

CHAPTER SEVEN

7. DISCUSSION OF RESULTS

7.1 INTRODUCTION

This study concentrates on the extent to which dimensions of context influence the participants' experience of complicated grief. To this end, an exploratory study is conducted. Literature describing the influence of context on bereavement and grief as well as findings of the interviews was provided in Chapters Three and Six respectively. In order to make a contribution to debates in the literature it is important to interpret the findings of this study. By interpreting the content of the interviews, weaknesses and strengths of concepts in the field of bereavement and grief can be unravelled. From this point of view, earlier concepts and literature provide the background against which current findings are interpreted. The interpreted findings again, inform available clinical and conceptual arguments.

As described in Chapter Three (3.2) variables that have traditionally been associated with the outcome of bereavement and grief relate to socio-demographic variables of the bereaved and the deceased, mode of death, personality factors and socio-cultural factors. This earlier approach restricted contextual influences to the immediate and micro-social environments, which is inconsistent with the ecosystemic approach (Chapter Three, 3.1.1) and its emphasis on the interrelatedness of the different levels of context. Furthermore, by restricting context to the immediate and micro-social environments, maladaptive grief reactions are individualised while the input of the larger environment is disregarded. Stated differently, by addressing the immediate context emphasis is on the individual as unit of analysis. In this way, maladaptive grief reactions may be conceptualised in terms of individual pathology.

In contrast to the above, findings of this study implicate influences on complicated grief that derive from socio-environmental contexts, the family context and the personal context or the relationship of the bereaved to the deceased. This study therefore draws attention to the simultaneous influence of both distal and proximal dimensions of context on complicated grief. The contribution of each of these contexts to complicated grief will be discussed in turn.

Equally important is Platt and Persico's (1992) observation that earlier accounts of contextual influences on bereavement and grief derive largely from Western study populations. In this regard, findings of this study make a contribution to understanding contextual influences on complicated grief by focusing on a broader spectrum of language groups. As put by Archer (1999), Western societies are less socio-centric and by focusing on the contributory role of intra-individual factors, earlier theorists tended to downplay the importance of the wider contextual dimensions in which bereavement and grief occur. Hence, this study explored dimensions of context that were hitherto neglected in the same way as the experiences of different language or ethnic groups in South Africa were neglected.

Mindful of these arguments, it is anticipated that this study will make a contribution to the psychological field by attempting to fill in some of the gaps in the bereavement and grief literature especially in as far as it is relevant to the South African context. This will be accomplished by interpreting the content of the research interviews against the background of available literature.

7.2 INTERPRETATION OF RESEARCH DATA

In Chapter Three the different levels of context were conceptually demarcated. However, the research interviews describe perceptions of bereavement and grief as experienced by the participants. These perceptions and experiences are complex and defy simple demarcation as was conceptually done. The interpretation of the research material was done in the order of the major contexts (socio-environmental, family and personal) informing the study and according to the categories that were translated from the predetermined guide questions.

7.3 THE SOCIO-ENVIRONMENTAL CONTEXT AND COMPLICATED GRIEF

Representing the socio-environmental context are the living environment and the community. These two socio-environmental facets constitute the distal contexts of the bereaved person's ecosystem and are interrelated. Living environments comprise the structural characteristics of the physical environment while community reflects the extent to which a sense of social integration and psychological togetherness prevail among the people living in the environment. Ross and Jang (2000) suggest that a

community's sense of connectedness may buffer the impact of social disorganization that characteristically prevails in disorderly living environments.

Forehand et al. (2000) point out that urban environments have significantly more potential for psychosocial stresses. This means that urban environments have potentially more stresses that might influence the participants' complicated grief. This notion may also apply to findings of this study in that of the seventeen deaths, fifteen occurred in urban areas. This suggests that these participants were exposed to stresses inherent in densely populated and socially and economically deprived urban environments, previously demarcated as Black, Indian and Coloured townships. As described in Chapter Three (3.3.1) economically disadvantaged communities are considered to be plagued with social problems such as dysfunctional family life and inadequate formal schooling, which result in limited opportunity for upward mobility. The prevalence of these stresses in the lives of the participants coupled with the loss of an attachment figure or a security enhancing relationship, have significant quality of life implications. This combination enhances the possibility that grief becomes complicated as was experienced by the participants.

Furthermore, in both Chapter One (1.4) and Chapter Three (3.3.3) reference was made to the influence that macro societal institutions and processes, including socio-economic factors, the socio-political climate and societal attitudes, represented by medical attitudes have on socio-environmental contexts. Cognisance was taken of the fact that while these societal institutions and processes are beyond the control of individuals, their influence filter through directly or indirectly to living environments and communities.

Against this background, the content of the interview material related to the socio-environmental context was categorized in terms of:

- The influence of living environment constraints on complicated grief;
- The influence of community support on complicated grief;
- The influence of economic factors on complicated grief;
- The influence of the socio-political climate on complicated grief;
- The influence of experiences with the medical community on complicated grief.

7.3.1 THE INFLUENCE OF LIVING ENVIRONMENT CONSTRAINTS ON COMPLICATED GRIEF

Findings of the study indicate that nine participants (69.23%) (P1, P2, P3, P4, P6, P10, P11, P12, P13) did not refer to the influence of adverse living conditions as contributing to their complicated grief. This percentage includes participants who experienced both natural and unnatural deaths. By implication, suicide (P2, P12) and death related to a motor vehicle accident (P11) were not necessarily associated with living environment risks even though they were unnatural. On the other hand, Davis et al. (2000) speculate that being confronted with neighbourhood stresses on a regular basis gives rise to the attitude and worldview that stressful neighbourhood conditions are a part of life and beyond the control of any one person. As such, these nine participants may have come to accept their living environment stresses as a way of life.

Four participants (31.67%) (P5, P7, P8, P9) implicated environmental risks as having influenced their complicated grief. In the event of the unnatural deaths (P5, P7, P8) living environmental risks were associated with violent crimes and political unrest. P5 clearly described in Chapter Six (p.158) “the man...he shot my husband on Friday...the following day they also killed him”. The death of P7’s sibling related to the political involvement of the latter. The violent crime associated with the bereavement experience of P8 becomes clear in her statement (Chapter Six, p.159) “my son and father were killed in front of me”. P9 who experienced two natural deaths cited “witchcraft” (Chapter Six, p.160) as a risk in her living environment. Having said this, reference is made to Stillion and Noviello (2001) who suggested that deaths, which are untimely, preventable and human induced, contribute towards complex grief reactions. However, these researchers refer to a study involving parents who experienced Sudden Infant Deaths. Neighbourhood stresses such as unemployment, criminal detention and loss of accommodation were found to absorb the emotional energies of the bereaved parents. From this point of view, neighbourhood stresses appeared to have distracted parents from grieving for their children.

Findings of this study seem not support the notion of Stillion and Noviello (2001). Specifically, living environment constraints referred to in this study included violent crimes (P5, P8), political violence (P7) and fear of witchcraft (P9). By implication, these environment risks may have exacerbated the participants’ emotional distress rather

than distracting them from grieving for their significant others hence their experience of complicated grief. Furthermore, there appears to be some correspondence between factors that influenced the participants' complicated grief reactions to violent deaths and factors identified by Stevenson (2001) in Chapter Three (3.3.1). For instance, Stevenson (2001) refers to:

- The social, political and structural milieu in which death occurs. This could also be applied to P2, P4, P5, P7 and P9.
- The extent to which structural, economic and social deprivation occurs as a result of the loss. This also has relevance to P2, P5, P8 and P12.
- The degree of mutilation and disfigurement of the deceased as well as the nature and quality of the relationship between the survivor and targets of violence. This has relevance for P7.

Being able to apply Stevenson's (2001) observations to findings of this study provide an indication of the association between living environment risks and the participants' experience of complicated grief. Having noted the role that living environment constraints appeared to have assumed in the participants' experience of complicated grief, cognisance is also taken of the fact that this study did not specifically explore for symptoms of PTSD. However, one participant (P5) spontaneously reported intrusive and avoidance symptoms associated with the syndrome (Chapter Six, p.204).

7.3.2 THE INFLUENCE OF COMMUNITY SUPPORT ON COMPLICATED GRIEF

As suggested by Martin and Doka (2000) losses differ in scope and intensity as much as they differ in the support they generate from social systems. Similarly, death involves more than the physical loss of a significant other. It also involves the loss of meaning that the deceased held for individuals, families and communities.

Nine participants (69.23%) (P1, P3, P4, P6, P8, P10, P11, P12, P13) received emotional, material and instrumental support from neighbours and friends. P1, P3, P4 and P6 received practical support during the persons' terminal illness. Reference was also made to friends and neighbours providing assistance with preparation for the funeral. P1

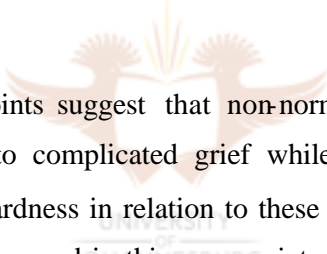
indicated that her friends (colleagues) decided that, “I must go and see someone” (Chapter Six, p. 162) when they observed that she was not coping with the death.

Four participants (31.67%) (P2, P5, P7, P9) were exceptions in that they did not experience support from their communities. P2 referred to remarks made by community members suggesting that, “it’s through you that your mother died because you did give her headaches” (Chapter Six, p. 163). Similarly, P5 reflected on not having friends, negative remarks made by neighbours and friends of her deceased spouse “threatening to kill” (Chapter Six, p.163) her when she attempted to collect money that they borrowed from him. P7 described the lack of community support as uncharacteristic because “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” (Chapter Six, p.164). P9 described the lack of community support in terms of “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” (Chapter Six, p.165). This last statement seems to suggest that the family may have assumed a role in the lack of community support. P11 on the other hand, suggested that she had tremendous emotional support from the community but that the support was not sustained after the funeral. This participant (P11) had an idea that “peoples’ support was poor...as if they maintain a distance from me” (Chapter Six, p. 167).

Essentially, the lack of community support were reflected in accounts of negative remarks by community members, fear of intimidation by political activists, death having occurred as a result of a stigmatised disease, cultural beliefs in witchcraft and the perception that the community avoided the participant following the death of her child.

Having identified the above perceptions of the lack of community support, it is important to establish the link between complicated grief, the participants’ experience of the characteristics of the death event and community attitudes toward the non-normativeness and nature of the death. Specifically, the deaths experienced by the affected participants were either non-normative with regard to chronological age (P11), or self-imposed (P2) or due to a stigmatised disease (P9). These deaths heighten the risk of grief becoming complicated as borne out in Doka’s (1989a) conceptualisation of

disenfranchised grief and Rosenblatt's (2000) notion of a chasm between bereaved parents and society. Equally relevant is Knieper's (1999) observation that, support systems avoid survivors of stigmatised deaths such as suicide while Van Dongen (1993) asserts that the perceived lack of support may relate to the participants' own feelings of vulnerability and possibly the nature of the death. Furthermore, Littlewood, Cramer, Hoekstra and Humphry (1991) note that many parents experience a sense of being isolated by community members following the death of a child. This relates in part to bereaved parents not wanting to make an effort to relate to others and partly to others not knowing how to relate to these parents. Riches and Dawson (1996) add that losing a child may earn parents a social stigma in that the latter are subjected to pity, embarrassment, avoidance and perhaps even blame. Parkes (1988) further explains the perceived and experienced isolation by bereaved parents in terms of differences in assumptive worlds where basic assumptions and beliefs are relatively intact and unchallenged while the assumptive worlds of the bereaved parents have been challenged by the death.



The above theoretical viewpoints suggest that non-normative and stigmatised deaths render survivors vulnerable to complicated grief while society on the other hand, experiences a sense of awkwardness in relation to these deaths. This in turn, enhances feelings of isolation in survivors and in this way society or community contexts fail to validate the loss, thus providing grounds for the development of complicated grief.

In broader terms, the perceived lack of community support is also inconsistent with the traditional notion of the participants experiencing a sense of belonging to and being integrated into the community. Furthermore, the perceived lack of support negates the view that communities have the potential to buffer the negative impact of adverse living conditions as described in Chapter Three (3.3.2). From this point of view, findings of the study draw attention to the influence of the community context on complicated grief – perhaps not in the sense of what the communities have done but what they failed to do.

Essentially, 69.23% of the participants in this study experienced community support after the death of an attachment figure. For 38.46% of the participants, the lack of community support seems to make sense in view of the above theoretical explanations.

7.3.2.1 THE INFLUENCE OF ECONOMIC FACTORS ON COMPLICATED GRIEF

An important consequence of the absence of the deceased for 38.46% of the participants translated into economic difficulties. Eight participants (61.53%) (P2, P3, P5, P8, P9, P10, P11, P13) were unemployed at the time of the death. Two participants (15.38%) (P3, P11) were unemployed at the time of the death but were maintained by nuclear family members. The remaining five participants (38.46%) (P1, P4, P6, P7, P12) were gainfully employed in the open labour market. Two of the employed participants (P6, P12) experienced financial difficulties. The latter reportedly derived from debts that were either neglected (P6) or incurred (P12) by the deceased without the knowledge of the participants. Six participants (46.15%) (P1, P3, P4, P7, P9, P11) were not dependent on the deceased for financial support.

Five participants (38.46%) (P2, P5, P8, P10, P13) were directly dependent on the deceased for financial support, which had significant survival repercussions for the participants. The repercussions meant living below the breadline, as put by P2, “You got no money in your hands, there is no life...”(Chapter Six, p. 169). P5 clearly described “I even sleep with no food...I can’t pay rent, I can’t pay the water, the lights and everything...since they killed my husband I can’t afford anything” (Chapter Six, p.170). To P8, the deaths translated into difficulty with regard to educating her daughter in that “...my daughter is in standard nine. If she passes she’ll be in standard ten and I’m not working” (Chapter Six, p.170). P10 acknowledged that “I’m not working...I’m suffering...I depend on my mother always” (Chapter Six, p. 171). P13 was financially responsible for her daughter whose father died 2 years ago. Likewise going to the cemetery was a problem for P13 in that she had to “ask somebody give me R20” (Chapter Six, p.172).

Psychologically, the impact of the economic deprivation manifest in lowered morale and poor adjustment to the loss (Sanders, 1988). Ezzy, De Visser, Grubb and McConachy (1998) on the other hand suggest that economic difficulties may hamper the bereaved from active social and recreational lives. Zick and Smith (1991) too, established that spousal loss in particular has a bearing on the economic and social psychological lives of surviving family members. These altered circumstances could

also be applied to the 38.46% of participants who were unemployed and directly dependent on the deceased for financial support.

Hobfoll's (1989) theory of Conservation of Resources (COR) has relevance with regard to the more abstract aspects of economic deprivation following the death of a significant other. As described in Chapter Three (3.3.3.1) the COR theory proposes that chronic material resource loss, such as unalleviated economic deprivation will have a bearing on the person's self-esteem and sense of purpose. In this way, emotional distress is fostered. Furthermore, chronic resource loss may impoverish people emotionally, thus undermining individual resources needed to enhance coping. As such, chronic poverty may be stressful in and of itself, while multiple psychological and social consequences may occur in its wake. Hobfoll's (1989) theory seems to apply to 38.46% of the participants who were financially dependent on the deceased for their survival.

Additionally, Golsworthy and Coyle's (1999) observation that a continuous bond exists between the bereaved and the deceased seems to assume importance. As described by these theorists, a continuous bond is maintained through the experience of an ongoing relationship and psychological involvement with the deceased. Applied to this study, it is probably reasonable to suppose that the economic deprivation became an important driving force behind maintaining a bond with the deceased. In the face of economic hardships, the 38.46% affected participants seemed to reflect on their lives with the deceased especially since the latter were the only source of income. Hence, in situations where financial needs were acute, emotions intensified be it anger, pain or sadness and as long as difficulties were experienced, the bereaved remained psychologically involved with the deceased.

Consistent with earlier findings (Cleiren, 1991; Sanders, 1988) a theme running through this study is that there is an association between the death of a breadwinner and poor adjustment post-bereavement. Specifically, the struggle for survival remains a constant reminder of the loss. In this struggle, psychological resources become depleted thus leaving the participants in a grieving process that becomes complicated by symptoms of depression.

7.3.2.2 THE INFLUENCE OF THE SOCIO-POLITICAL CLIMATE ON COMPLICATED GRIEF

Only one participant (P7) in the study was exposed to a politically motivated death prior to the election of a democratic government in 1994. As described in Chapter Six, (p.166) the political death related to the notion that the deceased was “instrumental in the deaths of fellow activists. In line with observations of Kaminer et al. (2001), the participant’s grief remained unresolved and adjustment was poor. However, during the post-election era her grief was recognised and support became more readily available from religious and community members. These support systems conceded that, at the time of the death, they perceived the political climate as too explosive to support her in her grief. Mindful of the community’s fears and feelings of vulnerability, the participant became psychologically amenable to the available support systems and was therefore better able to process her grief openly.

7.3.2.3 THE INFLUENCE OF EXPERIENCES WITH THE MEDICAL COMMUNITY ON COMPLICATED GRIEF

Six participants (46.15%) (P2, P5, P7, P8, P10, P12) were not involved with the medical community at the time of the death. Of these there were two deaths due to suicide (P2, P12), three (P5, P7, P8) due to murder and one (P10) natural death that occurred at home. Seven participants (53.84%) (P1, P3, P4, P6, P9, P11, P13) were exposed to the medical community prior to the death. One participant (P1) received assistance from a General Practitioner only. Two participants (15.38%) (P9, P11) relied on the services of both General Practitioners and hospitals. The participants’ (P1, P9, P11) experiences with General Practitioners were described in positive terms. As stated by P1 “we had no problems with the doctor” (Chapter Six, p. 174). P9 conveyed a sense of trust in her General Practitioner in that she asked him “to take a blood test but I want it to become a secret...so then he understand” (Chapter Six, p. 175). P11 described her General Practitioner as having given her “courage” (Chapter Six, p. 177). In this sense the participants conveyed a sense of having been listened to by the General Practitioners who treated the person prior to the death. However P11’s experiences at the local hospital were described in terms of the doctor conveying a negative attitude, being uncooperative and providing neither informational nor emotional support (Chapter Six, p.177).

Four participants (31.67%) (P3, P4, P6, P13) received assistance from hospitals only. P3 referred to the absence of emotional support. This resulted in her “shouting” at the hospital staff (Chapter Six, p.174). P4 referred to her sibling being discharged from the hospital so that “she must talk with us, anything she wants to tell us” (Chapter Six, p.175). P6 was of the opinion that the hospital concealed from them that her spouse “vomits all the parts, the liver...”(Chapter Six, p.175). P13 construed the distant manner of the doctor in terms “they just say its HIV...that’s finish” (Chapter Six, p. 177).

Auslander et al. (1997) suggest that, support from the medical community enhanced emotional coping in the event of a crisis. In fact, medical community support is considered to be even more important when family support is limited or unavailable. Farnsworth and Allen (1996) are of the opinion that failure to provide support derives from the medical community undermining parents’ need to talk about the life and death of a child. Furthermore, in Chapter Three, (3.3.3.3) reference was made to the societal/medical attitudes attached to stigmatised deaths such as AIDS. However, the death of P11’s son was due to a vehicle accident and not to a stigmatised death. Yet, she experienced the attitudes of the medical community as negative. Hence findings of this study seem to suggest that the lack of medical community support is not necessarily confined to those participants whose attachment figures died of stigmatised diseases. Having said this, cognisance is taken of the manner in which the participants requested support from the medical community. Specifically, the strategy adopted in mobilizing support assumes an important role in the type and quality of support elicited from the medical community (Auslander et al., 1997).

Essentially, the lack of support challenged the participants’ (P11, P13) beliefs that the medical profession is a caring one. This probably supports Curtis and McGee’s (2000) advocacy for better medical education in end-of-life issues and physician-family relationships and communication. Rotter (2000) adds that, to the medical profession death represents frustration, defeat and having to recognize the limitations of the profession and the science of medicine.

Findings of this study seem to be consistent with literature discussed in Chapter Three (3.3.3.3), which indicate that support from the medical community is not pervasive. Against this background, the prevalence of complicated grief becomes understandable

especially if one considers the fact that, being confronted with the death of a significant other rendered the participants helpless. Therefore, they appealed to the medical community for assistance. Their sense of helplessness and vulnerability may well have been compounded by perceptions of a non-supportive hospital community hence their complicated grief. Having said this, it may be important to consider the conditions under which medical staff may have to execute their duties. Factors such as staff shortages, having to cope with limited resources and high patient numbers might impact negatively on staff morale, which may in turn spill over onto quality of patient care.

7.3.3 INTEGRATION OF FINDINGS

The influence of the socio-environmental context on complicated grief was captured from the perspective of the physical living environment and communities in which the participants were located. It was however, noted that these contexts are shaped by macro societal institutions, structures and processes such as economic factors, political processes and societal attitudes. The latter were represented by attitudes of the medical community. Two dimensions of the physical living environment asserted its influence on the participants' complicated grief. Firstly, those deaths that were violent and had occurred in living conditions that, were physically threatening and socially disorderly. Various theorists point out that violent, untimely and preventable deaths have significantly more potential to compound grief (Rando, 1995; Stewart, 1999; Stillion & Noviello, 2001).

Secondly, the participants were largely from working class and previously disadvantaged communities. This created a situation whereby the participants' emotional distress related to having neither the economic means, nor the occupational capabilities, or the employment opportunities to relocate to living environments that were perceived as less threatening. These living environments therefore acquired negative connotations in that the participants were constantly reminded of their own vulnerability. Stated differently, the bereaved participants' stability in their living environments was a function of poverty and not because they enjoyed a quality of life that was good and free from emotional distress. Ross, Reynolds and Geis (2000) substantiate this point empirically by comparing stability in affluent neighbourhoods with stability in impoverished neighbourhoods. The former are associated with a better quality of life and lower levels of emotional distress. However, stability in economically

disadvantaged neighbourhoods is associated with high levels of emotional distress and a heightened sense of powerlessness due to poverty to rise above adverse living conditions. Hence, the fact that the deaths were human-induced and violent and had occurred in living conditions that are inherently threatening, coupled with the participants' not having the means to extricate themselves from these environments seemed to have enhanced the participants' experience of complicated grief.

These findings contribute towards the bereavement and grief literature. Specifically, it draws attention to the role played by the type of living conditions and the forces that structure it, in rendering the bereaved powerless and helpless in the face of death, especially if the deaths are sudden, unnatural and human-induced. As such, complicated grief appears to present as a reaction to loss where the locus of pathology is embedded in social living conditions rather than within the individual.

With regard to macro societal institutions and processes, influences derived from economic deprivation subsequent to the death, the socio-political climate that prevailed at the time of the death and attitudes of the medical community. The political climate challenged the participant's beliefs that the world is a safe place and that fellow human beings can be trusted. Similarly, experiences with the medical community challenged the participants' beliefs that the medical profession is a caring one. Reconciling these findings with the research question of the influence of living conditions on complicated grief, this study suggests that:

There appears to be a relationship between complicated grief and emotional distress that emanates from adverse living conditions and larger societal institutions and processes that are not directly under individual control.

With regard to the role of community support in complicated grief it has been established that certain deaths such as perinatal deaths and unrecognised relationships receive less social recognition and support (Doka, 1989a; 1993; Martin & Doka, 2000). However, Willmott (2000) concedes that, acknowledging loss is not exactly a strong point of modernity. The latter is considered to have distanced death from public discourse and people are brought vicariously into contact with death via the mass media. When the inevitable happens, the bereaved are left in a state of uncertainty and

without the much needed support while society continues to underplay death as an existential crisis. The reality of mortality is therefore displaced from human existence, devalued and endowed with less symbolic meaning. Mellor and Shilling (1993) describe this notion in terms of the sequestration of death.

The above notions also applied to findings of this study in that community support was not pervasively perceived as forthcoming. Experiences of participants being isolated and avoided by the community were identified. Reasons for the lack of community support related to fears of witchcraft, the deceased having died of a stigmatised disease, fears of intimidation by the perpetrators of the deaths and perceptions of community members not knowing what to say to the participant.

Theoretically, the absence of community support poses a threat to the ontological security of the bereaved. In earlier writings, Giddens (1979, 1984) suggested that a person's sense of security is located in human agency while the absence of familiar community routines are important sources of tension and anomie. This implies that by not having community acknowledgment for the death, the bereaved lack the human interactive processes to make sense of the death. While the modernist stance of suspending awareness of death is contrary to critical thinking, the lack of community support represents a situation whereby the participants were deprived of the opportunity to articulate and structure their intense and raw emotions of grief by means of discourse and narrative. Hence the application of Mellor and Shilling's (1993) notion of modern society's sequestration of death implies that by not supporting the bereaved, the community negates the survivors' loss and resultant ontological status. Hence the lack of community support may contribute to the participants' grief becoming complicated. Reconciling these findings and theoretical contributions with the research question, it is probably reasonable to suppose that:

Contemporary societal attitudes toward death assume an important role in the loss of community support. The impact of this loss filters through to individual experiences of complicated grief.

7.4 THE FAMILY CONTEXT AND COMPLICATED GRIEF

In Chapter Three (3.4.1) family systems and family development theories were advanced as conceptual frameworks informing the family context. Family systems theory adopts a cross sectional perspective in that emphasis is on understanding the current social context. Family development theory postulates that family development evolves in life cycles and therefore assumes a longitudinal perspective. Hence, these two theories intersect. In the context of this study, the integrated perspective is important for two reasons. Firstly death challenges the family to reorganize itself structurally so as to continue with its functional processes and life cycle tasks. Secondly, death constitutes an important transition and the family has to resume developmental tasks that were interrupted by death (Carter & McGoldrick, 1989). Transitions are complex, often loaded with conflict and there appears to be consensus among family therapy orientations that individual and family dysfunction or symptom formation often relates to change at transitional points (Germain, 1994; Oltmanns & Emery, 1995). Shapiro (1988) approaches transitions from a process point of view – meaning that transitions challenge the family to maintain a balance between responding flexibly to novel situations and preserving the familiar. Being guided by these conceptual orientations, the analysed material will be interpreted from the perspectives of:

- The influence of family patterns of interaction and relationships on complicated grief;
- The influence of family emotional integration on complicated grief and
- The influence of family support on complicated grief.

7.4.1 THE INFLUENCE OF FAMILY PATTERNS OF INTERACTION AND RELATIONSHIPS ON COMPLICATED GRIEF

Fundamental to family patterns of interaction and relationships are the family attachment styles. As indicated in Chapter Three (3.4.3.1) secure attachment styles facilitate adaptive interactive and coping patterns. People who endorse avoidant and anxious-ambivalent attachment styles tend to rely on distancing and emotionally focused coping strategies respectively. These attachment styles cluster within the insecure range and are more conducive to maladaptive patterns of communication and functioning, thus militating against adaptive coping with bereavement. Interpretation of

the analysed material draws attention to the interaction and relationships between the participants and their families and the manner in which the latter influenced the participants' complicated grief.

Ten participants (76.92%) (P3, P5, P6, P7, P8, P9, P10, P11, P12, P13) described family of origin relationships that are characterised by stability and cooperation prior to the bereavement. However, after the bereavement, dysfunctional family patterns of interaction and relationships appeared to relate to poor coping on the part of the participants. This applied to three of the ten participants (P3, P11, P13). Poor coping assumed the form of idealization of the deceased (P3) excessive self-blame and guilt about behaviours toward the deceased person while he was still alive (P11). This notion was borne out when P11 stated that "we tried to pressurize him, maybe we were too harsh" (Chapter Six, p. 182). P13 expressed a sense of unresolved anger with the deceased that is currently being directed at surviving family members. This was described in terms of "I was fighting with my mother...it's a new thing" (Chapter Six, p.183). P13 conceded that the death is "affecting her more and that sometimes she will take remarks very seriously" (Chapter Six, p.183).

According to Bowlby-West (1983) idealization may up to a point serve the purpose of affirming the worth of the deceased. However, idealizing the deceased potentially impacts negatively on relationships with surviving family members. These patterns of behaviour represent maladaptive forms of coping that remove the participants further from restoring the family equilibrium that was disrupted by death. Extrapolating from Kissane et al. (1996-II) maladaptive coping affects the family as a whole and brings about systemic changes in established patterns of functioning, interacting and relating.

Disturbances in patterns of interaction and relating also seemed to derive from insecure family attachment styles. Specifically, three participants (23.07%) (P1, P2, P4) reported family patterns of interaction and relating that were characterised by emotional distance (P1) and disorganization (P2, P4) before the bereavement. P1 described family patterns of interaction in terms of " my youngest sister was distant...my older brother will shout at her {deceased}...my one brother is not very supportive of anything or anybody...they upset me with their callous play" (Chapter Six, p.179). P2 explained her family disorganization in terms of "My mother was too fed-up...she took a lot...so she

can't take it no more" (Chapter Six, p.179). Likewise, P4's interaction with her mother was such that she told her mother that, "I don't think I'm your child...you have n't got pain for me" (Chapter Six, p. 180). In these families communication was dysfunctional, intimacy was lacking, while sharing and the expression of feelings surrounding the death were minimum (Kissane & Bloch, 1994). The impression gained is that in these instances, the deceased appeared to have served a security-enhancing role in the family. These findings seem to be consistent with the literature. For instance, Mikulincer et al. (1993) refer to people endorsing anxious-ambivalent attachment styles as emotionally focused in the sense that they become emotionally overwhelmed when confronted with stressful situations. Kissane and Bloch (1994) appropriately point out that the interplay between parental attachment styles, family dynamics and marital satisfaction provide the prototype for adaptation to grief.

Consistent with the literature, findings of this study seem to suggest that poor coping (P3, P11, P13) impacts negatively on the dynamics of the family at large (Bowlby-West, 1983; Kissane et al., 1996-II). Furthermore, established dysfunctional attachment styles (P1, P2, P4) are exacerbated by crises such as death (Kissane & Bloch, 1994; Mikulincer et al., 1993). Either way, grief is expressed in dysfunctional ways, which in the context of this study manifests in complicated grief.

7.4.2 THE INFLUENCE OF FAMILY EMOTIONAL INTEGRATION ON COMPLICATED GRIEF

Closely related to family patterns of interaction and relating is the emotional climate that prevails among members. The extent to which the expression of emotions is inhibited or facilitated plays a determining role in the outcome of bereavement and grief (Chapter Three, 3.4.4).

Based on the participants' perceptions, the emotional climate that prevailed clustered into three patterns namely, emotional tolerance, emotional inhibition and emotional intolerance.

Six participants (46.15%) (P1, P3, P5, P6, P7, P10) conveyed a sense of their emotions being tolerated by their families of origin. Consistent with findings of Kissane et al. (1996-II) cohesiveness and mutual support emerged as significant features of families in

which these participants lived. Three participants (23.07%) (P11, P12, P13) refrained from expressing their emotions even though their families of origin were psychologically available to them. For instance, P11 indicated that, “I don’t really talk to him (brother) 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” (Chapter Six, p.187). Similarly, P12 stated that, “I was crying a lot, every night, when I was driving home on the highway I was crying and before I get home I stop crying because I didn’t want my kids and my family to see how I feel” (Chapter Six, p.188). Likewise, P13 pointed out that when she was “crying...they {family} ask me what’s happening...I say nothing” (Chapter Six, p.188). In this sense, the inhibition of emotions was self-imposed, which the participants perceived as their way of protecting their families from the hurt they were experiencing. While protecting their families may be well intended, Bowlby-West (1983) is of the opinion that this dynamic may heighten boundaries between the participants and their families. The participants thus seemed to have limited the support available to them while isolating themselves emotionally in their grief, which in turn fostered the development of complicated grief. Supporting this notion further is the understanding that a feature of adaptive grieving in families is the mutual expression and sharing of both positive and negative emotions (Kissane & Bloch, 1994). The participants’ self-imposed inhibition of emotional expression negates this feature of adaptive grieving. Instead, it appeared to have rendered the affected participants more vulnerable to complicated grief.

Four participants (31.67%) (P1, P2, P4, P8) provided accounts of emotional inhibition imposed by the family. For instance, P1 reported that her spouse “ doesn’t want me to upset his kids...I must go and do my crying in private” (Chapter Six, p.184). For P2 emotional inhibition assumed the form of family members not being available to support her. This notion was expressed in terms of “my brother used to give me a hard time, my sister-in-law used to give me a hard time” (Chapter Six, p.185). P4 on the other hand, perceived her family not to respect her and frowned upon her grief emotions (Chapter Six, p.185). P8’s emotional inhibition derived from strained relationships with her siblings (Chapter Six, p.186).

Not being allowed to share or express grief emotions are considered to weaken the family as a system and members may not be psychologically available to support each other in the crisis of death and ensuing grief. As such, the dynamics of the family dictated the inhibition of emotional expression and thereby enhanced the possibility of grief becoming complicated.

7.4.3 THE INFLUENCE OF FAMILY SUPPORT ON COMPLICATED GRIEF

Kissane et al. (1996-I) point out that cohesion is one of the primary constructs that differentiate adaptive grieving families from maladaptive grieving families. Subsumed under cohesiveness are behaviours such as closeness, mutual support and members sharing each others' distress. This has implications in terms of those participants who experience a sense of support are also likely to be situated in families where cohesion is an important dimension of family functioning, thus influencing the grief process in a positive direction.

Ten participants (76.92%) (P1, P3, P5, P6, P7, P9, P10, P11, P12, P13) received practical, emotional and material support from their families of origin, which they perceived to have been of good quality and that was sustained even after the burial. These participants therefore, acknowledged and expressed a sense of satisfaction with the efforts made by their families of origin to alleviate the stressfulness of their encounter with death. However, three participants (23.07%) (P2, P4, P8) did not experience their families of origin as supportive due to conflict. Specifically, P2 indicated that, before her mother died she requested that her siblings take care of her. This never materialized. Instead, P2 landed with a relative and "it is difficult for me to go and speak to her and say I need this or I need that" (Chapter Six, p. 190). Similarly, P4's mother remarked that, "I don't know why she don't go to work because she can't wake up her sister again" (Chapter Six, p.190). P8 suggested that she did not receive support from her two siblings because of conflict surrounding their deceased father's taxi (Chapter Six, p.191).

Support was not forthcoming from or unsustained by nuclear and extended families. P3 specified that, at the time of the death the extended family provided support but "now we are scattered...no one can come home and say how do you feel, how is your father, how is your brother" (Chapter Six, p.190). P9 perceived her live-in partner as distant

and not sharing her grief. She conceded that, “we are having problems” (Chapter Six, p. 192). Post bereavement, P6 and P12 did not experience their families-in-law as supportive. P6 explained the lack of family-in-law support in terms of the latter suspecting her of being instrumental in the death of her spouse by means of witchcraft (Chapter Six, p. 191). Similarly, after the death of her spouse, P12’s mother-in-law indicated that, “you are not my daughter-in-law anymore” (Chapter Six, p.194).

The above findings support various literature sources. For instance, Olsson (1997) regards the absence of support as a stressor in and of itself. It is therefore possible to infer that expecting and not receiving support from sources that initially comprised an integral part of the participants’ family system constitutes an added loss, which further compounds the stressfulness of the grief process. This applied to P2, P4 and P8. Ennis et al. (2000) add that, social support serves the purpose of a stress-resistance resource that softens the negative impact and consequences of social loss experiences.

Furthermore, the perceived lack of or unsustained support (P2, P3, P4, P6, P8, P12) translates into the loss of the significant other not being validated by support systems. According to Brabant et al. (1995) the lack of validation support threatens the security of the person as well as that of the social system. The intense experience of unnatural, unanticipated or self-imposed losses coupled with the loss of emotional, social and validation support increase the chances of grief becoming complicated.

An additional dimension of the perceived lack of or unsustained support from family members in this study relate to family conflict as was experienced by P2, P4, P6, P8 and P12. Mafokane (1998) points out that family conflict, which has cultural connotations of witchcraft attached to it are associated with harsh punitive measures including being stoned to death. While none of the participants were exposed to threats of death, the severing of relationships that were previously valued were sufficiently important to be experienced as isolation and alienation as was experienced by P6. Nolen-Hoeksema et al. (1997) add that social friction is a significant predictor of poor adjustment to the loss of an important person. Applied to this study, it could be inferred that the prevailing social friction coupled with the participants’ experience of complicated grief provide support for findings of these researchers.

With regard to the suicide deaths (P2, P12), Cain (2002) suggests that this mode of death constitutes an extreme form of rejection. In the context of this study, rejection by the deceased was compounded by the lack of sibling support (P2) and family-in-law (P12) support to the bereaved participants, which constituted secondary trauma.

Equally important, are participants' (P1, P9) perceptions of their grief not being shared by their spouses (P1) or male live-in partners (P9). Martin and Doka (2000) suggest that male grieving tends to occur in isolation and gravitate towards cognitive and instrumental patterns. Specifically, Western society attaches importance to verbal expression as an important form of processing grief. This creates a situation whereby the norm and expectation of processing grief by means of verbal expression tends to undermine the grief of those persons who are verbally less inclined. The issue thus emerging is whether the male partners failed to share the participants' grief or were they in fact grieving, but simply less verbal and expressive of their grief.

On a therapeutic level, Western counselling paradigms tend to value emotional expression as the most effective strategy for the resolution of grief. This bias in favour of affective expression is clear from earlier writings (Staudacher, 1991; Vail, 1982; Wortman & Silver, 1989). Concomitantly, griever who refrain from experiencing and expressing grief affectively are viewed with suspicion of not grieving. This is especially true for gender socialization and social norms (Cook & Oltjenbruns, 1998; Parkes, 1996). As put by Thompson (1995, in Martin & Doka, 2000, p.108), men are socialized to live their lives in the public sphere while women are socialized to live their lives in the private or family sphere. Additionally, the Western bias towards affective expression of grief may also be misconstrued as the bereaved not having been attached to the deceased (Weiss, 1998). In this regard Martin and Doka (2000) argue that the absence of emotions does not negate an attachment relationship. Instead, it would be more appropriate to recognize and identify grief patterns that do not precisely fit the affective mode. Sue and Sue (1990) also caution against over-emphasising affective work, while overlooking instrumental patterns particularly with regard to cross-cultural grief work.

Findings of this study seem to suggest that the participants' (P2, P3, P4, P6, P8, P12) experience of complicated grief was influenced by social friction and rejection. The former seemed to influence the participants' (P2, P3, P4, P6, P8, P12) complicated grief when the instrumental or expressive role of the deceased remained unfilled. Rejection on the other hand, influenced the participants' (P2, P3, P12) complicated grief when the premorbid dynamics of the family was disorganized. In this regard, Stroebe et al. (1996) maintain that social support serves the purpose of alleviating the psychological impact of the loss of instrumental, validation and emotional support secondary to the death. Additionally, having support available meant being provided with the opportunity to process the loss cognitively and emotionally. In the absence of validation, social and emotional family support, the participants may well have been deprived of or have had limited opportunity to process their loss affectively, hence the experience of complicated grief (Lepore et al., 1996).

7.4.4 INTEGRATION OF FINDINGS

From a family life cycle perspective, Shapiro (1996) asserts that death triggers a transition that is destabilizing and discontinuous. Families find the experience difficult to integrate, affecting members not only in the here and now but also in the long term, including subsequent generations. In addressing the question of why some transitions are experienced as more difficult than others, it is possible to suppose that the unexpected death of a member provides the family with little or no opportunity to experiment with new structural and functional patterns.

Furthermore, Germain (1994) who adheres to a life course model of family development suggests that death imposes second order or systemic change that transforms the family. Transformation manifests in structural diminution, which in turn necessitates the formulation of new family rules, thus facilitating a reorganization of the family system. First order change on the other hand, is reflected in the extent to which predictable and continuous change occurs within life cycle stages. Death interrupts role performance and functional processes that underlie the accomplishment of individual member and family development tasks. Shapiro (1996) is of the opinion that the more central the role of the deceased in the family, the greater the disruptive impact of the death.

In an earlier writing Falicov (1988) established that there appears to be consensus among family therapy orientations that individual and family dysfunction or symptom formation relate to individuals' and families' inability to negotiate change at transitional points. By construing death as a transitional point that has the potential for imposing lasting consequences on the family, therapists focus on the family as locus of pathology. This notion is consistent with endeavours to understand the extent to which the family context influences complicated grief.

As measures of the influence of the family context on complicated grief, this study draws attention to family patterns of interaction and relating, family emotional integration and family support. Findings in respect of the former ranged on a continuum from secure to distant and strained relationships to hostile conflict and disorganized interaction. However, note is taken of the possibility that dysfunctional patterns of interaction and relating may have been present even before the death. Concomitantly, the death may have exacerbated dysfunctional family patterns of interaction and relating and perhaps, directly or indirectly reinforced the lack of systemic equilibrium.

The participants' understanding of the family patterns of interaction and relating created a sense in them that they were isolated in their grief. As such, this study highlighted the participants' perceptions that their grief was not a shared family experience and by implication, assumed a role in complicated grief.

With regard to family emotional integration, emerging themes suggested that families either supported emotional expression, or prohibited the expression of emotions or regarded the expression of emotions as inappropriate. Kissane et al. (1996-I) assert that failure to share emotional distress and the lack of support are indicative of family dysfunction. However, these theorists caution that it remains to be established whether the inhibition of emotional expression is a cause or a consequence of family dysfunction. Regardless, prescriptions in relation to the inhibition of grief emotions translate into the avoidance of grief. What might also have to be considered is, could failure to support the expression of emotions be the families' way of burying the person psychologically? On the other hand, do families interpret the expression of emotions as the participants' way of keeping the deceased alive? Irrespective of the underlying interpretations and processes, not all the participants perceived the family as a support

base that could be relied on to share their grief emotions. Hence not having a family environment in which both positive and negative emotions could be mutually shared and expressed probably assumed a role in the participants' complicated grief.

With regard to family support, Jordan et al. (1993) observed that bereaved families often receive intense emotional and practical support during the crisis phase when families are in the numbing, shock and denial stage of grief. Beyond this initial stage, support networks return to their routines and families are left with their untamed feelings of grief. From this point of view, the loss of extended family support constitutes secondary loss. Calhoun and Allen (1991) add that unsustained family network support may be accompanied by implicit or explicit messages that the bereaved have to get on with their lives.

The above observations were also relevant to this study. Specifically, the participants received intense emotional and practical support at the time of the burial. Support from families of origin was sustained to a larger extent. However, support from extended families and families-in-law was largely unsustained after the burial, which created the perception that the loss was not validated by these networks. Furthermore, the alienation from extended family networks gave rise to feelings of hurt and disappointment that seemed to have compounded the participants' grief. As put by Farnsworth and Allen (1996) the family context became the basis for the marginalization of the participants.

Extrapolating from Cook and Oltjenbruns (1998) dysfunction in the areas of interaction and relating, emotional integration and support characteristically occur in closed family systems. Based on Chapter Three (3.4.1) open and closed family systems differ with regard to the manner in which death is handled. Cook and Oltjenbruns (1998) maintain that the former is able to acknowledge the impact of the loss. In this way, subsystems support each other emotionally and pain surrounding the death is expressed more openly. Help from outside is readily accepted thus facilitating the restoration of the family's sense of equilibrium and continuity. Closed family systems on the other hand, tend to deny or avoid the loss because acknowledging the loss would mean adapting to new environmental demands and changing traditional patterns of responding and relating to one another. This represents a situation where the family does not have a sufficiently wide range of behavioural and emotional coping skills to respond adaptively

to its members. These researchers assert that the dynamics of closed family systems foster isolation in grief.

Based on findings of this study, family patterns of interaction and relating, family emotional integration and family support reflect the manner in which the family defines stressful transitions such as death. Hence there appears to be:

A relationship between the extent to which systemic functioning facilitates alignment with changes imposed by the death and the development of complicated grief in a vulnerable member.

7.5 THE PERSONAL CONTEXT OR THE RELATIONSHIP OF THE BEREAVED TO THE DECEASED AND COMPLICATED GRIEF

From an Existential perspective, O'Connor Wicker and Germino (1990, p.168) define the search for meaning as "questions about the personal significance of a life circumstance...in order to give the experience purpose and place it in the context of a total life pattern". Essentially, the integration of the personal experience into a life pattern involves a reformulation or redefinition of past meaning while simultaneously looking for meaning in the current life situation. In more contemporary terms, the past is the storehouse for individual meaning that have been actualised and made real in the life of the person (Lantz & Ahern, 1998).

Applied to bereavement, the Existentialist perspective maintains that death challenges goals and purposes associated with the deceased to the point that these seem pointless and that life is no longer worthwhile. These circumstances create a sense of emptiness, which Frankl (1978) refers to as an existential vacuum. The search for meaning in the death and meaning in ongoing life is reflected in a process whereby the bereaved have to relearn and reformulate goals and purposes in life while simultaneously investing in the world without the deceased and finding reasons to continue living (Wheeler, 2001).

The relevance of this process is that the deceased may have played an important role in validating and sustaining the bereaved person's goals and purpose in life. As such, the bereaved person's struggle may involve confronting the world not only without the physical presence of the deceased but also without the symbolic meaning that the

deceased represented in the life of the bereaved. Hence the Existentialist perspective translates meaning making in bereavement and grief into a search for renewed purpose in life (Wheeler, 2001).

In practical terms, subjective and objective experiences that occur as a result of the death assume importance with regard to the extent to which the bereaved are able to make sense of the death by searching for a renewed sense of purpose in life. As put by Archer (1999) the bereaved may lose interest in the social environment of which they form a part. This may manifest in a loss of interest in work, finding enjoyment in what they do and not having the inclination to engage in activities of daily living. In this sense death not only impacts on the bereaved person's view of the world but also on the person's view of himself.

Social-cognitive theory (Epstein, 1994; Janoff-Bulman, 1992a; Parkes, 1988) of coping with loss and trauma postulates that the psychological toll exacted by traumatic experiences derive from the shattering of basic assumptions and beliefs about the self and the world. The latter are considered to comprise the conceptual system that guides the person's goals, expectations, plans and behaviour. Death challenges the person's assumptive world and the search for meaning relates to articulating and understanding the impact of the psychologically invasive event (Janoff-Bulman, 1992a). From this point of view, making meaning of the death entails a fit between the individual's existing assumptive world and characteristics of the loss event. Achieving the fit occurs by means of two cognitive strategies namely, cognitive assimilation and cognitive accommodation (Marrone, 1999). Extrapolating from Davis and Nolen-Hoeksema (2001) meaning making and ultimately adaptive grieving, are less likely to occur if the bereaved fail to achieve a fit, either by means of cognitive assimilation or cognitive accommodation, between his/her conceptual world and characteristics of the death event.

Applied to this study, mediating the influence of the relationship of the bereaved to the deceased on complicated grief are the implications of or consequences that the death had for the participants. The implications or consequences of the death translated into making meaning of the death. Additionally, the influence of the relationship of the bereaved to the deceased on complicated grief emerged with regard to the

characteristics of the death event. The latter was conceptualised in terms of the mode of death. Furthermore, the relationship of the bereaved to the deceased influenced complicated grief through the participants' ecology of belief systems. The latter manifested in the participants' religious and cultural beliefs. Hence interpretations of the analysed material assumed the form of:

- The influence of the personal context and meaning making on complicated grief;
- The influence of the personal context and mode of death on complicated grief and
- The influence of the personal context and individual beliefs on complicated grief.

7.5.1 THE INFLUENCE OF PERSONAL CONTEXT AND MEANING MAKING ON COMPLICATED GRIEF

At a fundamental level the bereaved and the deceased lived in a relationship to which meaning was ascribed. In the event of death, meaning assumes yet an important role. Wheeler (2001) captures the death of a significant person coupled with all the symbolic meanings that the deceased held for the bereaved in terms of a crisis of meaning.

Adaptive grieving involves the construction of meaning by making sense of the death. Davis et al. (1998) describe this process in terms of developing an understanding of or finding an explanation for the loss while Davis et al. (2000) identify three ways in which meaning is conceptualised in the literature. Firstly, meaning making is used to refer to understanding the cause of the negative experience (How did it happen?). At other times meaning making is conceptualised in terms of why the event occurred. Yet again, meaning making is conceptualised in terms of the implications that the loss have for the life of the survivor. Having said this, Davis et al. (2000) caution that not all bereaved people who experience death search for meaning, nor do all the people who find meaning put the loss aside. Suggestions are that negative meanings may also be attributed to the death of a significant other.

Based on the analysed material, meaning attributed to the death by the participants translated into losses that had both objective and subjective implications or consequences. The former was borne out in expressions of the loss of material and economic security, as described in Section 7.3.2.1. Meaning that derived from subjective implications or consequences of the death was captured in terms of the

participants' past life with the deceased, perceptions of the future without the deceased and the participants' role and social identity in relation to the life of the deceased. The latter clustered into constructs involving the loss of emotional security and the death posing a threat to the participants' sense of social and role identity.

The loss of emotional security proved to be an important source of meaning making for the participants. Specifically, the impact of the death is influenced by the bond and attachment that prevailed between the participants and the deceased. The theme that pervaded the interview material was that the death of the significant other translated into the loss of an attachment relationship. Bearing Bowlby's (1980b) theory (Chapter Four, 4.3.2) in mind, the loss of an attachment relationship signifies the loss of emotional security.

More broadly, the loss of emotional security and the loss of social and role identity appear to have been pervasive themes running through the participants' interviews. Specifically, the loss of P1's sister translated into the loss of a psychological mother (Chapter Six, p. 196). For P7 the death of her sibling meant that the house was "empty" (Chapter Six, p.197). For the five participants (38.46%) (P5, P6, P10, P12, P13) who presented with spousal losses the emotional security derived from the past lives that the participants and the deceased spent together. P5 expressed her loss in terms of "I'm not complete" (Chapter Six, p.197). For P6 the loss of her spouse translated into the loss of material well-being and the loss of role and social identity (Chapter Six, p. 197). For P12 the death of her spouse meant having lost "everything...he means everything, actually everything to me" (Chapter, Six, p. 200). For P13 the deaths of her spouse and live-in partner respectively meant that the former "left her with a child" and the latter left her "with HIV" (Chapter Six, p. 200).

For the three participants (23.07%) (P8, P10, P11) who lost children, emotional security derived from the future plans, aspirations, goals and hopes that they had for the deceased. To P8, the death meant the loss of someone "I could relate anything to, he was like a brother to me" (Chapter Six, p. 197). To P10 the death of her child translated into the loss of a significant source of affection (Chapter Six, p. 198). To P11 the death meant, "he was my only child and I felt there is nothing left anymore" (Chapter Six, p. 199).

Three participants (23.07%) (P2, P3, P8) experienced the loss of a parent. To P2 and P8 the death translated into the loss of material well-being. P2 stated that the deceased “provided me with everything” (Chapter Six, p.196). P2 also referred to her mother’s self-imposed death as “something spiteful...she left me alone to suffer” (Chapter, Six p.196). To P3 the death meant the loss of companionship, the loss of a significant source of affection and the loss of a special relationship (Chapter Six, p.196).

Consistent with observations by Nadeau (1998), interpretations of the analysed material revealed that the participants contextualised the loss by characterising the deceased. In other words, the participants put the meaning of the loss into the context of their personal relationship with the deceased by describing the type of person that the latter was. The participants characterised the deceased largely in positive terms. However, negative qualities were identified but did not deter the participants from acknowledging the value of the deceased and the role that the relationship served in their lives.

Wheeler (2001) further recognises that children hold multiple meanings for parents. Death strips parents of these meanings (P8, P10, P11) leaving them with a sense of emptiness, futility and hopelessness about the future. This exemplifies the existential vacuum described by Frankl (1978) in the lives of the bereaved participants. From this point of view, death brought an end to a special relationship. As explained by Wheaton (1990) for people in chronically stressful situations or relationships, death may actually provide relief and thereby, enhance the mental health of the survivor. By the same token, an assumption can be made that the end of a gratifying or security enhancing relationship impacts negatively on the mental health of survivors.

Applied to this study, constructing the meaning of the death in terms of the loss of emotional security has negative implications in that the participants are less likely to resolve their grief adaptively. As put by Archer (1999) in socio-centric cultures emotional ties are dispersed among a wider circle of family members while in Western societies kinship is concentrated on a smaller family support base. Participants in this study are largely from Non-Western communities, yet the loss of emotional security assumed significance with regard to making meaning of the death. This seems to support Stroebe et al. (1996) who concede that family and friends are not able to compensate for the deficits brought about by the loss of an attachment figure. Hence

findings of this study seem to suggest that, attaching meaning that translates into abstract or subjective losses and meaning that has negative connotations pave the way for complicated grief.

With regard to meaning that derive from the death posing a threat to the participants' identity, various theorists share the opinion that the loss of someone who formed an integral part of the person's life can challenge the person's sense of self-identity (Neimeyer, 1998) or threaten the person's sense of meaning in life (Davis et al., 1998; Archer, 1999). These consequences call for an understanding of the self amidst adversity. In other words, the extent to which the bereaved are able to make sense of the death is partly determined by the impact that the loss has on his/her sense of identity.

Tajfel (1978) conceptualises identity as an accumulation of social roles occupied by the self. Culture plays a determining role with regard to defining the importance of different roles and successful role performance. The successful performance of valued roles has a bearing on self-esteem. Hence, the loss of a spouse or parent has significant role loss and self-identity implications. Furthermore, Davis et al. (2000) found that the greater the threat of the death to the person's self-identity, the more difficult it will be to make meaning of the loss.



For seven participants (53.84%) (P5, P6, P8, P10, P11, P12, P13) the lost relationship represented a threat to their identity. The latter derived primarily from parental/maternal (P8, P10, P11) and spousal (P5, P6, P10, P12, P13) roles. Various theoretical issues emerge in this regard namely, the bereaved person's dependency on the deceased and the participant's role relationship in respect of the deceased. Extrapolating from Goodman et al. (1991) mothers define their personal identity through their children. Talbot (1997) adds that investment in the maternal role at the exclusion of other roles and activities provide fertile ground for distress of intense proportions. Archer (1999) concurs that the distress of grief is heightened if an only child is lost which applied to P11. With regard to spousal role loss, Neimeyer (1998) asserts that having shared past lives coupled with emotional, social and financial dependency, these participants experienced difficulty finding meaning in the loss as they did not know how to rebuild their lives without the deceased. These participants' grief was further compounded by their perception that the deaths were preventable.

Furthermore, the deaths encountered by P1, P2, P9, P12 and P13 are essentially stigmatised deaths. Miller and Kaiser (2001, p. 74) define stigma as “a devalued social identity in a particular context” and regard it as a stressor in and of itself. By implication, having lost a significant person as a result of a stigmatised death, these participants vicariously experienced a sense of devalued social identity.

More positively, one participant (P11) described making meaning of the death in terms of strengthening the relationship between herself and the father of her deceased son as well as having gained an understanding of the importance of revising, redefining or re-ordering her priorities and goals in life. Theoretically, this translated into the participant having integrated the loss into her conceptual world by revising and redefining her assumptions and beliefs about herself as a mother. This process represents cognitive accommodation (Wheeler, 2001). Furthermore, ascribing value to an adverse experience serves the purpose of restoring self-esteem (Janoff-Bulman, 1999a). Tedeschi and Calhoun (1995) consider this an important process in enhancing self-understanding, which in turn, minimizes the participant’s vulnerability and threatened sense of self.

In terms of the distracting value of meaning attribution, Davis and Nolen-Hoeksema (2001) suggest that focusing on the positive aspects of the loss may not help to make sense of the loss. Instead, identifying positive dimensions with regard to the loss may distract from difficulties concerning making sense of the loss. In other words, having learned something about the self may not assist the participant to make sense of the loss but may minimize the pain of not being able to understand why the loss has occurred. By implication, deriving meaning from the death may not necessarily mean that sense has been made of the loss. Additionally, note is taken of Davis et al. (1998) who suggest that meaning derived from the death of a significant other takes time to be integrated and consolidated into everyday life.

Put together, by examining the consequences of the absence of the deceased for the life of the bereaved, this exposition placed the bereaved/deceased relationship in the foreground. Attention was directed towards understanding the importance that the relationship assumed in the process of finding meaning in the death. Specifically, by characterising the deceased largely in positive terms, the participants acknowledged the worth of the deceased in their lives. However, the fact that only one participant

(P11) made spontaneous reference to deriving some meaning from the death while the remaining participants identified consequences in negative terms, suggest that greater emphasis was placed on the death. Stated differently, the participants were more preoccupied with the death and the lost relationship than they were with finding meaning in their own lives without the deceased. Moreover, since this study is concerned with gaining insight into the influence of context on grief, there is reason to believe that the participants failure to find meaning in their own lives without the deceased contributes significantly toward grief becoming complicated or in Frankl's terms (1978) the existential vacuum remains unfilled.

An integration of the cognitive and existential perspectives further suggests that the search for meaning in the death of a significant person entails a search for cognitive mastery and a search for existential reinvestment. Wheeler (2001, p. 8) found that both components of the search for meaning embrace the question of "why". Initially, the "why" question relates to protesting to the death (Massey & Min, 2000, p.472) and attempting to find some reason to reinvest in goals and purposes thus providing meaning for reconnecting to life. In essence, the death of a significant person challenges the bereaved person's previously held meaning structures.

Essentially, by identifying the meaning of the death in terms of the loss of emotional security and the loss of social and role identity suggests that the meaning made of the death had more negative connotations. This may also suggest that the participants may not have succeeded in integrating their losses into their conceptual systems. Their ongoing sense of emptiness and the inability to find meaning in the current life situation without the deceased, provided grounds for the development of complicated grief.

7.5.1.1 INTEGRATION OF FINDINGS

The participants' meaning of the loss was conceptualised in terms of the implications and consequences of the death. Reference was made to both objective and subjective or abstract losses. The former was addressed in terms of the influence of economic factors on complicated grief. Subjectively, meaning of the death derived from the participants' perceptions of the loss of emotional security and the loss of a sense of social and role identity. Extrapolating from Existential theory (Epstein, 1994; Frankl, 1978) losses in

these dimensions of the participants' lives pose an existential threat. Furthermore, challenges to core beliefs about the self suggest that the participants were confronted with the intimidating task of redefining their life goals and purpose in life (Wheeler, 2001).

The notion that death challenges beliefs about the self also accentuates the role of the deceased in the life of the bereaved. Kissane and Bloch (1994) concede that instrumental roles might be difficult to compensate for. However, expressive roles are considered to be more important for regaining a sense of family equilibrium and stability. With regard to findings of this study it appears that the differentiation between the importance of instrumental and expressive roles were blurred. Specifically, the participants' beliefs about the self were challenged by both objective (economic) difficulties and more abstract or subjective (sense of security and threat to identity) consequences of the death. The economic difficulties also translated into role overload, role conflict, role strain, normal routines being disrupted, and other roles being neglected (Jordan et al., 1993). With regard to subjective consequences of the death, Wheeler (2001) asserts that the deceased may have contributed to validating and sustaining the participants' sense of purpose and direction as well as beliefs about the self. Therefore, it is possible to infer that challenged beliefs about the self, coupled with the death of a person who affirmed the self contribute to complicated grief. This also draws attention to complicated grief being associated with disturbances of the bereaved person's self-identity.

Integrating the findings of the study suggest that the meaning attached to the death was to a large extent characterized by negative connotations. By implication, the more the participants' sense of material well-being, emotional security and social and role identity are threatened by the death, the higher the risk of grief becoming complicated. Hence it could be inferred that there is a positive correlation between attributing negative meaning to the death and complicated grief. Stated differently, findings of this study seem to suggest that:

The more survivors' sense of material well-being, emotional security and self-identity are threatened by the death, the higher the risk that grief will become complicated.

Having considered the contribution of challenges to the participants' beliefs about the self and complicated grief, note is taken of a small minority of participants who were exceptions. One participant (P6) attributed the death to the life style of the deceased thus making sense of the loss (Davis et al., 1998). One other participant (P11) reported a deepening of her relationship with the father of her deceased son. For this participant (P11) it seems that making meaning of her son's death derived from her ability to integrate the loss in the pattern of her life. Davis et al. (1998) regard the finding of benefit from negative experiences as having found meaning in the event. This provides grounds for postulating that complicated grief may develop even though a plausible explanation for the death can be found or even though the bereaved are able to construct meaning of the event. Having said this, note is also taken of Davis et al. (2000) who question earlier assumptions that meaning making is critical for adjustment to loss and that, over time most people are able to find meaning and put the loss aside. Bearing the latter two participants in mind, this study seems to support Davis et al. (2000) who subscribe to the view that people do not necessarily put the loss aside after making sense of the death. In the context of this study, not having moved on is probably reflected in the participants' presenting with complicated grief even though they have found an explanation for the death or succeeded in making sense of the death by means of benefit finding.



7.5.2 THE INFLUENCE OF PERSONAL CONTEXT AND MODE OF DEATH ON COMPLICATED GRIEF

Applied to this study, interpretation of the analysed material revealed that the nature or the mode of death, reflecting the normative or non-normativeness of the death comprised characteristics of the loss event that proved to be significant with regard to challenging the participants' beliefs about the world. Ten (58.82%) of the deceased died natural deaths. These deaths were therefore anticipated. Seven (41.11%) persons died unnatural deaths, meaning that these deaths were unexpected.

The natural death experienced by P1 left her with a sense of " I think she suffered too much and ...I don't ever want to see someone going through that..."(Chapter Six, p. 203). P3 conceded that "She always cried saying, here is pain. When I saw her crying...I'm crying too" (Chapter Six, p. 203). P4 also indicated that, "my sister was very, very, sick" (Chapter Six, p. 204). P6 referred to "even if they say people are HIV

there is no person to die like that...he didn't die peacefully" (Chapter Six, p. 204). With regard to the death of her sibling, P9 admitted that "its better now because she feels no pain where she is now" (Chapter Six, p. 205). Observing her child in hospital P11 described the experience as "very painful" (Chapter Six, p. 206). P13 reflected on the mode of death and referred to "I say to him why did you not tell me you got AIDS...he was never talking until he died" (Chapter Six, p. 208).

With regard to unnatural deaths, P2 recalled that, "I was shaking and I didn't have nobody with me" (Chapter Six, p. 203). P5 reflected on the death of her spouse and indicated that, "even if I close my eyes I can see him from the time he was lying down" (Chapter Six, p. 204). This gave the impression that she may well present with intrusive and avoidance symptoms often characteristic of PTSD. P7 struggled with the violent nature of her sibling's death in that she wanted to know "who was the person who planned a death like that" (Chapter Six, p. 204). P8 explained that her son died "painfully" (Chapter Six, p. 205). On finding her deceased spouse, P12 referred to "I can remember screaming" (Chapter Six, p. 208).

Various researchers recognise that sudden, violent and human induced deaths pose significant adjustment difficulties (Murphy, 1997; Parkes, 1996; Parkes & Weiss, 1983). Suicide deaths (P2, P12) have connotations of being betrayed, abandoned and rejected by the deceased (Cain, 2002). For instance P2 referred to the deceased in terms of being "spiteful...she left me alone to suffer and now she is missing" (Chapter Six, p. 196). Likewise, P12 felt burdened by having to do things on her own hence her saying "I want him...to help me cope with things" (Chapter Six, p. 200).

Non-normative deaths such as the death of a child (P8, P10, P11) including the death of an adult child were found to challenge the coping capacity of parents more than the death of a sibling, spouse or parent (Archer, 1999; de Vries, Davis, Wortman & Lehman, 1997; Nolen-Hoeksema & Larson, 1999). Non-normative deaths are considered to go against the natural order of events.

In the context of this study, the unnatural deaths experienced by P5, P7 and P8 challenged the participants' beliefs that the world is a safe, fair and predictable place and that fellow human beings can be trusted. Specifically, the assailant of P5's spouse

was a fellow taxi driver. Likewise, fellow activists murdered the sibling of P7, while the murderers of P8's father and son lived one street away from her. Theoretically, Marrone (1999) suggests that unanticipated, horrific and sudden deaths take much longer to restructure cognitively. Concomitantly, making meaning of these deaths require as much time as the cognitive restructuring process.

For Davis and Nolen-Hoeksema (2001) making sense of a significant death involves interpreting the loss event so that it is consistent with the bereaved persons' beliefs and assumptions or revising previously held beliefs and assumptions so that it incorporates the loss. These researchers regard the interpretation of the loss so that it is congruent with existing beliefs and assumptions as the least threatening for the individual. From this perspective, being able to fit the loss event into pre-existing assumptions and beliefs facilitates the process of making sense of the loss. In contrast, deeply embedded beliefs in fairness and justice and assumptions that, events which happen to people are ordered and predictable (Janoff-Bulman, 1992a) are the least amenable to change.

More importantly, an observation made by Davis and Nolen-Hoeksema (2001) may well have relevance to this study. These researchers suggest that finding meaning in loss promotes emotional adjustment to the loss if it occurs within the first few months of the death. However, when meaning is made later in the adjustment process, the bereaved continue to conceptualise the world as unpredictable, unfair and unjust. These conceptualisations militate against meaning making and translate into the bereaved not being able to interpret the death so that it fits in with their conceptual world. If anything, these circumstances led to the conclusion that the participants may well have engaged in a cognitive and emotional struggle to align their shattered assumptions and beliefs with the loss event rather than fitting the experience into their worldviews. By implication, these cognitive and emotional struggles seemed to have formed an integral part of the participants' complicated grief.

Put together, the above exposition reveals how the nature and mode of death challenged different structures of the participants' assumptive worlds and belief systems. Specifically, non-normative, natural and normative deaths challenged the participants' assumptive worlds in different ways. In more formal terms, the participants' conceptualisations of how the world is supposed to work (Janoff-Bulman & Frieze,

1983) were the most severely challenged by either the non-normativeness of the death or the process of dying. With regard to the former, challenges related particularly to the participants' trust and confidence in fellow human beings, perceptions of being betrayed by those they loved and the ease with which human lives were demeaned and diminished. Stated differently, 92.32% of the participants failed to interpret the nature and mode of death so that it is integrated with their assumptions and beliefs that the world is a fair and just place. P6 was probably an exception in that she attributed the death of her spouse to his own behaviour. It is therefore possible to suppose that the participant subscribed to worldviews, which enabled her to incorporate the death event so as to bring about congruency between her conceptual world and the manner in which her spouse died.

In practical terms, the distress evoked by the deaths coupled with the inability to bring congruency between the characteristics of the deaths and their beliefs in the world as a safe and a predictable place and that fellow human beings can be trusted enhanced the potential for the development of complicated grief.

7.5.2.1 INTEGRATION OF FINDINGS

Embedded in the personal context is mode of death – a dimension of the death event that challenged the participants' beliefs about the world. Extrapolating from Social cognitive theory (Janoff-Bulman, 1992a) grief resolution has implications in terms of interpreting the event such that it is in line with existing assumptions and beliefs about the world. Failure to resolve the grief, in contrast represents a situation whereby the bereaved endeavour to change their pre-existing beliefs about the world and the self in order to accommodate the loss event. This is a daunting process in that the person strives to change those cognitive structures that have always given direction to his/her behaviour, goals and aspirations. Based on the participants' presentation with complicated grief, it is possible to suppose that the death has not been interpreted such that it is consistent with their pre-existing assumptions and beliefs. The inference thus made is that the participants struggled to change their basic assumptions and beliefs in order to accommodate the loss event (Wheeler, 2001).

With regard to this study, the mode of death challenged the participants' beliefs about the world. Findings revealed that the mode of death challenged the participants' beliefs that the world is a safe, fair and just place and that fellow human beings can be trusted. These conceptual struggles convey the idea that the participants have not processed the loss event to the extent that they have achieved a sense of cognitive mastery (Wheeler, 2001). Linking the conceptual challenges posed by the mode of death and complicated grief seem to suggest that:

The characteristics of the death event seem to have potential in terms of preventing the bereaved from comprehending the death in a coherent manner or to integrate it into their life world in such a manner that it makes sense with regard to their pre-existing beliefs and notions about how the world works. As such, there appears to be a relationship between characteristics of the loss event and complicated grief.

7.5.3 THE INFLUENCE OF PERSONAL CONTEXT AND RELIGIOUS BELIEFS ON COMPLICATED GRIEF

Plante, Scott, Sherman and Guertin (2000) refer to various findings that reflect a correlation between religious faith and positive physical health, positive mental health, higher self-esteem, greater self-satisfaction, interpersonal sensitivity, a greater sense of self-control and more adaptive coping with adverse and negative life events. With regard to loss, McIntosh et al. (1993) suggest that religious schemata may render the experience of death less threatening.

All of the participants subscribed to some religious order including the six (P5, P6, P8, P9, P10, P13) who attached importance to Non-Western cultural beliefs. As a result, all of the deceased were buried in accordance with the participants' or the families' religious denomination. All the participants admitted to receiving support from their respective religious communities. Twelve participants (P1, P2, P4, P5, P6, P7, P8, P9, P10, P11, P12, P13) described religious support to have been available basically up to the burial and only one participant (P3) referred to religious community support that was sustained over a longer period. Based on their belief in life after death three participants (23.07%) (P1, P3, P9) accepted that there will be no contact with the deceased on earth and attached importance to life after death when contact will be re-established. Being Muslim, P2's religious and cultural beliefs seemed to overlap. This

participant nevertheless indicated that, “I take my religion very strongly... some day God will pick me up” (Chapter Six, p. 210). P4 pointed out that, “we just believe in God...we pray only one God” (Chapter Six, p. 211). Post-bereavement P5 participated in religious services but conceded that, “I’m still afraid to come to church because I feel like I am lost” (Chapter Six, p. 211). P6 described religious practices involving prophets who “start propheting after they go round in circles then the spirits come from there” (Chapter Six, p. 211). For P7 the role of the church in the burial of the deceased was not an issue. However, being a politically motivated death, the family feared that the church might be burned down. However, the decision made was that “when they want to burn the church, let them do that we are going to have a service in church” (Chapter Six, p. 212). Fourteen years later, the religious community were more available and “came to make a prayer...we had a mass...I felt very, very better” (Chapter Six, p. 212). P8, P9 and P10 acknowledged the support of their respective religious communities at the time of the death (Chapter Six, pp.212-213). P11 suggested that the religious community was available at the time of the death but “just for that time...but now I’m saying where are all those people really for me” (Chapter Six, p. 213). P12 admitted that, “I know I can’t go without the Lord in my life...I pray to him a lot...but in the Church itself, in the building it feels like there is nothing in that building for me” (Chapter Six, p.214). P13 acknowledged the support of the church but added that, “I was going to the prophet...they pray that water and I drink the water” (Chapter Six, p.214).

The structural organization of religion favours the provision of support (Kasiram & Partab, 2002; Pargament, 1996). This in turn enhances coping with bereavement and grief. Coping is reportedly achieved by means of rites of passage whereby the bereaved are assisted in confronting and accepting changes brought about by the death. The presence of others during these religious rites of passage becomes a source of spiritual, psychological and social reassurance. Golsworthy and Coyle (1999) share these findings and refer to personal support being found within the context of religion in that the bereaved were able to sense the prayers of fellow worshipers. This notion applied to P7 who additionally, explained her younger sibling’s death in terms of the deceased and God having reached an agreement that she would die in that violent manner. In this sense, observing her sibling’s involvement with religion assisted her to reconcile the death with her religious beliefs.

Golsworthy and Coyle (1999) add that, religious beliefs provide a structure within which a sense of purpose and order can be created not only in life but also in death. In other words, religious beliefs provide a framework whereby meaning could be made not only in the context of bereavement but also for ongoing life. (Massey & Min, 2000, p.472) assert that the “why” question is often asked in non-normative deaths and presents a crisis of the spirit. The spiritual and religious crises translate into a profound sense of meaninglessness. Hence Doka (1993) construes the rebuilding of faith and philosophical systems challenged by the death as an important task to achieve if grief is to be resolved adaptively. McIntosh et al. (1993) are more specific in that they identify two pathways whereby religion could enhance adjustment to a significant loss namely, by means of active participation and by attaching importance to religion.

Those participants (P11, P12) who maintained their beliefs in God but expressed ambivalence with regard to attending church services, conceptually struggled with the why question. The latter translates into protesting against God, which essentially reflects difficulty with locating the loss in the structure of their religious practices. As such, there appears to be a sense of disengagement between existing religious beliefs and a sense of purpose or continued existence in the world (Golsworthy & Coyle, 1999). As pointed out by McIntosh et al. (1993) long-term well-being is indirectly linked with the importance attached to religion even though the participants might express emotional distress in the short term. In Braun and Berg's (1994b) terms, religious beliefs seemed neither to provide a context within which the participants were able to make meaning nor did their religious beliefs minimize their feelings of grief (Golsworthy & Coyle, 1999).

In conclusion, the participants' ambivalence toward participation in religious services coupled with protesting against God seem to suggest that the death may not have been processed in a way that meaning could be imposed. This implies that the loss remained unfamiliar and threatening, which in turn rendered the participants vulnerable to unalleviated distress and ultimately, complicated grief.

7.5.3.1 INTEGRATION OF FINDINGS

It appears to be a norm in Non-Western communities that in the event of death prayers, which take place in the evenings until the day of the burial are attended by neighbours

and community members. Likewise, on the eve of the burial relatives and neighbours spend the whole night eulogizing and reading from the Bible (Bopape, 1995; Kasiram & Partab, 2002; McAdoo, 1997).

In terms of this study findings suggest that, all of the bereaved identified with some religious order. As such, all of the deceased were buried in accordance with some religious ceremony. Substantial religious community support was provided at the time of the burial after which, support was largely unsustainable. For two participants, this resulted in expressing ambivalence towards religious participation. Not experiencing sustained support from the respective church communities, by and large, did not influence the participants' beliefs in God. The "why" question on the other hand, constitutes a form of protest (Massey & Min, 2000, p.472) against God for allowing the death to occur. This profile (ambivalence about religious participation, ongoing beliefs in God and protesting against God) seems to suggest that the deaths may have precipitated a degree of cognitive uncertainty in terms of how to make sense of life without the deceased. The impression gained is that the participants' difficulty with interpreting the death against the background of their religious beliefs and practices, retard the process of making spiritual sense. This in turn limits the achievement of a sense of spiritual growth, which is likely to provide a buffer against the development of complicated grief. As such, reference cannot be made to participants having grown spiritually. Balk (1999) maintains that bereavement is a crisis that challenges the person's assumptions and beliefs about the meaning of human life and existence. Bereavement therefore has the potential for reconstructing beliefs about the purpose in life. This in turn, provides the basis for spiritual change.

Furthermore, if existential meaning provides the basis for spiritual meaning then, an assumption could be made that since the participants did not succeed in making existential meaning, spiritual meaning is less likely to follow. Golsworthy and Coyle (1999, p. 10) describe this occurrence in terms of "a sense of pointlessness about life that seemed to indicate the lack of a meaning structure to account for or aid with the ongoing life of the individual. Such feelings did not appear to affect spiritual beliefs but there was an apparent lack of connection between such beliefs and a continued existence in the world".

Marrone (1999) contributes in another way towards understanding the lack of spiritual growth following the death of an important person. Specifically, if the loss cannot be assimilated into existing cognitive systems, the latter need to change structurally in order to accommodate the loss. Under these circumstances, death may precipitate cognitive disorientation in relation to how the bereaved make sense of the world. The process of re-orientation may take much longer than what is considered to be normal grief. It is possible that the prolonged process of cognitive restructuring and re-orientation may also be relevant in complicated grief. This gives the impression that the participants' difficulty with interpreting the death event so that it accommodates beliefs about the self retards the process of making spiritual sense of the death and thereby limiting the achievement of a sense of spiritual growth.

Based on the above, it is possible to suppose that accommodating the death within a structure of religious beliefs and practices fosters adaptive grieving. However findings of this study seem to suggest that there is a correlation between the degree of cognitive disorientation and complicated grief. Stated differently:

The more intense the participants' sense of disorientation with regards to religious beliefs and practices, the higher the risk of grief becoming complicated.

7.5.4 THE INFLUENCE OF PERSONAL CONTEXT AND CULTURAL BELIEFS ON COMPLICATED GRIEF

As stated in Chapter Three (3.5.2) families provide the support base from which religious and cultural beliefs are transmitted to individuals and generations. In situations such as death cultural interpretations, expectations and codes of conduct are mobilized in order to guide individual and group behaviour. This facilitates the process of making meaning, interpreting and understanding situations that cannot be explained by logic.

Seven participants (53.84%) (P1, P2, P3, P4, P7, P11, P12) did not attach importance to cultural beliefs, traditional or Non-Western healing practices. When asked about cultural beliefs these participants spontaneously referred to religious beliefs. However, P2 identified with the Islamic religion and it is probably not unreasonable to suggest that the Islamic religion embrace many characteristics that one usually finds as part of a cultural belief system. Hence as far as P2 is concerned, religious and cultural beliefs

were hard to distinguish from one another. Six participants (46.15%) (P5, P6, P8, P9, P10, P13) attached importance to cultural beliefs, rituals and traditional healing. These participants also practiced their religion actively and conceded that visitations to or consultations with traditional healers were done with the approval of their respective religious leaders.

P5 found the cultural practice of burying her spouse at his place of birth quite unsettling in that she was unable to go to the cemetery in her moments of emotional distress (Chapter Six, p. 216). P6 relied on traditional healers and cultural practices for understanding her spouse's illness before death, to clear her role with regard to the suspicion of her in-laws that she was instrumental in the death, to clarify her own physical symptoms and to be protected by her ancestors (Chapter Six, pp. 216-217). P8 expressed dissatisfaction with the explanation given by the traditional healer for the simultaneous deaths of her father and her adolescent son. Specifically, the traditional healer suggested that the deaths occurred because of her refusal to become a traditional healer herself. As such, this participant did not succeed in bringing about congruence between her cultural beliefs and the death event. If anything, the participant's beliefs in traditional practices and in ancestors were severely challenged (Chapter Six, p. 218). P9 experienced a sense of healing and protection from her involvement with traditional healers and adhering to cultural practices and rituals (Chapter Six, p. 219). For P10 cultural practices dictated that mourning assume the form of "I must stay at home for three months, I must not work" (Chapter Six, p. 219). For P13 cultural practices involved "I go to Sangoma to clean the blood" (Chapter Six, p. 219).

Bopape (1995) points out that not adhering to cultural beliefs and practices heighten the risk of participants being ostracised by support systems. This implies that cultural practices were adhered to even if the participant (P6) did not perceive and experience such practices as in the interest of resolving her grief. Similarly, Mafokane (1998) acknowledges the powerful impact of cultural beliefs in witchcraft by individuals especially if tension prevails between families.

Stemming from the above, it becomes clear that not all participants attached importance to cultural beliefs and traditional healing. However, there was one instance (P2) where religion and culture overlapped. Culture was also found to have a constraining effect

(P5) while in the second instance traditional and cultural interpretations of the deaths clearly challenged the participant's (P8) beliefs surrounding the protective role of ancestors.

7.5.4.1 INTEGRATION OF FINDINGS

Findings of this study did not pervasively reflect adherence to cultural beliefs and practices. In this regard, the three Afrikaans speaking participants were most noted. For the only Muslim participant in the study, boundaries between religion and culture seemed to overlap. Kasiram and Partab (2002) also note that bereavement and grief rituals are dictated by tradition and culture. However, for other participants, adherence to cultural beliefs, practices and rituals at the time of the death served the purpose of guiding their behaviour. Culture was also relied on to interpret the loss. Adherence to traditional practices also provided a sense of contentment. As described by Bopape (1995) failure to adhere to cultural rituals is considered from two perspectives. Firstly, the deceased is not likely to be admitted to the ranks of an ancestor and thereby becomes a ghost or wandering spirit. Secondly, by not adhering to prescribed rituals the bereaved are not protected from witchcraft or the work of witches. Bearing these consequences in mind, the participants who attached importance to cultural practices did so in order to secure a safe passage for the deceased and to protect themselves. Similarly, Mafokane (1998) expresses awareness that failure to adhere to cultural practices in the event of death heightens the risk of the loss of family support.

In contrast to the above, post-bereavement dissatisfaction, related to cultural beliefs and practices, were also expressed. These included the perception that cultural practices had constraining effects, frustration with ancestors and beliefs in witchcraft that gave rise to alienation from support systems.

Essentially, not all the participants attached importance to cultural beliefs and practices. However, those participants who do not perceive that their expectations of support or their needs for understanding the death are met by cultural practices, traditions and rituals are at risk of developing complicated grief. In other words:

There appears to be a relationship between complicated grief and not experiencing cultural rituals and beliefs as a source of support.

7.6 SUMMARY

The influence of context on complicated grief was interpreted from analysed material based on three broad contexts namely, the socio-environmental context, the family context and the personal context.

Living environments and community support represented the socio-environmental context. In terms of living environment risks 69.23% of the participants did not convey a sense of being threatened. For the remaining 31.67% of the participants, adverse living conditions related to crime, political violence, the perpetrators of the deaths living in close proximity to the participants and fears of witchcraft. The impact of living environment constraints was compounded by economic difficulties, which prevented the affected participants from rising above or moving away from living conditions where the crime rate was exceptionally high. As such, living environment constraints influenced the participants' complicated grief in direct and indirect ways.

With regard to community networks, support derived from neighbours and friends for 69.23% of the participants. This support was largely material and practical in nature particularly at the time of the burial. Perceptions of being isolated by community members were also described. Two participants did not relate well to their experience of being avoided by community members. The absence of community support translated into social isolation and a sense of the loss not being validated. The death of a significant person, being a transition that has life-changing consequences, coupled with the loss of social and psychological support enhanced the participants' experience of complicated grief.

Macro societal influences on the participants' complicated grief derived from economic factors, the socio-political climate and experiences with the medical community. Economic factors were consequential for five (38.36%) of the participants. These participants were directly dependent on the deceased for their financial security and material well-being. The loss of financial security translated into having to live below the breadline. The loss of material well-being also had significant psychological and social consequences for the affected participants. Only one participant was directly affected by the socio-political climate. However, the impact of the socio-political climate challenged this participant's beliefs that the world is a safe place and that fellow

human beings could be trusted. Similarly, experiences with the medical community challenged two participants' (15.38%) beliefs that the medical profession is a caring one. The responses evoked in the participants by the macro societal structures appeared to be sufficiently important to compound their grief.

The family context reflects influences that derive from family patterns of interaction and relationships, the emotional integration of the family and family support. Hostile family environments, the absence of cohesion, avoidant attachment styles, lack of support and not being able to share emotions were themes emerging from the family lives of the participants. These findings were also consistent with Kissane and Bloch (1994) and Kissane et al. (1996-II). It is possible to infer that in those families where dysfunctional patterns of interaction and relating prevailed, life may well have been difficult prior to the death. The second possibility relates to the deceased having assumed a stabilizing role in the family. Hence the absence of the deceased exacerbated the dysfunctional dynamics of the family, which may have been kept under control by the deceased. Furthermore, family support differed in quality and type. In the context of this study 38.46% of the participants received sustained and unconditional support. The remaining 61.53% of the participants conceded that support was available but qualified that support derived largely from families of origin. Support from families-in-law and extended family members was either not available or not sustained after the burial. The unsustained family support reflects a situation whereby support systems return to their normal routines and implicitly convey to the participants that they have to get on with their lives. The lack of support, particularly from sources that the participants expected the most support from, intensified the participants' grief to the extent that it assumed complicated characteristics.

Understanding the influence of the personal context drew attention to the meaning of the death, the impact of the mode of death and the influence of the participants' belief systems on complicated grief. Janoff-Bulman and Frieze (1983) suggest that making meaning of an experience constitutes an intrapsychic form of coping that has behavioural consequences. On the positive side, making meaning of the loss may involve construing the loss in terms of serving a specific purpose, thus providing the bereaved with a sense of mastery and reducing their sense of vulnerability. On the other hand, the loss may challenge the bereaved persons' pre-existing assumptions and

beliefs. According to Janoff-Bulman (1992a) incorporating characteristics of the loss event into the pre-existing assumptions entails a process that leads to the achievement of congruence between the loss event and previously held assumptions and beliefs. In this way, the traumatic event is accommodated by the person's belief system. If this fails, the individual may strive to change his/her belief system so that it becomes consistent with characteristics of the loss event. According to Janoff-Bulman (1992a) efforts to change the belief system are much more daunting than redefining the traumatic event so that it is integrated into the belief system.

Contributing further to the participants' difficulty with making sense of the death are implications and consequences that the absence of the deceased had for their lives. Findings of this study revealed that consequences clustered into economic difficulties, the loss of emotional security, and the loss posing a threat to the participants' role and social identity.

The loss of emotional security is almost pervasive among the participants. In fact findings by earlier theorists still seem to be relevant. Specifically, for different participants in this study the loss of emotional security was reflected in different facets of their psychological lives including the loss of self-esteem, loss of a sense of control, the loss of a shared past life and the loss of future plans and purpose (Parkes, 1996; Worden, 1982). These psychological losses also link very closely with the participants' sense of social and role identity. The loss of parental and spousal roles proved to be particularly threatening to the sense of self. Specifically, the participants tended to over invest in these roles, at times to the extent that other activities and social aspects of their lives were neglected. With the death having an impact on core dimensions of the participants' sense of self, the participants manifested with the characteristics that are associated with complicated grief.

Mode of death on the other hand, challenged the participants' pre-existing beliefs about the world. Specifically, the participants' beliefs that the world is a safe and predictable place and beliefs in the inherent goodness of man were severely challenged. Those participants who were exposed to self-imposed deaths perceived the deceased to have betrayed their trust and to have abandoned them. Only one participant succeeded in attributing the cause of the death to the behaviour of the deceased. Findings suggest that

84.61% of the participants experienced difficulties with regard to reconciling characteristics of the death event or the mode of death with their belief systems. Essentially, different aspects of the mode of death challenged the beliefs of different participants in different ways. By implication, participants largely failed to make sense of the non-normative deaths while the suffering involved in those who died naturally posed as much a threat to the belief systems of the participants who were exposed to unnatural deaths. These challenges to the participants' conceptual systems fostered the development of complicated grief.

With regard to the influence of the participants' belief systems on complicated grief, note has been taken of the only Muslim participant in the study, where the overlap between religious and cultural beliefs were such that differentiation between the two could not be made. However, for some of the other participants cultural beliefs and practices were reinforced or supported by religious leaders. Hence various theorists regard cultural and religious rituals and practices as serving important support purposes (Bopape, 1995, Kasiram & Partab, 2002; McAdoo, 1997). The three Afrikaans speaking participants conceded to religious beliefs and practices in the conventional Western sense.

All of the participants identified with some religious order. Findings seemed to suggest that the religious community provided support up to the time of the burial. However, the participants continued to believe in God even though ambivalence was expressed with regard to religious participation. The findings of this study seemed to convey a sense of religious beliefs providing a cognitive framework in which the participants could process their loss. No reference was made to having grown spiritually as a result of the deaths. Hence it appears that the participants did not seem to have reached a state of congruence with regard to the death and their religious beliefs, which may have contributed significantly to their experience of complicated grief.

Themes involving cultural beliefs were reported by 46.15% of the participants. Experiences related to traditional healing practices ranged from positive to negative. The former conveyed a sense of having integrated the death into their cultural belief systems. Negative cultural and traditional experiences instilled a sense of dissatisfaction in the affected participants. In specific terms, the distress experienced by the two

participants (15.38%) meant that their cultural beliefs were challenged by the deaths. This is significant in that, when confronted with the crisis of death, these participants experienced a sense of being let down by beliefs and practices that have previously given direction to their lives. This created a climate for the development of complicated grief.

Put together, this chapter conveyed potential relationships or correlates between complicated grief and different dimensions of context. Except for the socio-political climate, which affected only one participant, each of the dimensions identified under the socio-environmental context, the family context and the personal context, appeared to have exercised some influence over 31.67% - 38.46% of the participants in one way or another. Other dimensions of context such as the lack of extended family support exerted a less direct influence on the participants' experience of complicated grief. For this reason, it is probably reasonable to suppose that the potential relationships or correlates between complicated grief and the different dimensions of context extend over a continuum and differ in range and intensity. Essentially, not all of the participants were affected directly by each and every dimension of context and for each of the participants the constellation of contextual influences was unique.

7.7 CRITICAL EVALUATION

The view that maladaptive grief responses are primarily a function of intra-individual pathology was challenged by individual experiences documented in this study. While the individual comprised the unit of analysis, the individual was not disengaged or isolated from the contexts in which the deaths were experienced. Consequently, the results of this study portrayed complicated grief as having social and individual roots. With regard to the latter the contribution of biological influences was not embodied in the research aim and was therefore not within the scope of investigation of the study. However, the role that cognitive processes assumed in understanding, interpreting and making sense of the death was recognised. To this end, cognitions served the purpose of unifying the influence of the various contexts in which the death was embedded.

From a social point of view, complicated grief is conceptualised as being constructed by social processes that emanate from the socio-environmental context, the family context and the personal context or the relationship of the bereaved to the deceased. By focusing

on these dimensions, this study recognised the way in which social contextual realities structured and influenced the participants' experience of complicated grief. Having said this, findings of the study created awareness of the potential influence that different dimensions of context have for different participants. Specifically, being exploratory in nature, this study succeeded in establishing possible relationships or correlates between contextual dimensions and complicated grief.

Retrospectively, cognisance is taken of the fact that the contextual dimensions investigated in this study are by definition wide, multifaceted and complex. Having focused on the simultaneous influence of three broad contexts (socio-environmental context, the family context and the personal context) it is noted that each of these contexts could have comprised an independent study.

Furthermore, this study involved female participants only. While the literature provide adequate accounts of differences between male and female grieving, this study does not enlighten the reader with regard to whether or not the contexts investigated would influence male grievers in the same way as females. At best, an assumption can be made that what is documented in the international literature about male grieving patterns in Western populations apply to males in the South African community. Empirical support for this assumption would do particularly well if one considers that South Africa is a multicultural society in which socio-economic standards differ within and between groups. Hence the absence of male participants proved to be a gap in the contribution made by this study to understanding social contextual influences on complicated grief in the South African psychology literature and should be investigated in future research on this subject matter.

With regard to the concept complicated grief, it would also have been important to gain an understanding of how complicated grief presents or manifests in the South African context. The definition of complicated grief and criteria for including participants in the study derived from international literature. A contribution to the South African bereavement and grief literature is likely to derive from gaining insight into whether complicated grief is structured more round physical/somatic, behavioural, cognitive or psychological symptoms. The possibility also exists that complicated grief symptoms may cluster predominantly in one domain. Similarly, as stated in Chapter Three (3.3.1)

deaths that were experienced as horrific and violent have the potential to give rise to symptoms of PTSD. The latter were not specifically explored for in this study. The question thus asked is whether symptoms of PTSD may have assumed a more influential role in the development of complicated grief than the influence of context.

Still related to the concept of complicated grief, Rosenblatt (2000) adopts the stance that there is no essential grief (Chapter Two, 2.1) but that grief is as diverse as peoples' understanding of their realities and experiences. This notion could possibly also apply to complicated grief. Bearing this argument in mind, this study would probably have been more informative if the participants' narratives or interviews were relied on, not only to convey their contextual experiences but also to gain an understanding of how the participants perceived and experienced their complicated grief. In other words, it may have been important to arrive at the participants' understanding of their complicated grief from narratives or interviews rather than relying on predetermined and standardized measures (Beck's Depression Inventory and the Diagnostic Criteria for Complicated Grief {Horowitz et al., 1997}) to determine whether or not the participants presented with complicated grief. The manifestation of complicated grief could possibly have constituted an exploratory study on its own.

Moreover, in clarifying the dilemma of whether the participants' grief was complicated by psychosocial stresses emanating from the different dimensions of context or by psychological or somatic symptoms, reference is made to Steinberg and Avenevoli's (2000) conceptualisation of context serving a precipitating and maintaining role in psychological disturbances. Applied to this study, for those participants who were exposed to non-normative and violent deaths, contextual factors may have served a role with regard to precipitating their complicated grief. In the event of normative and natural deaths, contextual factors may have served the purpose of maintaining or exacerbating the participants' complicated grief. The possibility also exists that contextual factors may simultaneously have served precipitating, maintaining and exacerbating purposes. It is therefore, recommended that any future study focus more clearly on establishing whether context assumes a precipitating, maintaining or exacerbating role in complicated grief. Unravelling the role of context in more specific terms, possibly have greater potential in terms of identifying people at risk of developing complicated grief.

Furthermore, the small sample size, coupled with the fact that all the participants were homogeneous in terms of gender, probably limits the generalisability or transferability of the study.

Stemming from the above, the exploratory nature of this study may have raised more questions than answers. Nevertheless, the study provided an important first step in a field that has practically been unexplored by the South African psychology community. Additionally, the study created an awareness of the potential influence that context might have on complicated grief.

With regard to theories of grief, early conceptualisations captured coping with bereavement in terms of the achievement of specific tasks (Weiss, 1988; Worden 1982), in severing ties with the deceased (Bowlby, 1980a; Parkes, 1996) or grief progressing through identified stages (Corr, 1992b; Kubler-Ross, 1969). These theories focused on what is required for adjustment to the loss. Interactive theories of coping with bereavement such as the Two-Track Model of Coping with Bereavement (Rubin, 1993) and the Dual Process Model of Coping with Bereavement (Stroebe & Schut, 1999) describe what comprises adaptive or maladaptive grieving. However, these models, as with the earlier theories, underplayed the influence of social and contextual processes underlying complicated grief. Hence the results of this study, pose a challenge in relation to the formulation of a model of complicated grief that synthesizes and accommodates the multiple contextual processes, which influence and play a role in complicated grief.

7.8 LIMITATIONS OF RESEARCH PROCEDURE

Interviews were not always conducted in the first language of the participants. Two participants had functional command of the English language while others were more able to express themselves fluently in English. Those participants whose first language is Afrikaans were encouraged to do so as the researcher has reasonable command of the language. This may affect the validity of the study. The fact that 70% of the participants are Black and remaining 30% are Indian, White and Coloured is probably a realistic reflection of the demographic distribution of the South African population. However, the small sample size and the fact that all the participants were women limit the representativeness of the study.

Cognisance is also taken of the fact that interviewing individuals as method of investigation has limitations in that it is not able to capture the complexity of complicated grief. Hence there is probably room for complementing the interviews of individuals with experiences of families and groups. In this way, a more comprehensive understanding of the complex relationship between bereavement, complicated grief and context will be arrived at.

Notwithstanding these limitations, the findings of this study contribute to existing literature in the bereavement and grief field by providing evidence of relationships between dimensions of context and complicated grief. Attention is drawn to the importance of evaluating when contextual factors facilitate and when they impede optimal adjustment to the death of an attachment figure. The study further creates an awareness of contextual tensions and stresses that contribute to survivors' experience and expression of complicated grief. Having indicated that complicated grief might be embedded in multiple levels of context, future research might contribute further to the bereavement and grief literature by attending to the interaction between levels of context.

