “B’s” death before I did go and one day it feels I was sitting there and this man was talking and talking and talking and I can’t understand the words he’s saying and I started going less and less and less and now I’m going once a month maybe but I know I can’t go on without the Lord in my life...that I know...I know that, then I talk to Him a lot. I pray to Him a lot, I pray to Him but it’s not there...you know...but I feel there’s nothing for me in the Church...I won’t survive without my faith...but in the Church itself, in the building it feels like there is nothing in that building for me”. The participant added that, “we were going every Sunday...you know...on Sunday morning I feel like I need it today and I go but for the past six months...maybe three or four times”.
- P13: The participant indicated that the Church people “were sad...they come everyday”. The participant added that “I was going to the prophet, they working the water, pray that water and I drink the water”.

Put together, the interviews indicated that the religious community comprised an important support system at the time of the death and burial rituals. However, only one participant (P3) expressed a sense of support from the religious community being sustained after the death. The unsustained religious community support did not seem to have a bearing on or did not seem to be of consequence in terms of the participants continued believe in God. It appears that these participants made a distinction between faith and religion while for the only Muslim participant, there appears to be considerable overlap between religious beliefs and cultural beliefs.

### **INDIVIDUAL BELIEFS - CULTURAL BELIEFS AND PRACTICES**

The category – cultural beliefs and practices – describes the participants’ perceptions of the supportive and protective function served by cultural rituals, beliefs and practices in relation to bereavement and grief. Chapter Three (3.5.2.4) described the meaning attached to and showing regard for prescriptions of mourning. So much so that maladaptive grief responses were recognised in minority groups that failed to exercise ritual practices appropriate to the loss of significant person. The importance of understanding cultural differences in the expression of mourning and grief is

emphasised. Equally important is the recognition that religious and cultural beliefs and practices may not necessarily be mutually exclusive. Furthermore, reference is also made to Western Psychiatry not having succeeded in classifying culture bound syndromes into Western diagnostic syndromes. Having said this, cognisance is also taken of the potentially constraining impact that cultural practices may have on grieving persons.

- P1: No importance was attached to cultural beliefs and rituals and the participant did not derive any comfort from going to the cemetery. She related how “Easter...we went to the graveyard for the first time. I’m not a believer in going to the graveyard. I just needed to do that and my Mum was also very upset that weekend...that I forget so easily...and my husband took us...but you know when I got to the grave...there was nothing there for me...there was no...I didn’t find her there...I can say that, there was not that, she’s not there, that type of feeling...the loss...I found nothing there...to me it was just...it didn’t mean anything to me...that’s why I had never gone back”.
- P2: While the participant did not refer to cultural beliefs and rituals per se, it is possible to infer that being Muslim, her culture embodied her religion. She specified that, “I take my religion very strongly...”
- P3: Personally, the participant did not attach any importance to witchcraft or traditional healing. For instance, when her brother observed that she was not coping well with the death of her mother, he suggested that, “you must buy two chickens and slaughter it, then put the blood to the graveyard”. Her response was “no what’s that? - because I don’t believe in those things”. Her ideas about the cemetery suggested that “at the graveyard, I said no this person doesn’t see me because if she will call me and say, “B”...come don’t think about me, I’m here”. The participant adhered to the idea that “one day I’m going to see my mother...”ja” it’s my thought and it stays in my mind. I said one day I’m going to see my mother. No matter they say my mother died. One day I’m going to see her. So, the cultural beliefs, I don’t believe in those things”. The performance of cultural rituals and wearing of mourning attire were denied.
- P4: The participant refrained from cultural beliefs and rituals. Her dying sibling’s request to enlist the help of a witchdoctor was denied. Visits to the cemetery were not done with ancestral beliefs in mind.

- P5: Based on cultural tradition, prior to his death the deceased asked that he be buried in Natal at his place of birth. The participant experienced this cultural practice as quite unsettling. This related to the fact that in her moments of emotional isolation she would very much have liked to visit his grave. Her sense was that going to the cemetery would have provided her with some comfort and solace particularly in view of the fact that the marriage was childless. The family beliefs were further reflected in the wearing of mourning attire even though rigid demands were not made on the participant. For instance, the participant indicated that, “they were giving me the blue clothes. At home they refuse those clothes...my brother and my uncles at home they said no, our child is too young for these blue things. My mother-in-law had to take that and wear it. I was wearing the blanket, the “doek” (scarf) and the apron for six months”. The participant added that, “because in our culture of...but my husband before he died he said to me if I’m dead you must wear those things for six months. After six months you can take them out look for yourself another boyfriend...even at home they told us, we are going to give you six months. After six months you can take out all those things and they have even called me that I must come and take out that clothes because I was supposed to go back to Natal so that they can wash me and do all their cultural things. From there its finish”. In fact, the participant’s mother-in-law said, “even if you can get another husband you mustn’t throw us away”.
- P6: Cultural beliefs dominated the participant’s experience of bereavement and grief. However, her pre and post bereavement experiences reflect the extent to which, the church prophet supported the participant’s cultural beliefs. Commencing with the onset of the deceased spouse’s illness, the participant pointed out “so I even told him that you see, you went to that place “P” you said you’re going to see the witchdoctor. Since from then, end of September you went there, he was not all right...gave him food, chicken, black chicken. They put something in...that’s what’s eating him...so he went thin and thin until at the end there was nothing inside him”. The witchdoctors also informed the participant’s mother-in-law that, “they gave him medicine so that they can kill him and use his parts for medicine because they saw he was a very clever man”. On realizing that there was no improvement in her husband’s condition, the participant recommended that he consult his brother who is a witchdoctor

in Swaziland. The deceased reportedly went to see his brother but “he didn’t tell him that he ate something from that girlfriend”. Following the allegation of being involved in her husband’s death, the participant’s in-laws suggested that she accompanies them to a witchdoctor to clarify her role in her spouse’s death. In the presence of her in-laws, the witchdoctor pointed out that, “your husband was in love with a girl and they gave him medicine in the food”. The participant was further plagued by the notion that her illness related to her in-laws wanting “to kill me for the house”. Specifically, “they don’t want me to live for a long time in that house. They want that house, they want my husband’s money”.

In terms of visiting the cemetery, the participant indicated that, “I used to but I’m afraid they said they work the grave so that he can come and fetch me because I’m the one who killed him”. Concerning ancestral beliefs, the participant explained that, “the situation I’m in we must go to a graveyard and ask them to look after me, like my grandfather”. The participant further volunteered that she can tell from her dreams when difficulties are about to surface. This she noticed “happens since my grandfather died and I believe that, my grandfather is looking after me every time because even if I go to witchdoctors they say your grandfather is looking after you”. The participant further asserted that when “I was sick I went to, when I was at home we had a little tea for the ancestors. I make it especially for my grandfather because he protects me most of the time”. The ancestral “things” involved slaughtering an animal.

Having said this, the participant’s church prophets concurred that her in-laws “they want your husband’s money that is why they are using the witch, the medicines, that is why you are sick, actually you are supposed to get mad or somebody must shoot you with a gun”. At the recommendation of her church prophets the participant was supposed to “quickly, quickly go and see the witchdoctors because you can die, we can see they don’t want you to live long...that is why they are using the witch, the medicines (umuti)”.



- P7: Cultural beliefs and traditional rituals did not comprise part of the participant's or the family's belief system.
- P8: With regard to cultural beliefs and rituals the participant indicated that, "I have them (cultural beliefs) but I don't believe they help". In exploring her specific cultural beliefs the participant pointed out that, "most of the time when I go to the Sangomas and Nyangas they tell me I've got to go and be a Nyanga, a Sangoma". This was reportedly indicated to her before and after the deaths of her father and her son. The explanation given by the Sangomas for the deaths was that, "because I don't want to fulfil what the ancestors want, now they are trying to punish me in a way". In response the participant retorted that, "why must they punish me so much if they care about me".
- P9: Cultural beliefs emerged when the participant related an incident whereby she "woke up at two that night I found that my baby is...I don't know what to call it...she fainted or what...I call her, I call her but nothing. We take her to hospital...when we reached the hospital...no doctors. Sisters told me that your daughter is dead. I said she's alive. They say she is dead. I take her home back...I don't know what to say...the reason my daughter is dead...then I cry. My father takes the baby home. When we were next to home someone said we must take her to the witchdoctor. They take my baby to the witchdoctor where they trying to wake up her they helped me because the witchdoctor helped me because the witchdoctor they treat her, they wake her up". The participant described the specifics of what transpired at the witchdoctor in terms of "when we reached there, the witchdoctor take some coal, burning coal and mixed with umuti, she sniffed ...then she sneezes three times then she wake up". Traditional beliefs also concerned the death of the participant's sister. This was described in terms of "as you know that Black people sometimes believe that there is witchcraft...My father believed that she was bewitched...because before she died...my father take umuti and give "M" that she must take it and sprinkle it around at home. Then we ask him why don't you do it by your own as you know that many people use the witchcraft and "M" herself believed that our father witched her because of doing that...by taking that umuti and giving it to her that she must sprinkle it. So my uncle said maybe "M" died because of that medicine". The participant added that "he (father) told them after that "M" is talking the truth, "M" was poisoned. We say to him why

don't you tell us but it was no use because I know she was not to be cured".

Post bereavement, mourning lasted for "two months" at which point the participant went home to Bushbuckridge for "rituals and cultural ceremonies".

P10: Cultural mourning involved "they say I must stay at home three months. I must not work...move at home for three months...I sit at home for three months"

P11: The participant did not convey a sense of adherence to cultural beliefs.

P12: The participant did not convey a sense of adherence to cultural beliefs.

P13: The participant denied wearing the traditional mourning attire for both her husband and her boyfriend. However, "its only me to tell no more husband until the year...I tell me that no more a man for the whole year...I say to myself only one year but now I don't want any man in my life, no more". With regard to cultural beliefs, the participant asserted that, "I go to Sangoma to clean the blood".

Put together, the interviews indicated that the influence of cultural beliefs was not pervasive among the participants. Six participants (46.15%) were involved in cultural practices and rituals. One participant (P8) sought cultural explanations for the deaths but did not convey a sense of satisfaction with the explanation given by the traditional healer for the deaths. One participant (P6) attributed the cause of death to cultural practices. This participant expressed a sense of satisfaction with explanations given by traditional healers for the deaths. Two participants (15.38%) derived a sense of protection from traditional practices and their involvement with ancestors while one (P5) experienced cultural practices to have had a constraining effect. For the only Muslim participant, boundaries between culture and religion overlapped. For six participants (46.15%) cultural practices were undertaken with the consent of the religious leaders. For the seven participants (53.84%) who did not identify with Non-Western healing practices, spontaneous reference was made to religious beliefs.

#### **6.4 CONCLUSION**

This chapter analysed the interviews and described the various dimensions of context, which the participants perceived to have had an influence on their complicated grief. The influence of context was captured in three broad themes namely, the social-environmental context, the family context and the relationship of the bereaved to the

deceased. With regard to the former, interviews revealed an awareness of risks associated with living conditions. Reference was made to living environment threats that derived from violence, crime and witchcraft. However, living environment threats were not pervasive. One possible explanation for this is that those participants who did not refer to living environment constraints may have reached a stage where risk factors have come to be accepted as a normal way of life.

Still related to the social-environmental context, is the influence of community resources. Available community support was largely material and practical in nature. This support was basically confined to the burial and was not sustained and the unavailability of community support resulted in feelings of social isolation.

The influence of socio-economic factors translated into economic and material deprivation and was further construed as an objective consequence of the death that impacted on the participants' beliefs about the self. Negative experiences that derived from the socio-political climate and medical community attitudes were sufficiently important to have a lasting impact on those participants who were involved with them.

With regard to the family context, different dimensions of family life influenced the participants' complicated grief experiences. Family patterns of interaction and relationships influenced the participants' complicated grief especially when the deceased assumed a security-enhancing role in the family. However, the death coupled with dysfunctional family relationships may also have posed a threat to the participants' coping capacity. In describing the influence of the emotional climate prevailing in the family, reference was made to pre-bereavement conflict and financial difficulties. This translated into concrete thinking. A further theme that emerged was the inhibition of emotional expression. The latter was either self imposed or imposed by a dominant family member. Either way, emotional inhibition has potential in terms of heightening boundaries between the participant and internal family subsystems. Family of origin support was also not pervasively available. Similarly, there were indications of isolation and rejection by families-in-law while extended family support was unsustainable thus, failing to validate the loss.

The third major theme related to the personal context. Embedded in the latter are making meaning of the death, the impact of the mode of death on the participants' interpretation of the death and the influence of the participants' beliefs on complicated grief. Making meaning of the death appeared to be struggle for participants. More importance appeared to have been attached to life with the deceased while no reference was made to finding meaning in life without the deceased. Only one participant referred to deriving meaning from the death. This related to the death having strengthened her relationship with the deceased child's father. Responses regarding the mode of death reflected difficulties surrounding the process of dying in the event of natural deaths while the participants who were confronted with unnatural deaths struggled with the violent nature of the deaths hence their perception and experience of the deaths as traumatic. Religion emerged as both more community resource and as a belief system. As a belief system, religion also seemed to overlap with cultural beliefs. Support from the religious community was largely unsustainable. This did however, not have a significant impact of the participants' beliefs in God. Some participants also looked toward cultural beliefs and practices for understanding the loss. Themes emerging from the participants' involvement with traditional practices ranged from experiencing a sense of protection, through to having offended her ancestors hence the deaths and ultimately to experiencing cultural practices as having a constraining effect on the participant.

In the next chapter, findings of the interviews are discussed in relation to the literature.