

CHAPTER THREE

3. LITERATURE SURVEY: CONTEXTUAL INFLUENCES ON BEREAVEMENT AND GRIEF

3.1 INTRODUCTION

In Chapter One (1.1) it was noted that not all people cope equally well with bereavement and grief. In an effort to understand why this is so, this study extends its line of inquiry by exploring the influence of socio-environmental, family and personal contexts on complicated grief. In fact, both early and later theorists indicate that a full understanding of the grieving process must commence with an understanding of the context in which it unfolds (Averill, 1968; Bonanno, 1999b; Rosenblatt, 1988). Bereavement being an individual and family experience, the contextual approach provides an understanding of how extra-individual factors influence the experience of complicated grief. Theoretically, the ecosystemic approach provides a framework that synthesizes the mutual contributions of individual and social contextual positions into a unifying psychological perspective.

3.1.1 THE ECOSYSTEMIC FRAMEWORK

According to Jasnosi (1984) the ecosystemic framework has its roots in general systems theory and human ecology. The former postulates that any whole structurally comprises subsystems that are functionally interactive and interdependent. Malfunctioning in one subpart disturbs the effectiveness of the whole system. However, should the malfunctioning subsystem be replaced, the effectiveness of the whole system is restored. The human ecosystem on the other hand, involves two open systems namely, the individual and the environment. Jasnosi (1984) describes the former as comprising physical, psychological and physiological subsystems. Representing the environmental system are the physical environment, cultural, community and social subsystems. Boundaries between and within subsystems are permeable, thus fostering interaction at various levels of individual and environmental subsystems.

The ecosystemic approach construes the human system as the central unit of analysis while the environment forms the context in which behaviour occurs. As such, the behaviour of the individual cannot be examined without addressing the context in which it occurs. Jasnosi (1984) explains that in combination, individual and environmental systems function synergistically – meaning that the impact of the whole ecosystem is greater than the sum of its individual components. The ecosystemic perspective additionally conceptualises pathology or health as patterns of activity that may be caused, maintained or perpetuated by multiple and interacting factors. Guterman and Cameron (1997) refer to ecologically based factors as having the potential to either ameliorate or exacerbate the impact of negative experiences. These researchers argue that unravelling ecological factors provide an understanding of how people cope with and respond to experiences that threaten their lives. It is therefore possible to regard the ecosystemic framework as an integrated approach for conceptualising and assessing complicated grief in terms of social contexts as identified in Chapter One (1.4).

Mindful of the ecosystemic framework, bereavement literature has traditionally focused on a narrow and finite set of contextual variables including age, gender, socio-economic level, type and expectedness of the loss, previous experience with loss or depression and perceived social support. This suggests that in an effort to understand the influence of context on grief, the bereavement field was historically informed by variables related to characteristics and circumstances of the bereaved. The emphasis on micro-contextual influences has implications in terms of macro-contextual variables being slighted or assuming secondary importance in early bereavement and grief literature. Concomitantly, reference cannot be made to a comprehensive account of contextual influences on bereavement and grief. Mindful of the gap in the literature, this study draws attention to influences on complicated grief that derive from:

- Socio-environmental contexts;
- The family context and
- The personal context.

Having identified these contexts for further exploration, this review commences with a brief overview of contextual variables that dominated early bereavement and grief literature. This will be followed by a literature search of those contextual influences informing this study.

3.2 HISTORICAL OVERVIEW OF CONTEXTUAL INFLUENCES ON BEREAVEMENT AND GRIEF

Following Dowdney's (2000) line of reasoning, contextual factors can be described as either moderating or mediating the outcome of bereavement and grief. The former refers to pre-existing factors such as age and gender of the bereaved and are not influenced by the death itself. Mediating factors in contrast, exert their influence after death and include factors such as the impact of family dynamics and the development of psychopathology in a key family member after experiencing the loss. Dowdney (2000) is of the opinion that mode of or circumstances surrounding the death could be included in either moderating or mediating categories. Earlier literature focused on both moderating and mediating micro-contextual variables. For instance, Sanders (1988) addressed contextual variables in terms of socio-demographic factors such as age, gender and income level, individual factors such as personality and self-esteem as well as mode of death and circumstances following the loss. Parkes (1996) too, clustered determinants of grief into antecedent, concurrent and subsequent factors. The former embraces kinship variables and mode of death. Concurrent factors on the other hand, include variables such as age, gender and personality of the bereaved while subsequent factors involve variables such as social support and stresses secondary to the death. As reflected above, there appears to be considerable overlap among theorists in clustering micro-contextual variables.

3.2.1 SOCIO-DEMOGRAPHIC FACTORS

With regard to age of the bereaved, Parkes and Weiss (1983) found that in conjugally bereaved widows grief manifest in psychological problems while older widows experienced more physical difficulties. In clarifying these differences, these researchers referred to older people as inclined to conceal their emotional symptoms of grief. Sanders (1988) on the other hand reported that, compared to older widows, younger widows displayed grief reactions of greater intensity but shorter in duration.

The intense emotional reactions related to younger widows being confronted with sudden and unexpected deaths while the shorter duration derives from the possibility of re-marrying and expressing a sense of hope about the future.

In terms of gender, Lund (1989) and Sanders (1988) report greater symptomatic behaviour among women than among men. Similarly, mothers were found to grieve the loss of a child more intensely than fathers. Sanders (1988) explains these findings in terms of fathers being more distracted by work while mothers experience a greater sense of isolation following the loss of a child. Shapiro (1996) adds that cultural norms and sex role socialization also dictate different grieving patterns for men and women.

Kinship assumes importance in that post-industrialization, Western societies have witnessed smaller family units and the loosening of ties between nuclear and extended families. Consequently, it is not uncommon to find that women invest considerably more emotional energy in husbands and children. Concomitantly, the death of husbands and particularly small children represent losses that give rise to psychological difficulties in women (Parkes, 1996). However, it is pointed out that women are less vulnerable to the deaths of siblings and parents. The loss of a monozygotic twin reportedly gives rise to intense grief reactions. Overall, it seems that women are more vulnerable to maladaptive grief reactions following the death related loss of a close relationship.

Socio-economically, Sanders (1988) observed that if the deceased was the breadwinner, widows are confronted with economic deprivation. This in turn, may result in greater isolation, lowered morale and poor adjustment to bereavement. Leick and Davidsen-Nielsen (1991) also identified the negative impact of the deceased leaving the bereaved with economically dependent children.

3.2.2 MODE OF DEATH

Parkes (1996) found an increase in emotional disturbance in widows and widowers who experience sudden and unanticipated deaths. Smith (1990) extended this notion and provided empirical evidence for a higher mortality rate in widows who

experienced sudden deaths. Similarly parents, especially mothers, who lost children in vehicle accidents were found to display more psychiatric symptoms than parents who lost children as a result of cancer. In fact, more parents from the latter group reported the anticipated death of their child to have been a growth enhancing experience (Shanfield, Benjamin & Swain, 1984b).

Furthermore, violent deaths pose a greater threat to individual mental health. Complicating grief in this population are feelings of guilt and anger. In fact, Weinberg (1994) maintains that anger and a desire for revenge deprive the bereaved of reaching a sense of closure, thus remaining focused on the loss. Parkes (1996) also identified bereavement through murder as increasing the risk of grief becoming complicated by symptoms of Posttraumatic Stress Disorder (PTSD).

With regard to suicide, Cleiren (1991) is of the opinion that anticipated suicide does not pose the same mental health risk as unexpected motor accidents. Grief in parents of suicides reportedly tends to be of longer duration than in suicide of spouses. In contrast to suicide, Parkes (1996) found that natural and anticipated deaths might also give rise to poor adjustment. This finding is explained in terms of having spent extended periods taking care of the person prior to death. Consequently, not having the person to care for any longer creates adjustment difficulties for the bereaved. Compounding grief is the experience of and exposure to multiple and concurrent deaths as may happen in natural or unnatural disasters. Specifically, survivors of disasters are invariably confronted with the loss of much needed support systems and are simultaneously at risk of developing symptoms of PTSD.

3.2.3 INDIVIDUAL FACTORS

Parkes (1996) asserts that early life experiences constitute important determinants of grief. Bowlby's (1969/1980a) theory postulates that people exposed to early attachment disturbances are vulnerable to disordered mourning. Insecure attachment relationships embrace two dimensions namely, dependency and over emphasis on independency. An association was found between prolonged, intense grief in those bereaved that were highly dependent on the deceased. At the independent end of the spectrum, the bereaved perceive the deceased to have been the dependent ones.

However, for the survivor, the death of the dependent person translates into the loss of role, purpose and a sense of competence. In combination, these losses may instil a sense of failure in the bereaved, thus compounding the experience of grief (Parkes, 1996).

Similarly, low self-esteem was identified as an important predictor of emotional difficulties following bereavement. Underlying low self-esteem is a lack of confidence needed to exercise control over the immediate environment. The latter, coupled with an unexpected death were found to increase the risk of depression and somatic disturbance (Stroebe, Stroebe & Domittner, 1988). In contrast to low self-esteem, Worden (1982) observed that people who define themselves as strong and competent refrain from experiencing and expressing emotions appropriate to the resolution of grief.

On a relational level, Worden (1982) points out that the type of relationship that prevailed between the bereaved and the deceased assumes importance with regard to the resolution of grief. Specifically, relationships characterized by either ambivalence, excessive dependency or narcissism are particularly prone to dysfunctional grief. In terms of the former, the survivor typically wavers between experiencing feelings of guilt and anger. The narcissistic relationship presents with the survivor experiencing the deceased as an extension of the self. The permanent loss of the other person is experienced as the loss of a part of the self, which in turn gives rise to maladaptive grief. The survivor who was significantly dependent on the deceased experiences a sense of helplessness that may have a damaging effect on the self-concept (Worden, 1982).

Individual reactions to loss are also influenced by historical experiences. For instance, Simos (1979) postulated that past losses and separations impact negatively not only on the manner in which current losses are experienced but also on the individual's capacity to establish future attachments. Worden (1982) on the other hand, highlights the importance of a previous history of depressive disorder as predisposing the bereaved to pathological grief while Sanders (1988) draws attention to tenuous physical health as exacerbating dysfunctional grief.

3.2.4 SOCIO-CULTURAL FACTORS

The role of culture in supporting the grief process is widely acknowledged (Rosenblatt, 1988; Weiss, 1988; Worden, 1982). However, Rosenblatt (1988) conceded that cultural beliefs might inhibit the grief process by limiting the expression of emotions appropriate to the loss. At the opposite end of the spectrum, cultural prescriptions may also have expectations of either persistent grieving (Weiss, 1988) or time limited grieving (Rosenblatt, 1988).

With regard to social factors, early literature focus on two primary variables namely, social support and crises secondary to the absence of the deceased (Leick & Davidsen-Nielsen, 1991; Lendrum & Syme, 1992). In terms of social support, these researchers make reference to the ameliorating effect of both informal and formal support systems. The latter embrace religious rituals and cultural cleansing ceremonies. Lund (1989) observed that early instrumental support had greater effect than affective support. The absence of both practical and emotional support, in contrast, is considered to be an important determinant of symptoms or syndromes of psychological distress. Leick and Davidsen-Nielsen (1991) also consider the absence of social support from a different perspective, namely social isolation. This is likely to occur when the bereaved withdraw from supportive networks due to fear of breaking down in the presence of others. Similarly, withdrawal from support may also stem from experiencing a sense of shame following a stigmatised death such as suicide.

The above review focused primarily on the influence of contextual factors on the outcome of bereavement and grief as described in early literature. However, various theorists suggest that data on these variables have been largely inconsistent and inconclusive (Parkes & Weiss, 1983; Sanders, 1993). The latter are attributed to methodological problems such as sampling biases.

Platt and Persico, Jr. (1992) also note that earlier empirical and descriptive accounts of contextual influences on grief derive largely from Western study populations and that very little comparative examinations of determinants of grief in Non-Western societies have been undertaken. Bonanno and Kaltman (1999) on the other hand, attribute the inconclusive findings to the interaction of different contextual variables

that few empirical studies endeavoured to investigate. Having said this, it is probably reasonable to suppose that macro-contextual variables such as those informing this study may historically, also have influenced bereavement and grief but that, these influences were perhaps either not documented or investigated extensively. By the same token, micro-contextual variables such as those described above may still influence bereavement and grief in contemporary society. Based on the contexts identified in Chapter One (1.4) and Chapter Three (3.1.1) the literature review that follows will focus on influences on bereavement and complicated grief that derive from both distal and proximal aspects of the participants' ecosystems.

3.3 BEREAVEMENT AND GRIEF IN SOCIO-ENVIRONMENTAL CONTEXT

As stated in Chapter One (1.4) living environments and communities comprise interrelated dimensions of socio-environmental contexts. From this point of view, living environments and communities can be demarcated conceptually but not practically. Each of these will be discussed in turn.

3.3.1 BEREAVEMENT AND GRIEF IN LIVING ENVIRONMENT CONTEXT

Situating neighbourhood or living environment contexts in the ecosystemic framework facilitates an understanding of more distal risks and constraints that influence complicated grief. Forehand, Brody, Armistead, Dorsy, Morse, Morse and Stock (2000) maintain that urban and rural environments differ with regard to risks and resources, with urban settings having substantially more potential for psychosocial difficulties. Furthermore, socially and economically disadvantaged urban environments are characterized by stresses that are intense, numerous and unavoidable. Tolleson (1997) additionally notes that violence is an important psychological feature of these living environments.

Stillion and Noviello (2001) assert that more males are exposed to violence of greater intensity, both as active perpetrators and as passive recipients. From this perspective, males across the life span are at heightened risk of unanticipated and violent deaths, be it due to suicide, homicide or accidents. These researchers identify three factors as root causes of gender differences in violence, including biological, socialization and

environmental. Specifically, developmental psychology describes males as physically stronger and more aggressive than females. However, socialization practices assume importance with regard to the expression of aggression in that culture may either reinforce or mitigate such behaviours.

Reflections on the association between the expression of aggression and socialization are also borne out in sports types that, for males are characteristically competitive and physically harsh. Different forms of violence are socially sanctioned, manifesting in media programs that are loaded with violence. Females in contrast, have lower biological tendencies toward aggression, are socialized to be cooperative and conforming and to rely on coping mechanisms that steer away from the use of violence and aggression. As conceptualised by Stillion and Noviello (2001) socialization and the environment merely build on biological givens. Kelly (2001) clarifies that aggression is biological while violence is socially learnt.

In an earlier writing and probably more complex view, Katz (1988) reasoned that to regard violence simply as a reaction to external events assumes a deterministic stance and diminishes the role of the perpetrator to that of object. Instead, the extent to which perpetrators orchestrate acts of aggression with the intention of altering their own subjectivity carries substantial weight in terms of explaining and understanding the enactment of violence.

Much later Tolleson (1997) elaborated on Katz' (1988) view and described violence as having reparative power. Underlying Tolleson's (1997) viewpoint is the belief that the perpetration of violence becomes a means whereby adolescents in socially and economically deprived environments transcends their fear of succumbing to a violent death. Given that life in these environments is saturated with violence and the potential for escape is minimal, these adolescents are confronted with the task of adapting to this reality. Stated differently, amidst the unremitting threat of annihilation, the inner-city youth will transform his most primitive anxieties related to death, sense of vulnerability and helplessness by engaging in acts of violence. This process has the effect of self-preservation, or gaining control over the threat to his psychological intactness. The perpetrator of violence thus abandons his fears and vulnerabilities, replacing it with a view of the self as omnipotent and a willingness to

destroy any efforts made to slow him down. Regrettably, this notion of transforming subjective fears of annihilation to a grandiose manner of psychological adaptation, smacks in the face of social order and control. Concomitantly, it stands out for its pathological rather than adaptive qualities.

Kelly (2001) again, proposes that violence by youth from disadvantaged communities may be a culmination of factors ranging etiologically from dysfunctional families, oppressive governing institutions, bureaucratic constraints to opportunities for upward mobility, negative media publicity and the restriction of resources that fosters the development of a stable social identity. Morgan (2001) adds that there are many reasons for violence including, economic deprivation, overcrowding, mental and emotional illness and long-term hostilities. On the one hand, these factors may foster the development of a sense of resilience. On the other hand, it may enhance the internalisation of thwarted social values and potential may be channelled into negative avenues. Ultimately, the growing child may identify with oppressors or those in power. By identifying defensively with the oppressor, the oppressed vicariously satisfies a need that is perceived as too threatening to pursue. In this way, feelings of vulnerability are simultaneously contained or minimized (Kelly, 2001).

Morgan (2001) draws attention to the spiritual roots of violence. Specifically, violence occurs within the context of spirituality or system of beliefs, be it Christianity, Buddhism, Marxism or Catholicism. The latter are man-made meaning systems, which embrace the notion that human beings are more than physical beings but are also part of a larger wholeness. However, artefacts of culture such as technology and industrialization reinforce beliefs in individualism whilst negating the realization of connectedness and community. In contemporary terms, spirituality reflects the self in relation to a higher order rather than reflecting the self in relation to a higher order as well as community. Concomitantly, emphasis is on personal choice or values amidst a limited life and against limited time. Morgan (2001) states that the emphasis on individuality renders the need for control important. This need is simultaneously anxiety provoking. Violence becomes a way of overcoming this sense of biological powerlessness or gaining control or mastery over life and death. Hence, the stance adopted is that personal dissatisfaction can be addressed in one of two ways. Either the person accepts responsibility for his plight or projects blame on to

those who are perceived as posing the threat. The most likely outcome of this sense of personal dissatisfaction is the eradication by violent means of those perceived to be at fault. Essentially, Morgan (2001) suggests that an environment needs to be created whereby meaning making takes precedence over violence and reality is accepted in its fullness.

With reference to the impact of living conditions on bereavement and grief Kelly (2001) purports that crying and weeping assume an important form of expressing grief. However, socialization practices may reinforce the notion that crying and showing intense emotions are not masculine behaviours. This notion becomes grossly exaggerated and also includes the suppression of grief emotions.

Consistent with the psychodynamic approach, pent up emotions seek expression and if internalised, self-destructive behaviour may ensue while acting out becomes an equally maladaptive option. From this point of view, violence directed at a specific or non-specific target may be a mechanism for coping with grief. Stated differently, inflicting harm on another person may be an alternative to constructive grieving. Kelly (2001) nevertheless concedes that as a form of maladaptive grief, violence may depend on multiple factors such as the extent to which the perpetrator's sense of morality is retarded or developed, the perceived gravity of the loss, the proximity and availability of the target, the fear of retaliation and the potential for retribution.

Added to the above, Kelly (2001) states that as a reaction to bereavement, violence may assume non-physical forms such as slandering, intimidation, damaging of property, defamatory statements and threats. As such, the bereaved may engage in different forms of violence. Assuming importance in this regard is the chronological age and psychological maturity of the bereaved. For instance, small children often blame themselves for the death of a parent. Low self-esteem and negative self-images are manifestations of self-blame and guilt. Similarly, in instances where parental death occurred as result of natural disasters, children may display acting out or inappropriate behaviour at school and towards peers. Extrapolating from Kelly (2001), grieving may also assume passive forms of self-destruction, manifesting in alcohol abuse, disregarding medically indicated treatment regimens, engaging in high-risk behaviour and self-mutilation. In terms of grief manifesting in active suicide

it is probably appropriate to refer to suicide bombings. Based on speculation, suicide bombings could possibly be a consequence of multiple, overwhelming and irrevocable losses. Based on these intense experiences, personal life may lose meaning and the tyranny of death is met with death.

Kelly (2001) essentially subscribes to the view that loss, grief and violence constitute a cycle that may form an integral part of human society. At this point in time it could be hypothesized that by disrupting the social and environmental causes of violence, grief may not have to manifest in such maladaptive ways. Moreover, loss forms an integral dimension of human life and the family life cycle much the same as grief is natural and vital to healthy adjustment to death.

Stevenson (2001) concurs that violence may be an expression of grief. However, this statement is qualified by suggesting that violent reactions may be secondary to death caused by violence. Additionally, violent reactions may be elicited when the target of attack refers to or speaks about the deceased in a condescending manner. Having said this, Stevenson (2001) argues that reactions to violent deaths are not straightforward but may be influenced by multiple factors. The latter may include:

- The nature and circumstances surrounding the death, including the social, political and structural milieu in which the death occurred;
- Characteristics of the bereaved including the level of development, psychological resources and history of victimization;
- Scope of the loss, intensity of the traumatic impact of the loss, and the extent to which structural, economic and social deprivation occur as a result of the loss;
- The experience of previous and multiple losses and the extent to which these were resolved;
- Identification with the deceased and relationship of the survivor to the deceased;
- Degree of mutilation and disfigurement of the dead and the availability of cultural support and rituals as well as reminders of the deceased and
- Nature and quality of relationship between the survivors and the targets of violence.

While these factors may enhance an understanding of reactions to a violent death, Stevenson (2001) proposes that the perpetration of violence as a method of dealing with loss be replaced with making meaning of the experience.

Gender differences in the expression of grief have received considerable attention. For instance, Martin and Doka (2000) refer to female and male reactions manifesting in intuitive and instrumental patterns of grief respectively. Cognisance of taken of these responses occurring on a continuum rather than in watertight compartments. McDowell, Stillion, Doka, Martin and Stillion (1998) also found that males and females differ with regard to mechanisms used for coping with grief. The former reportedly experienced grief for much shorter periods, their behaviour was more composed, activities were more practical and task directed, displayed more anger, refrained from asking for informal or formal support and relied on distractions such as work. Females in contrast, were reportedly verbally and emotionally expressive of their grief, more able to request support when needed and remained preoccupied with their loss for longer periods.

The above gender differences in grief reactions and coping with grief have relevance in that they were found to occur in deaths that were natural and expected. However, gender differences become blurred when the death is non-normative, violent and unexpected. Specifically, Stillion and Noviello (2001) found that violent deaths render grief reactions more complex. Emotional responses to violent deaths clustered round anger, guilt, anxiety, self-reproach, regret and a need to punish or seek retribution. Perceiving the death to have been preventable and untimely compounds the emotional reactions to the loss (Rando, 1995). Murphy, DasGupta, Cain, Johnson, Lohan, Wu and Makwa (1999) observed that, death as a result of homicide generates feelings of vulnerability, anger, fear of loss of control and revenge and questioning the belief that the world is a fair and just place. Parents who lose a child are particularly prone to experience feelings of guilt, anger and depression. Stewart (1999) asserts that sudden, untimely, preventable deaths coupled with non-normative, violent deaths with mutilating injuries are features of unnatural deaths that heighten the risk of grief becoming complicated. Suicide, homicide and mutilating deaths additionally enhance the potential for survivors to develop posttraumatic stress disorder (PTSD). Horowitz

(1993) describes PTSD evoked by the traumatic death of a loved one in terms of two major symptom clusters namely, intrusive experiences and psychic numbing. Specifically, the traumatic event is relived as intrusive experiences coupled with psychic numbing. The former manifests in recurrent ideas about the trauma, unbidden images, dreams and nightmares. Psychic numbing is reflected in unresponsiveness to or reduced involvement with the external world. Furthermore, minor stimuli may precipitate explosive outbursts and components of sympathetic nervous system hyperarousal may include difficulty relaxing or falling asleep.

Given that males are at higher risk of unanticipated and violent deaths, Stillion and Noviello (2001) postulate that women are more likely to survive the violent death of a brother, son or husband. This increases the possibility that women might be at risk of developing complicated grief, not overlooking the fact that complicated grief and posttraumatic stress disorder are potentially comorbid.

The above exposition summarily draws attention to risks and constraints inherent in socio-economically deprived living environment contexts. The relevance of these constraints relate to the potential that they have to influence bereavement and grief. Special reference was made to different forms of violence. Note was also taken of males being at higher risk of being perpetrators and recipients of violence. This leaves women with the task of having to cope with premature and unnatural deaths. The roots and purposes served by violence were also identified. Gender differences in the expression of both aggression and grief were recognised. These living environment constraints have implications with regard to the mode and the normativeness or non-normativeness of the death, which in turn assume importance in relation to the outcome of grief.

3.3.2 BEREAVEMENT AND GRIEF IN COMMUNITY CONTEXT

According to Rappaport (2000, p.6) “people who hold common stories about where they come from, who they are and who they will want to be” constitute a community. Stories and narratives shared by members reflect the psychological sense of community. A person’s alliance with or connectedness in a community is reflected in his/her informal integration with neighbours and participation in more formal neighbourhood organizations and social networks. Ross and Jang (2000) suggest that

a community's sense of connectedness have potential in terms of buffering the deleterious effect of social disorganization that characterises disorderly neighbourhoods or living environments.

Applied to bereavement and grief, community resources and support are considered to be important elements in assisting survivors who experienced a significant loss (Knieper, 1999; McIntosh, Silver & Wortman, 1993). Kasiram and Partab (2002) concur that communities may serve important supportive and grief enhancing functions. This is achieved by the provision of practical, cultural and financial support. Specifically, in more traditional South African communities bereavement and grief are accepted as public events and support may assume the form of community members exempting the bereaved from certain social responsibilities. These responsibilities are then performed by community members until the bereaved are considered fit to resume their normal obligations. The stance adopted is that the grief enhancing role of the community are translations of the "ubuntu" philosophy, which means that, "we are who we are through others" (Kasiram & Partab, 2002, p.39). McAdoo (1997) conveys similar expressions of community support in Black American families. Specifically, communities support the bereaved by sitting up on the night of the wake and narrating of the deceased and how death came.

In contrast to experiences of community support in Black communities, Strydom and Fourie (1999) refer to the lack of community support in Westernised South African communities. These theorists maintain that Westernised societies tend to regard bereavement as a private event. In a related theme, Rosenblatt (2000) unravelled the narratives of bereaved parents and found that the death of a child was conceptualised as a personal loss and not as a community loss. Community expressions of support revolved round the funeral and burial rituals. Beyond that, parents regarded the death as their loss rather than a shared loss and proceeded to create a psychological barrier between themselves and the community. Reference was also made to community members struggling with not knowing what to say to the bereaved parents. Rosenblatt (2000, p. 93) captured the above dynamic in terms of a "chasm" between bereaved parents and society.

Similarly, more than a decade ago Doka (1989a) coined the term disenfranchised grief to describe deaths that are socially stigmatised and therefore, cannot be openly mourned or validated. Examples of such deaths include:

- Acquired Immunodeficiency Syndrome (AIDS);
- Unrecognised relationships such as extramarital relationships, homosexual bonds and ex-spouses or ex-lovers;
- Unrecognised losses such as perinatal deaths, terminated pregnancies or the loss of children through adoption or placement in foster care and
- Unrecognised grievers such as children with learning disabilities or geriatrics who are considered mentally too incompetent to grieve.

Parkes (1996) maintains that in the above groups mourning is not likely to be expressed publicly while grief may be suppressed and possibly compounded by anger and guilt. In the case of homosexuality and AIDS related deaths, support may not be forthcoming while survivors might be confronted with the threat of their own deaths. Knieper (1999) conveys the same idea when describing the heightened risk of grief becoming complicated in survivors of stigmatised deaths such as suicide. Murphy et al. (1999) agree that suicide deaths engender feelings of rejection, confusion and abandonment in survivors.



Having noted the above, the behavioural and emotional experiences in survivors of suicide deaths have sparked theoretical controversy. Firstly, Fine (1997) and Stillion (1996) express the view that survivors of suicide do in fact receive less social support than survivors of other deaths. Other theorists (Trolley, 1993; Van Dongen, 1993) question whether suicide survivors do receive less support or whether they only perceive a lack of support. Van Dongen (1993) asserts that the perception of stigma by survivors may be a projection of their own feelings of vulnerability rather than the absence of community support. Having said this, it has also been found that non-bereaved people tend to avoid interacting with survivors of suicide because they experience these interactions as more stressful. Seguin, Lesage and Kiely (1995) add that non-bereaved people may be well meaning but at the same time fear that they may say or do the wrong thing resulting in support being perceived in negative terms by the bereaved. Trolley (1993) also notes that survivors of suicide indicated that

negative support also derive from community systems including police, clergy, funeral directors and medical examiners.

Reconciling social support with bereavement, Martin and Doka (2000) state that losses differ in intensity and scope. However, losses also differ in the social support they engender. Further, communities may mourn physical death but for many bereaved it is the symbolic dimensions or meaning of the loss that is overlooked by non-bereaved community members.

Put together, a review of literature reveal that the socio-environmental context, described in terms of living environment conditions and community resources and support have significant potential to influence bereavement negatively, thus creating ground for the development of complicated grief.

3.3.3 BEREAVEMENT, GRIEF AND MACRO SOCIETAL INSTITUTIONS

Apart from living environment and community contexts, bereavement and grief will also be considered against the background of societal institutions and structures specifically, socio-economic factors, the socio-political climate and societal attitudes. Socio-economic factors are reflected in the degree of industrialization while the political climate may be determined by events such as war. Societal attitudes on the other hand, will be reflected in attitudes of the medical community. Inglehart and Baker (2000) suggest that economic development has systemic and in many ways, predictable cultural and political consequences. Furthermore, while these macro-societal institutions are beyond the control of any individual, the impact of these structures filters through to living environments, communities, families and individuals. Reconciling socio-environmental contexts and macro-societal institutions with bereavement and grief, Rosenblatt (2000, p.7) asserts that bereaved parents are expected to continue to operate in a national environment and an economy that does not afford parents a “bereavement leave of absence”.

3.3.3.1 IMPLICATIONS OF SOCIO-ECONOMIC FACTORS FOR BEREAVEMENT AND GRIEF

Conceptually, Inglehart and Baker (2000) rely on modernization theory to provide a framework for understanding trends and developments that bring about systemic change, which in turn have the potential to influence bereavement and grief. According to these researchers, modernization theory predicts that industrialization underlies pervasive social, economic, educational, culture and gender role transformation. Two perspectives emerge from this basic premise. The first proposes that traditional values would be replaced with newer values. The second school of thought suggests that traditional values would persist independent of socio-economic change. Stated differently, industrialization fosters a shift from traditional to secular values while post-industrial society would bring about cultural values that are more homogenous. In this sense, economic development would be associated with pervasive and predictable change, implying that modernization as reflected in industrialization, assumes a linear path.

Against this theoretical background, Inglehart and Baker (2000) surveyed 65 societies in order to test the thesis that economic development is associated with systemic change in basic values. Findings of the survey partly supported modernization theory in that industrial society tends to move away from traditional value systems and that post-industrial society indicates a shift away from values that are absolute. However, these researchers express some reservation and advocate for some modification to modernization theory. Firstly, the rise of the working class coupled with an increase in service and knowledge sectors contribute towards cultural change that divert from the direction predicted by modernization theory or characteristic of industrialization. Further, prolonged economic slumps can reverse the effects of modernization, resulting in a return to traditional values.

Secondly, secularisation is not pervasive in that religious and spiritual beliefs have been found to persist and become more widespread in highly industrialized societies. Religious and spiritual beliefs are reflected in increased concern for meaning and purpose in life. Thirdly, cultural change is path dependent in that society's cultural heritage, expressed in institutionalised religion, is more resilient than resistant to change. Finally, modernization is not deterministic but many extraneous variables

impact on the beliefs and worldviews of any given society. Cultural convergence is not a rule of thumb and transformation of values, beliefs and traditions are contingent on historical and cultural contexts (Inglehart & Baker, 2000).

The stance adopted by Inglehart and Baker (2000) is that change brought about by industrialization does not necessarily strip people of their cultural, religious and spiritual beliefs. In the event of loss, the bereaved may still be able to fall back on those cognitive structures that facilitate the meaning making process.

Hobfoll's (1989) theory of Conservation of Resources (COR) lends further conceptual support for the influence of socio-economic context on bereavement and grief. This theory provides a framework for conceptualising the association between chronic conditions of resource lack and particular loss events. Specifically, COR theory postulates that chronic material resource loss conditions, as in unalleviated economic deprivation, create psychological distress via two paths. Firstly, chronic resource lack will impact directly on the individual's self-esteem and sense of purpose, thus increasing feelings of distress.

Secondly, chronic resource loss may lead to deprivation in other areas of the individual's life, thus diminishing emotional reserves that would otherwise facilitate coping. COR theory proposes that resource loss such as chronic poverty may be stressful in its own right. However, enhancing the stressfulness of chronic resource loss is the acute resource loss that occurs in its wake. The application of COR theory led Ennis, Hobfoll and Schröder (2000) to suggest that personal strengths and social support would offset the negative consequences of acute resource loss rather than chronic resource loss. These researchers additionally found that subjects from economically and socially deprived communities referred to acute resource loss being offset by social support while subjects from higher socio-economic strata reported acute resource loss being offset by personal resources such as personal control and a sense of mastery.

Translating COR theory into bereavement and grief terms, suggests that death constitutes a major resource loss to survivors in that multiple meanings may have been attached to the life of the deceased. Further, having found that minority group

subjects relied more on social support to offset the negative impact of acute resource loss links with Stillion and Noviello's (2001) observation that males in socio-economically deprived communities are at greater risk of violent deaths. Concomitantly, women are at heightened risk of experiencing acute or chronic resource loss, which in turn enhances the development of complicated grief. At the same time, gender differences suggest that women are more likely to cope with bereavement and grief by reaching out to social support systems (McDowell et al., 1998). Essentially, the observation that socio-economically deprived families and communities provide a protective and support influence in the event of acute resource loss, manifesting in the loss of a significant person or wage earner, is probably directly and indirectly substantiated by COR theory.

In terms of socio-economic status and adaptation after bereavement, Cleiren (1991) reports an association between low socio-economic status and lower well-being in bereaved samples. However, a clear cause and effect relationship has not been established. Cognisance is therefore taken of the possible impact of multiple confounding variables such as, premorbid functioning, personality and coping abilities of the bereaved.

Sanders (1988) further suggests that psychosocial functioning in widowhood is associated with the financial position of the widowed person. Reference is made to the heightened risk of widows being confronted with economic deprivation if the deceased was the breadwinner. This in turn, may result in greater isolation, lowered morale and loneliness and poor adjustment to bereavement and grief.

Zick and Smith (1991) also provided empirical support for substantial economic change eleven years following the death of a spouse in both middle aged and older widows and widowers. Findings revealed that older widows and widowers experienced significantly lower levels of income 5 years before the death. Hence the surviving spouses' financial situation deteriorated subsequent to the death. In the case of middle-aged widows, economic change occurred near the time of the death. These findings identify paths whereby bereaved spouses reach the stage of economic deprivation and are probably still valid in contemporary society. Support is also

provided by Cleiren's (1991) notion that economics have both moderating and mediating influences on bereavement and grief.

3.3.3.2 IMPLICATIONS OF SOCIO-POLITICAL CLIMATE FOR BEREAVEMENT AND GRIEF

Politically motivated events such as large-scale human rights abuses, ethnic cleansing, racial polarization and war leave in its wake scores of traumatized and bereaved people and families. Referring to holocaust survivors, Danieli (1989) states that survival took precedence over mourning and grieving. Any overt expression of grief related emotions endangered the lives of the survivors. As such, emotions had to be suppressed so as to avoid retaliation by the oppressors. The importance of these early traumatic experiences of loss relates to clinical findings suggesting that for orphans of war, grief processes were life-long.

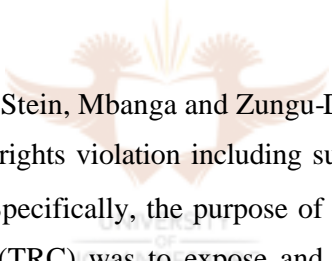
Mazor and Mendelsohn (1998) use the term subtle mourning, meaning that not having had the opportunity, ability or psychological space to mourn and grieve multiple and significant losses, impact on survivors at important transitions of life. Stated differently, for orphans of war, mourning and grief continue throughout life and resurface acutely in every important rite of passage. In practical terms, when confronted with the natural and expected death of a spouse, those adults who were orphaned during childhood by atrocities of war are overwhelmed by unresolved emotions of the past. Mazor and Mendelsohn (1998) essentially suggest that an unfavourable socio-political climate paves the way for disordered grieving.

Lister (1991) also provides an account of the demoralization expressed by Vietnamese war veterans who on returning home, did not find the public providing a platform for the validation, expression and articulation of their physical, emotional and psychological experiences. Translated into bereavement terms, by not having the support and recognition of the public and the nation, surviving war veterans and families of veterans who succumbed at war, were deprived of the cultural context or climate that would facilitate their grieving and healing processes.

With regard to the South African context, Errante (1999) untangles the legacy of sustaining peace work in the post conflict communities of Mozambique and South

Africa. Specifically, peace work reflects a process whereby reconciling groups are expected to surrender those aspects that sustained them materially, socially and symbolically during times of intense conflict.

Reconciliation on the other hand, indicates that former opposing and conflicting parties negotiate values, attitudes, behaviours and institutional structures that will create an environment for subsequent affiliative interaction. Errante (1999) identifies the struggle to sustain reconciliation as the essence of peace work. However, grief work is considered to constitute a fundamental dimension of peace work. From this point of view, experiencing and expressing grief comprises an integral part of building post-conflict communities and sustaining peace and healing. Maintaining silence about real and symbolic losses or if the post-conflict environment is not conducive to the experience or expression of grief eventually results in unresolved grief. The latter in turn, threatens spiritual renewal at individual, community and national levels.



In a related theme, Kaminer, Stein, Mbanga and Zungu-Dirway (2001) draw attention to survivors of gross human rights violation including survivors who experienced the killing of family members. Specifically, the purpose of the South African Truth and Reconciliation Commission (TRC) was to expose and record human rights abuses conducted under the system of apartheid. Admittedly, the TRC was primarily a socio-political process and the grief of those survivors who experienced or witnessed the killing of a family member was not explicitly addressed in hearings and testimonies. Based on findings of Kaminer et al. (2001) it can be inferred that for many survivors grief remained unresolved. Supporting this inference is the association between not being able to forgive the perpetrators of the abuse, and the poor subsequent psychiatric adjustment. An additional barrier to psychological healing or recovery was the perceived absence of justice or that the perpetrators had gone unpunished. Essentially, the lack of forgiveness, coupled with the psychiatric status of the survivors as well as the absence of culturally appropriate rituals and ceremonies to honour the deaths, which until the TRC hearings and testimonies remained mysterious, provide fertile territory for grief to remain unresolved or become complicated.

Similarly, reflecting on death in the 20th century alone, Bar-On (1999) estimated that approximately 140 million people died politically motivated deaths worldwide. Nearer home, Foster (2000) reports that, approximately 25000 death related testimonies were heard by the Truth and Reconciliation Committee. Apart from hearings involving death, scores of people were exposed to atrocities that violate the core of human mind and body. While Foster (2000) did not provide a breakdown of the ages of those who died politically motivated and violent deaths, it is probably undisputed that a sizable number of those who died were children, adolescents and young adults. These deaths could therefore, be regarded as non-normative. The latter, coupled with the mode of death may well contribute to survivors' grief becoming complicated.

Boss (1999) coined the term ambiguous loss to describe situations where loss remains uncertain or unclear. Reference is made to losses where people are physically absent but psychologically present in the lives of families as in persons missing in action (MIA). The uncertainty of not knowing is experienced as emotionally stressful and in an earlier study Boss (1991) revealed that the experience of psychologically present but physically absent fathers as in prisoners of war, placed families at greater risk of dysfunction. The problem is further compounded by the absence of supporting mourning and grief rituals. Therefore, it is possible that mourning cannot be completed and the person remains stuck in the grief process. Over an extended period of time, normal grief makes way for complicated grief. Resolving the latter, involves confronting the change stemming from the ambiguous situation, and being able to hold something meaningful of the past while letting go of that which is no longer available (Abrams, 2001).

Campbell and Demi (2000) also exemplify the influence of the socio-political climate on bereavement and grief by referring to themes of unresolved grief running through the lives of adult children of MIA fathers at the time of war. Findings of the investigation revealed that 25 years later, children admitted to continued preoccupation with thoughts of their fathers' MIA status. Furthermore, these adult children expressed awareness of an ongoing psychological presence of their missing fathers while grief remained unresolved and emotional distress failed to subside. Translating unresolved grief into symptomatic expression, these researchers suggest

that adult children of MIA fathers appeared to be stuck in the intrusive and working through stages of the stress response syndrome.

3.3.3.3 IMPLICATIONS OF MEDICAL ATTITUDES FOR BEREAVEMENT AND GRIEF

The influence of societal attitudes on the outcome of bereavement and grief seems particularly well borne out in the medical sphere and stigmatised diseases such as AIDS. For instance, from clinical reports Wild (2001) recognized that the grief of children who lost one or both parents due to AIDS may be complicated by various factors including economic deprivation, disrupted schooling, multiple losses, the uncertain and unpredictable course of the disease and the lack of security and control. Taylor, Adelzedak, Heywood, January-Bardill, Abdool Karim, Magadlela, Pendry Vilikazi and Whiteside (1999) contend that the stigma attached to AIDS derives from perceptions of the disease being a punishment for immoral lifestyles and the irrational fear of contagion even in the absence of sexual contact or drug abuse. With these beliefs in mind, persons presenting with AIDS and their families may be ostracized or rejected by extended family members, community members or society at large. Concomitantly, AIDS sufferers may conceal their disease for fear of being blamed or frowned upon (Dane, 1997). While the silence surrounding the AIDS can be comprehended at an intellectual level, it has been found to leave bereaved survivors socially and emotionally isolated in their grief (Dane, 1997; Pivnick & Villegas, 2000).

Demmer (2000) concurs that people who experienced AIDS related deaths are at greater risk for complicated grief. Listed among factors that complicate grieving are the social stigma attached to AIDS, the relatively young age of both the deceased and the bereaved, the lack of social support, multiple losses, reduced material resources of survivors and the HIV status of the bereaved (Mallison, 1999; Siegal & Gory, 1994). However, Demmer (2000) acknowledges the progress made by the medical community in terms of treatment for AIDS. This has implications related to prolonged life thus amplifying grieving over past and multiple losses as well as the experience of survivor guilt. In this sense, HIV infected persons are simultaneously survivors and grievers (Maasen, 1998).

Halvorson-Boyd and Hunter (1995) also note that positive response to medical treatment may give rise to a situation whereby the person remains preoccupied with survival issues and fails to grieve HIV/AIDS. Consequently, grief is delayed and triggered anew by a seemingly insignificant loss later. In this regard, an 18 % unresolved grief rate is reported among gay men. The unresolved grief manifests in higher incidents of major depression and panic disorders. Selwyn and Arnold (1998) focus on the realization that AIDS treatment may for various reasons not always result in symptom reduction. Firstly, response to treatment may initially be positive after which its effectiveness may plateau. Secondly, treatment may be terminated because of intolerable side effects or because of the lack of financial resources to provide access to treatment. These factors, either alone or in combination, may result in individuals experiencing a host of negative emotions. The latter may range from anger at perceptions of having been failed by the medical system, to experiencing a sense of personal failure for not responding to or tolerating the treatment and ultimately, to experiencing a sense shame deriving from being marginalized by the public and society at large (Selwyn & Arnold, 1998).

Furthermore, an earlier observation by McCormack (1994) reveals that modern medicine prides itself with technological advances that result in more people dying in hospitals, especially in Intensive Care Units. Kaufman (1998) concurs that more than one half of deaths in the United States occur in acute care units. These observations render the provision of support by the medical profession vital. In fact, Auslander Rosenberg and Weissman (1997) found that often, family support was not forthcoming in that members were all subjectively involved in the crisis. However, an analysis of narrative revealed that families evaluated emotional support from medical staff as the most important during the acute stages when death is imminent. Informational support could only be partially appreciated and was received more meaningfully in subsequent stages. Further, in order to serve an effective supportive function, information support embraced two aspects namely, medical facts and the experiences of the deceased person during his/her last moments. These researchers observed that when confronted with the crisis of an unexpected death, the bereaved or relatives often communicate their need for support from medical staff in a distorted way. Identified patterns of mobilizing support include:

- Normal interaction, meaning that family members communicated with medical staff in their usual style and about issues such as thoughts, feelings and needs;
- Overreacting whereby the need for support was conveyed in aggressive, demanding and despairing behaviour;
- Inactivity was reflected in surrendering or succumbing and
- Reserved passivity whereby the request for support was indicated by just wanting to be left alone.

Auslander et al. (1997) related the manner in which the need for support was mobilized to the impact it had on the bereavement and grief processes. Specifically, the emotional pain of the loss was lessened with support but remained intense without support. Effective informational support rendered the experience of death more comprehensible while myths and misunderstandings were dispelled. In this sense, medical staff became a social reference group and simultaneously promoted a sense of security and social esteem in relatives of the deceased.

Furthermore, signals whereby the need for support was mobilized provided an indication of the type of support that was needed and how support was appraised. As such, supportive ties with the medical community had the potential to influence the outcome of bereavement either positively or negatively both in the short and long term. In an acute crisis reaction, the strategy adopted to mobilize support may not have the desired effect. This finding has practical implications for care providers especially since support from the medical community assumes greater importance when family support is poor (Auslander et al., 1997).

As part of a larger study, Farnsworth and Allen (1996) found that bereaved mothers also expressed feelings of marginalization stemming from the perceived lack of support by the medical system. The lack of support was conveyed variously including, disregarding mothers' concerns about the child's health, not being given the opportunity to share feelings and articulate meanings attached to the child's life and death. Essentially, the medical profession is confronted with the task of providing medical care in conjunction with post bereavement support to bereaved families. In the absence of support it is possible to suppose that bereaved families are casualties of

a medical community that is inadequately skilled at creating a holding environment when families need it most. Alternatively, the lack of support, regardless of type, could be interpreted as the medical community silently walking away from families when cure is no longer possible.

Curtis and McGee (2000) support the idea of an increase in medical education related to knowledge of death and dying. The stance adopted is that improved medical education surrounding these issues has potential in terms of enabling medical practitioners to gain a sense of self-awareness and to enhance clinical skills in the provision of care for dying patients and their families. In this sense, the physician's role in allowing people to die with dignity remains as much of an ethical and moral end of life concern as it has been throughout medical history.

In summary, within the framework of this study socio-environmental context translates into living conditions and communities in which the death has occurred. Furthermore, the theoretical implications that macro-societal structures and processes have for bereavement and grief were described. It is noted that the control of these structures and processes is beyond any individual person. However, the impact of these structures and processes may translate into a lack of resources, a lack of opportunity and chronic stress and it is probably reasonable to suppose that the grieving person is as much exposed to the influence of these structures and processes. In this sense, macro-societal structures and processes find expression in the living environment context and the community context.

3.4 BEREAVEMENT AND GRIEF IN FAMILY CONTEXT

3.4.1 THEORETICAL PERSPECTIVES

Family systems theory clarifies how family structural and functional dimensions shape individual experiences of loss and how family and social relationships are affected by loss. Specifically, death impacts on the wholeness of the family system. Jordan, Kraus and Ware (1993) describe initial family responses to death as reflecting a situation whereby members validate each other, affirm solidarity and wholeness of the family. This is achieved by means of members pooling resources, providing support to each other, stronger members protecting weaker ones and establishing a power base from which decisions are made. In the crisis phase of the loss, the initial

systemic response is adaptive after which, the family resumes its normal pre-loss course of development. However, the family may fail to re-organise itself and functional tasks are not accomplished. The more rigid barriers are between units and subsystems the more difficult it is for the system to re-organise itself after the death of a member (Cook & Oltjenbruns, 1998).

Similarly, Jordan et al. (1993) assert that communication difficulties in grieving families are symptomatic of dysfunctional grieving. Characteristically, communication difficulties manifest in emotions and meanings surrounding the death not being expressed and shared. Cook and Oltjenbruns (1998) also note that with regard to content, death may be discussed superficially while affective communication may be lacking in range and intensity.

Furthermore, Cook and Oltjenbruns (1998) also point out that, bereavement and grief bring about the disruption of family roles and functions. The role assumed by the deceased in the family determines the extent to which the family's functional balance is disturbed. The greater the number of roles and the more central the role assumed by the deceased, the more functional impairment the family is likely to experience. This situation may lead to role overload, the disruption of daily routines and the deprivation of pleasure giving activities. As such, the surviving members may find it difficult to cope with previously performed roles, to manage additional and unfamiliar roles as well as to provide support to each other.

The process of adjustment to the loss may impact negatively on the family and its effectiveness, depending on how open or closed the system is. Silverman, Weiner and Ad (1995) describe open family systems as dynamic and amenable to events, support and information from within and outside its boundaries. Members are sensitive to the needs of each other. Closed family systems in contrast, are marked by rigidity in that they adhere to prescribed patterns of interaction and show little tolerance for events, support and information from outside its boundaries. Members of a closed family system tend to be less responsive to the needs of each other. These features of open and closed systems are implicated in the manner in which families respond to death (Cook & Oltjenbruns, 1998).

With regard to family development theory, Germain (1994) as well as Oltmanns and Emery (1995) conceptualise family development in terms of transitions that impact on and ultimately transform the family. These theorists acknowledge that transitions are generated by multiple sources including the biological and social maturation of family members, social problems such as poverty and traumatic events such as death, criminal victimization and natural disasters. Furthermore, transitions are considered to bring about both gradual and abrupt change in family development. More negatively, transitions are often associated with symptom formation and are conceived as a source of family dysfunction.

Shapiro (1996) asserts that death is probably the most difficult transition that families have to integrate. Members are affected in the here and now and in the long-term. Stated differently, death has a disruptive impact on the family's capacity to achieve its developmental tasks and functions. The medium of achieving these tasks is the family's organizational style. Jordan et al. (1993) recognize that death may impact negatively on developmental task achievement as families may stabilize on dysfunctional organizational styles. Specifically, death may result in separations being experienced as frightening. Alternately, separations may be accelerated. These developmental processes suggest that failure to negotiate change brought about by a non-normative transition such as the death of a child increases the risk of dysfunctional family development. Stated differently, death provides fertile ground for weakening the family with regard to accomplishing the overarching developmental task of transferring attachments to subsequent generations (Jordan et al., 1993). On an intrapsychic level, this process manifests in individuation-separation difficulties across generations.

3.4.2 HISTORICAL BACKGROUND

Historically, literature related to the outcome of family grief derived largely from clinical case studies, clinical observations and a limited number of empirical studies (Kissane & Bloch, 1994).

Themes running through early clinical studies suggest that maladaptive grief reactions reflect a sequence involving the avoidance of grief, family dysfunction and resultant symptom formation. For instance, Berkowitz (1977) as well as Jensen and Wallace

(1967) drew attention to the avoidance of family grief and symptom formation in a vulnerable member. Further, Gelcer (1983) relied on the systems approach to trace behavioural difficulties in adolescents to the death of a parent at a critical point in the developmental history of the family. These studies were useful in terms of clarifying variables operative in symptom formation secondary to family bereavement. However, an issue that remains unclear is whether the avoidance of grief is the cause or the result of family dysfunction.

In terms of clinical observations, Bowen (1976) shared his clinical experience as a family therapist with regard to the effect of death on families. A theme that surfaced pervasively related to the disruptive impact that death has on the emotional equilibrium of the family. The severity of the impact was reportedly determined by two factors namely, the emotional integration of the family at the time of the death and the role assumed by the deceased in the family. Emotionally integrated families reportedly showed more overt reactions but adapted more quickly to the death. In contrast, families who were emotionally poorly integrated showed less reaction at the time of the death but responded with various symptoms at a later stage. On the other hand, the disruptive impact of death is considered to intensify if the deceased assumed a specific instrumental, expressive or psychological role in the family. The stance adopted by Bowen (1976, p. 338) is that death sends emotional “shock waves” through the family, thus unsettling the emotional equilibrium of the family long after the loss has occurred.

In a related theme, Bowlby-West (1983) succeeded in identifying maladaptive patterns of behaviour relied on by grieving families to restore the emotional equilibrium that was disrupted by death. Specific family responses included:

- Maladaptive coping styles involving idealization of or identifying with the deceased;
- Heightening family boundaries thus limiting or excluding external social support;
- Maintaining silence about circumstances surrounding the death;
- The imposition of inappropriate social or emotional roles on a surviving family member;

- Negative sentiments surrounding unresolved previous losses being transmitted from one generation to the next and
- Conflict between grieving family members not sharing cultural traditions and religious ideologies.

Raphael (1984) on the other hand referred to the prevalence of grief responses that detracted from adaptation to the loss of a family member. These responses included:

- Projecting blame onto and instilling guilt in a particular member;
- Avoidance of intimacy and perceiving closeness as risky;
- Refusal to initiate and implement role and functional changes consistent with the absence of the lost family member;
- The avoidance of grief since the latter is perceived as a weakness or as undermining the family system and
- The family being weakened by psychopathology, social disorganization and social problems, thus lacking the emotional and social resources to cope with the loss of a member.



On the positive side Raphael (1984) also identified family patterns, such as mutual care and consolation, as conducive to post-bereavement adaptation.

Lieberman and Black (1982) express the opinion that family response patterns do not differ significantly from, and may even magnify, grief responses occurring in individuals. Kissane, Bloch, Onghena, McKenzie, Snyder and Dowe (1996-II) convey the same notion by indicating that death affects each member, members affecting each other and the family as a whole. This may also clarify how maladaptive grief responses are perpetuated across generations.

Systemic empirical studies on family grief were not without methodological difficulties such as bias in sample selection, small sample sizes, the lack of or inadequate control and the absence of sound instruments for assessing dimensions of family functioning. In fact, Middleton and Raphael (1987) conceded that having a family as target of intervention is methodologically a daunting task. Additionally, early studies were conducted from the perspective of family responses to the death of

specific members such as perinatal loss, the loss of an adult, be it parent or spouse (Kissane & Bloch, 1994).

Investigations surrounding perinatal deaths involved a variety of themes including differences between maternal and paternal grief, the impact of perinatal loss on marital relationships, the influence of support on the outcome of grief, suddenness of the death, the duration of the relationship with the deceased child, the relationship of parents with surviving children and the impact of subsequent pregnancies on the duration and intensity of grief (Kissane & Bloch, 1994). In a study exploring coping, Feeley and Gottlieb (1989) found that from about six months post perinatal loss, couples used coping strategies that were more concordant than discordant. However, in situations where discordant coping strategies were used, mothers expressed awareness of greater communication conflict. Having said this, it is important to note that studies related to perinatal loss relied primarily on parents as unit of analysis.

Grief following the loss of an older child was explored by a small number of researchers who focused particularly on coping strategies used by parents. Specifically, in a study involving sudden, unexpected and violent deaths, Videka-Sherman (1982) found an association between reduced depression scores and the use of coping strategies such as altruism and reinvestment in another child. In contrast, poor outcome measures were obtained for parents who relied on avoidance or escapism and preoccupation with the deceased child.

Likewise, Davis, Spinetta, Martinson et al. (1986) compared functional and dysfunctional coping families. The former were characterized by open communication, mutual empathy and respect between family members, role flexibility, effective task performance, a willingness to utilize external resources and support and the sharing of both positive and negative feelings. Dysfunctional coping families in contrast, avoided open discussion about the death, suppressed emotions of grief, neglected each others' needs, engaged in rigid role performance, avoided change, failed to elicit external support, adhered to religious beliefs without questioning and concentrated on practical and concrete tasks. Examining the influence of dysfunctional coping on parental marriages, Nixon and Pearn (1977) reported a

high incidence of marital separation while siblings displayed emotional and behavioural problems.

Grieving the loss of an adult was examined from the perspective of the developmental stage of the deceased and against the background of the family life cycle. For instance, the death of a parent has been implicated in psychiatric disorders during adulthood (Black, 1994). Shanfield et al. (1984b) on the other hand, found that older parents losing an adult child as a result of a sudden death experienced greater levels of emotional and physical distress than parents who lost an adult child as a result of natural causes. Sanders (1993) suggests that the death of an older spouse, even though it might be a sudden death, is experienced as less untimely than the death of younger spouse.

Put together, in reviewing these early empirical contributions to the field of family grief it became clear that specific units and subsystems of the family were targeted for analysis rather than the family as a system. This revealed the extent to which the context in which grief occurs was either disregarded or assumed to be of secondary importance. By the same token, the resolution of grief is contingent on the family's capacity to accept or deny the reality of the death. Hence by neglecting the broader family context, a clear perspective of family grief resolution was not gained.

Notwithstanding these limitations, early family grief literature provided the basis from which contemporary theorists were able to develop an understanding of the influence of the family on both individual and family grief. From this point of view, the methodological shortcomings of early bereavement studies may be offset by the usefulness of the data to inform bereavement theorists and clinicians about the influence of the family context on grief. In what follows, the influence of family context will be explored from the perspective of patterns of interaction and relationships, family emotional integration and family support.

3.4.3 FAMILY PATTERNS OF INTERACTION AND RELATIONSHIPS, BEREAVEMENT AND GRIEF

3.4.3.1 THEORETICAL BACKGROUND

Family patterns of interaction and relationships are associated with family attachment styles. In its original formulation, adult attachment styles, mediated by internal working models, reflect an individual's expectancies of the psychological availability of others and perceptions of the self as a worthy person (Kobak & Hazan, 1991). Applied to families, it would be reasonable to suppose that working models are the driving force behind the family's patterns of interaction and relating. The latter in turn, culminate in relational and interactional styles unique to the family. Assuming importance in this regard is the quality of the marital relationship based on the couple's attachment styles. Translated into bereavement and grief terms, it seems that the spousal working models and attachment styles become the script that encodes the climate in which meaning about the death of a member is constructed and ultimately, grief is resolved.

Cook (2000) empirically elaborated on working models in the context of family life. Findings firstly reveal that attachment styles not only relate to close relationships but are also influenced by characteristics of spouses/partners, families and unique relationships within families. This suggests that internal working models operate to maintain consistency across relationships and within specific relationships. From this point of view, internal working models are not only considered to have intrapsychic origins but are also shaped by the contribution of interpersonal and social processes.

Secondly, Cook (2000) questioned the internal nature of internal working models and provided support for the view that conceptually, mental representations of relationships should not be minimized to cognitive or intrapsychic processes. Instead, they should be construed as reflecting objective or inter-subjective dimensions of the environment. In this sense, internal working models become modified by objective experiences to accommodate information about significant others, hence they are not considered to be completely internal.

Equally important, Cook (2000) observed that attachment security is reciprocally determined particularly for the spousal relationship in the family. Such reciprocity

substantiates the notion that attachment security extends beyond subjective representations of relationships. Specifically, reciprocity suggests articulating and coordinating with significant others in the social environment in order to synchronize interpersonal contact and responsiveness. In practical terms, working models act as perceptual filters through which information is processed. As such, working models assist in the interpretation of ambiguous behaviour, draw attention to some behaviour, select behaviours in order of importance, and determine what dimensions of behaviour are significant (Rholes, Simpson, Blakely, Lanigan & Allen, 1997).

Pistole (1996) adds that although working models can accommodate new information by acting as a perceptual filter, it can also distort or misinterpret information. Mindful of these functions, internal working models may provide individuals and families with a sense of emotional equilibrium even though such equilibrium may be costly in terms of extended social situations.

3.4.3.2 APPLICATION OF FAMILY PATTERNS OF INTERACTION AND RELATIONSHIPS TO BEREAVEMENT AND GRIEF

Pistole (1996) asserts that attachment styles are related to the process and outcome of grieving. Specifically, secure attachment styles are associated with non-defensive coping strategies, which are directed at gaining support and solving problems such that affective regulation is maintained. Kobak and Hazan (1991) additionally found that marital situations where both husband and wife endorse secure attachment styles were associated with greater marital satisfaction and intimacy as well as constructive problem solving. Volling, Notaro and Larsen (1998) concur that in dual secure marriages, spouses express more affection for one another, are less ambivalent about their relationship, are better integrated into their social networks and convey a greater sense of satisfaction with their parental role than dual insecure couples.

In avoidant attachment styles distancing strategies are characteristically relied on while attachment systems are deactivated thus, minimizing or restricting external support (Mikulincer, Florian & Weller, 1993). Furthermore, persons with avoidant attachment styles defend against their distress by withdrawing emotionally and thereby, dismissing or undermining the emotional distress. In this way, grief is not adaptively expressed. Instead, the way is paved for dysfunctional outcomes.

In anxious-ambivalent attachment styles, distress is attended to intensely and coping strategies are emotionally focused (Mikulincer et al., 1993). When confronted with the loss of a significant relationship, people endorsing anxious-ambivalent attachment styles focus on their distress to the extent that they become emotionally overwhelmed. Compounding the problem is the absence of the deceased who may have assumed an important security-enhancing role. By focusing excessively on their emotional distress, anxious-ambivalent people tend to express grief in dysfunctional ways. Lussler, Sabourin and Turgeon (1997) additionally indicate that couples manifesting avoidant and anxious-ambivalent attachment styles are inclined to report more marital distress, less marital intimacy, more verbal aggression and more emotional withdrawal.

Equally important, Cozzarelli, Sumer and Major (1998) observed that attachment systems are activated by stress. It can therefore be inferred that the death of a family member is likely to activate attachment systems resulting in spouses and families relying on patterns of interaction and relating that were previously reinforced both intrapsychically or cognitively and interpersonally or socially. As pointed out by Mikulincer and Florian (1999) there is an association between family patterns of interaction and relating and response styles to the death of a child. This association ultimately assumes importance in the resolution of grief.

Extrapolating from the above, attachment styles, relational dimensions and emotional climate are closely related in family life. If pre-loss marital and family adjustment are important predictors of family adaptation to the loss of a member (Kissane & Bloch, 1994) then it is possible to infer that the interplay between patterns of interaction and relating, family dynamics and marital satisfaction provide the prototype for adaptation to family grief.

Further, when families are confronted with the death of a member, systemic changes in established patterns or styles of functioning, interacting and relating are almost inevitable. In realizing these changes, families are guided by their working models that embrace plans, beliefs, values, expectations and preferences shared by members. As such, family patterns of interaction and relating provide the basis for the family's evaluation of the implications of the loss. These in turn, influence the process of

coping with and ultimately adaptation to the loss. Hence patterns of interaction and relating reflect the coherent ways in which families cope with or fail to adapt to the death of a member.

3.4.4 FAMILY EMOTIONAL INTEGRATION, BEREAVEMENT AND GRIEF

In reviewing family grief literature Kissane and Bloch (1994) concluded from clinical observations that a large proportion of bereaved families grieve in maladaptive ways. While various patterns of family grieving have been identified, it is only more recently that theorists began to understand how dimensions of family functioning contribute toward or militate against adaptive grief response patterns. For instance, five grief response patterns were elicited, one of which was adaptive while the four maladaptive grief responses were described as avoidant, distorted, inflexible and amplifying.

Families exhibiting adaptive grief responses were characterized by members sharing distress openly, supporting one another through mutual care and were involved with one another. In the maladaptive cluster, avoidant family grief responses were associated with poor communication, little exchange of feelings and a lack of intimacy. Distorted family grief responses reflected excessive guilt, anger, blame or idealization of the deceased. Inflexible grief responses were marked by families' having difficulty coping with change and adhering to the expectation that life continues as before. Amplification involved elements of avoidant, distorted and inflexible grief responses and was associated with chronic grief (Kissane & Bloch, 1994).

Adding scientific rigour to the interplay between family functioning and grief responses Kissane et al. (1996-I) relied on the Family Environment Scale to provide an empirically generated typology of family grief based on dimensions of family functioning. Findings revealed that family cohesiveness, conflict and expressiveness were the most useful in differentiating between adaptive and maladaptive grieving families. Highest in the hierarchy of adaptive grieving is cohesiveness, meaning that family members characteristically encourage closeness, share distress and is mutually supportive. Conflict is managed by tolerating negative emotions while feelings are

openly expressed and members derive confidence from closeness towards each other. Next to cohesiveness in adaptive potential is the conflict-resolving cluster of families that show moderate conflict, coupled with high cohesiveness. The latter assumes importance with regard to resolving interpersonal differences.

On the maladaptive side, Kissane et al. (1996-II) report that in hostile-conflict families, members showed low cohesiveness, low expressiveness, intense negative emotions and a poor sense of organization. Day to day tasks were unplanned, uncoordinated and structure did not form an integral part of family life while argumentativeness negated family support. The impact of hostile conflict is felt mostly by offspring in the family since adults tend to blame, instil guilt and refrain from speaking to younger members.

The sullen conflict cluster showed moderate levels of conflict, reduced cohesiveness but greater control is exercised over family life. Typically, a dominant member controlled affective expression, set rules for family discussions and disagreements were contained but simmered underneath the surface.

The fifth and intermediate cluster showed cohesiveness and conflict levels were not crippling or incapacitating. However, family life was conducted in accordance with rigid rules.

Kissane et al. (1996-II) purport that this classification of family functioning and association of adaptive or maladaptive grief responses has clinical relevance in that it facilitates the identification of families at risk of developing complicated grief. These researchers also recognized resemblances between patterns discerned from clinical observations and those generated empirically. Reference is made to resemblances between:

- Adaptive family grief responses and cohesive patterns of family functioning;
- Distorted family grief responses and sullen-conflict resolving patterns of family functioning;
- Inflexible family grief responses and intermediate family functioning and

- Amplification or chronic grief responses and hostile-conflict resolving patterns of family functioning.

The avoidant pattern of grief was identified in clinical observations but did not seem to resemble any pattern in the empirical study while the conflict resolving pattern of family functioning found in the empirical study did not clearly resemble any of the patterns identified in the clinical observations.

Kissane et al. (1996-II) established that the intensity of grief, psychosocial morbidity and coping patterns in families classified according to the cohesive, conflict-resolving, hostile-conflict, sullen-conflict and intermediate typology. Findings revealed that the two adaptive clusters namely, cohesive and conflict-resolving families showed low psychosocial morbidity. Members of these families expressed their sense of loss freely without adverse psychosocial sequelae, apparently because family solidarity fosters the sharing of distress while simultaneously providing mutual support. Comparing the two, conflict-resolving families showed less intense grief and lower levels of depression than cohesive families.

The two maladaptive family groups namely, hostile-conflict and sullen-conflict showed greater depression and overall psychological distress. Sullen-conflict families in particular, were found to experience the most intense grief and were at greatest risk of depression. However, sullen-conflict families did not hesitate to seek both social and spiritual support as well as make use of community resources. Hostile-conflict families on the other hand, were less likely to avail themselves to social and spiritual support and failed to make use of community resources.

Intermediate families tended to merge with hostile-conflict and sullen-conflict families in exhibiting reduced overall social adjustment, as well as lowered functioning in the domestic, social and recreational spheres (Kissane et al., 1996-II).

Put together, family adaptation after the death of a member brings the spousal/parental dynamics into sharper focus. By inference, all other relationships are structured and revolve round the quality of the spousal subsystem. A discrepancy in the spousal relationship, more than a discrepancy between generations, is likely to

ripple through the family. Family interaction patterns and relational processes are regarded as important dimensions of adaptation to the death of a member. Attachment styles assume importance in this regard. Specifically, attachment styles are considered to constitute the foundation of family interaction patterns and relational processes.

3.4.5 FAMILY SUPPORT, BEREAVEMENT AND GRIEF

Immediate and extended social networks constitute important sources of support. Early and contemporary bereavement and grief theorists recognize the healing effects of social support networks deriving from both inside and outside the family (Cook & Oltjenbruns, 1998; de Montigny, Beaudet & Dumas, 1999; Engler & Lasker, 2000; Farnsworth & Allen, 1996; Lepore, Silver, Wortman & Wayment, 1996; Parkes, 1996; Sanders, 1988; Shapiro, 1996; Swartz, 1998; Worden, 1991). This suggests that the quality and nature of social support play a determining role in the outcome of bereavement and grief.

Laakso and Paunonen-Ilmonen (2002) refer to social support as a care resource that can have either adaptive or adverse consequences on people surviving the loss of a significant other. These researchers describe the negative consequences of support in terms of undue interferences by support systems in the affairs of the bereaved or severing of pre-existing friendships. Social support is also conceptualised as an interactive process whereby a focus person experiences or expresses awareness of emotional, informational or instrumental efforts made by an alliance in response to a perceived stressor confronting the focus person (Olsson, 1997). From this point of view, social support is regarded as having a positive impact on well being while the absence of social support is regarded as a stressor in and of itself.

Ennis, Hobfoll and Schröder (2000) regard social support as a stress-resistance resource that may offset the negative consequences of loss experiences. As used by these researchers, social support refers to perceived satisfaction with the efforts made by alliances to assist with stressful encounters. Further, social support satisfaction is considered to be a means of establishing whether perceived support is consistent with demands made by the crisis.

Conceptually, Stroebe, Stroebe, Abakoumkin and Schut (1996) explain the role of social support in adjustment to loss and bereavement by means of cognitive stress theories. The basic premise underlying stress theory is that the stress caused by a crisis event depends on the extent to which the perceived demands of the experience exceed the coping resources of the individual. Against this background, Cohen and Wills (1985) proposed the buffering model, meaning that high levels of social support protect the individual against the potentially harmful impact of stress on health. In this sense, support firstly mediates between the stressful event and stress reaction, thus preventing the event from being appraised as stressful. Secondly, support may mediate between the experience of stress and the onset of maladaptive responses and thereby, attenuate the impact of stress on physiological processes. These pathways suggest that social support minimizes the person's vulnerability to the negative impact of stressful experiences.

Drawing on cognitive stress theory Stroebe et al. (1996) provided the Deficit Model of Partner Loss to explain spousal bereavement. In terms of this model, the death of a marital partner creates deficits in the life of the surviving partner. These deficits occur in the areas of loss of instrumental support, loss of validation support, loss of emotional support and loss of social contact. These researchers predict that social support serves the purpose of alleviating or buffering the impact of these deficits on the psychological presentation of the bereaved. At the same time, it is recognized that family and friends are not able to alleviate completely the deficits caused by the loss of a marriage partner.

Applying Attachment theory to spousal bereavement, Bowlby (1969) argues that the loss of an attachment figure cannot be compensated for by other support systems. Specifically, the attachment figure is uniquely able to enhance well-being and security in partners while other support systems are not able to take over this function. From this perspective, the type of social support needed to alleviate the strain of the loss is significant, but equally important is the understanding that only specific persons can replace the support of the deceased attachment figure.

In an earlier version, Weiss (1975) differentiated between emotional isolation and social isolation. The former can only be compensated for or remedied by the integration of another attachment figure and not by any family member or friends. Social isolation in contrast, is associated with the absence of an engaging social network and access to family, friends or alternative social networks. With these differences in mind, attachment theory proposes that social support influences bereavement in different ways. Bereavement related to an attachment figure brings about emotional isolation. It is only support from another attachment person, and not support from friends, that can compensate for emotional loneliness (Weiss, 1975).

Cognitive stress theory and attachment theory make different predictions about the role of social support in the process of adjustment to bereavement and grief. The former predicts that bereavement causes specific deficits in the life of the deceased and that social support can compensate for these deficits. Attachment theory on the other hand, suggests that bereavement causes both social and emotional loneliness. The support of family and friends can compensate for social isolation. However, the loss of an attachment relationship causes emotional loneliness and can be remedied by social support from another attachment figure (Stroebe et al., 1996).

Various empirical studies contribute towards understanding the influence of social support on the outcome of bereavement and grief. For instance, Lepore et al. (1996) predicted and empirically established that mothers who were inhibited and socially restrained from talking about the death of their infant experienced more frequent loss related intrusive thoughts and increased depressive symptoms. This contrasts against mothers whose social relationships were unconstrained and thus able to talk about the death of their child without any inhibitions. These mothers were found to have less loss related intrusive thoughts and lower depressive symptoms.

In social-cognitive terms, being allowed to talk about the traumatic experience firstly validates the bereaved person's loss. Secondly, talking about the loss enhances cognitive processing of the event by assimilating, understanding and accepting the loss. This combination facilitates emotional and psychological adjustment to the loss. On the other hand, intrusive thoughts represent the suppression of trauma related thoughts and feelings for which no affirmation was received and thus deemed

inappropriate or unimportant by significant social relationships. Lepore et al. (1996) regard the suppression or avoidance of death related thoughts and feelings as not significantly different from avoidant coping styles, thus paving the way for various manifestations of psychological distress and maladaptive grief responses.

Consistent with the above findings, Nolen-Hoeksema, McBride and Larson (1997) determined that social friction between gay men and their friends, families and their partner's families was a significant predictor of poor adjustment following the loss of a partner. Maladjustment manifested in minimal reduction in depression and a higher prevalence of intrusive thoughts about the deceased partner. Explaining the social friction and resultant difficulties, subjects referred to families of the deceased as rejecting or disapproving of the gay relationship.

Using the Symbolic Interactionist perspective as point of departure, Brabant, Forsyth and McFarlain (1995) examined the impact of social support that is expected but not forthcoming on bereaved parents. These researchers maintain that the actual death constitutes the primary trauma while secondary trauma assumes the form of aftershocks similar to those following an earthquake. These aftershocks were found to have their roots in the context of social interaction. Specifically, when support is expected but either unavailable, or when available but not sustained over a period of time, the bereaved parent is dealt an added blow. The view expressed is that bereaved parents have the expectation that their grief will be validated, by those who form an integral part of their social context or social system. The absence of validation, presenting either in the unavailability or in unsustained support fosters the internal expression of grief that in turn, threatens the security of both the individual and social system as a whole.

Farnsworth and Allen (1996) too, document feelings of marginalization experienced by mothers following the loss of a child. The mothers' feelings of marginalization were found to involve multiple social contextual experiences including, the lack of emotional understanding, disregarding the need to have their loss recognized, inadequate communication about the death, the absence of genuine concern, lack of support and dismissing the importance of the child. People implicated in these experiences of marginalization were marital partners, nuclear and extended family

members and larger social networks including friends. These findings are probably not significantly different from those of Brabant et al. (1995).

De Montigny et al. (1999) also addressed the lack of social support following perinatal deaths. Findings revealed that extended family members experienced and reacted with uncertainty and discomfort to grieving parents. The lack of ease in relation to discussing the loss led extended family members to make either unhelpful statements, or statements that diminished the intensity of the loss, or avoided talking about the loss. Bereaved mothers in turn, responded by either isolating themselves, or by refraining from expressing their needs and feelings. These researchers suggest that failed support, be it due to grieving parents either not asking or not receiving support, has a disruptive effect on family relations.

Similar themes were running through the bereaved parents' relationship with friends and colleagues. The latter reportedly expressed concern during the first few days after the loss but shortly thereafter, there was the expectation that life should return to normal for the bereaved parents. Further, very little attention was paid to the emotional experiences surrounding the perinatal loss. Findings revealed that friends and colleagues either changed the topic or acted as if they did not hear what was being said. Concomitantly, bereaved parents learned that in order to spare their friends and colleagues the uneasiness, it is best not to talk about the painful feelings of loss and thereby, weakening the social network further (de Montigny et al., 1999).

While the importance of social and emotional support in grief resolution is established, it remains equally important to understand the broader context in which support is either unavailable, unsustainable or of poor quality. From this point of view, traditional socio-cultural ideologies or stereotypes assume importance. For instance, Farnsworth and Allen (1996) observed that mothers who lost a child often withdrew from available support and social systems as a result of feelings of guilt and self-blame. Specifically, bereaved mothers are reported to have internalised the socio-cultural ideology of equating motherhood with having to accept primary responsibility for the well being of their children. In the event of a child's death, grief is compounded by feelings of guilt for not being able to protect the child, for not being

able to prevent death or blaming herself for not doing more for the child and thereby being responsible for the death of the child.

Similarly, alienation from supportive networks derived from social stereotypes that miscarriages and terminated pregnancies are “not real” losses (de Montigny et al., 1999, p. 153). Ujda and Bendiksen (2000) also observed that it is not common practice to have burials, memorial services and other ritual practices after a perinatal death. In this sense, culture, probably fails to validate the parents’ loss.

Perceived lack of support could possibly also be explained by gender differences in the expression of grief. Specifically, gender differences in the expression and patterns of grief are well documented both empirically and clinically (Cook & Oltjenbruns, 1998; Martin & Doka, 2000). Special reference is made to females expressing their grief affectively while males exhibit their grief in instrumental terms. Jordan et al. (1993) put differential grief responses and discrepant coping styles into perspective by suggesting that cultural norms and gender socialization assume prescriptive roles in that different bereavement practices and patterns of grief are considered to be appropriate for males and females. Martin and Doka (2000) in contrast, point out that patterns of grief are influenced but not determined by gender.

In summary, the influence of family context on the outcome of grief commenced with theoretical perspectives followed by a review of historical literature. The latter were addressed from the perspectives of clinical studies, clinical observations and systemic empirical studies. More contemporary studies were examined in terms of three broad aspects namely, family patterns of interaction and relationships, family emotional integration and family support. These aspects on their own and in combination reflect efforts by the family to understand and gain a sense of mastery and control over the impact of and implications that death have on the systemic and developmental dimensions of family life. For reasons that could be found in any one or all three aspects examined, some individual members and families succeed in resolving their grief. For others, the death of a member may steer the family on a path of bitterness and anger that is transmitted from generation to generation. Moreover, with these dimensions of family life comprising a complex web, it may be difficult to identify which is the weakest link in the chain.

3.5 BEREAVEMENT AND GRIEF IN PERSONAL CONTEXT

The personal context is represented by the bereaved person's relationship to the deceased. Golsworthy and Coyle (1999) note that this relationship does not end with death. On the contrary, a sense of continuity through the experience of an ongoing relationship and psychological involvement with the deceased prevails even after death. Howarth (2000) adds that the continuing relationship between the bereaved and the deceased is not new but has been alienated by discourses and practices of modernity. By reconstituting themselves after death, dying people encourage the maintenance of continuing bonds in the same way as the bereaved keep the bond alive by talking about the dead, constructing biographies, finding ways of commemorating the death, affiliating to self-help groups and reliving anniversaries. As far as Howarth (2000) is concerned, boundaries between the bereaved and the deceased are a function of social construction. Having said this, awareness is expressed of contemporary society leaning towards overcoming the conceptual boundary between life and death.

Pill and Zabin (1997) provide further support for the ongoing relationship of the bereaved to the deceased. By means of group intervention, these researchers captured how adult women remained psychologically involved with their mothers who had died during their early childhood. Specifically, themes running through the lives of these orphaned women reflected difficulties in relation to their self-concept and identity. These difficulties reportedly surfaced each time the women were confronted with normative life-cycle change and even more so if a transition was non-normative and unanticipated. Translated into bereavement and grief terms, the impact of early maternal loss is reactivated each time the orphaned women have to cope with change and loss. Furthermore, the legacy of early maternal loss is relived each time change is perceived and experienced as emotionally demanding. Stated differently, the psychological involvement of these women with their deceased mothers' unfolded anew each time they were confronted with change involving loss.

Having identified intra-personal factors through which the relationship to the deceased is maintained, Rubin (1999) asserts that the bereaved may not always be aware of the nature and potency of their mental representations or internalised relationship to the deceased. In other words, the bereaved may not always be aware of the significance that the ongoing relationship to the deceased has for the resolution of

grief. In fact, Rubin (1999) goes as far as suggesting that symptoms of complicated grief could be associated with the bereaved person's relationship to the deceased. Similarly, the identification of characteristics associated with the bereaved person's relationship to the deceased is critical in evaluating the outcome of bereavement (Horowitz, Bonanno & Holen, 1993; Horowitz et al., 1997).

These findings highlight the importance attached to the relationship of the bereaved to the deceased. In fact, from a therapeutic point of view Rubin (1998) attaches importance to the relationship of the bereaved to the deceased. In psychodynamic terms, the relationship that develops between the client and the therapist assumes significance. The relationship of the client to the therapist is constructed by the former partly out of transference and partly out of aspects of the real relationship. Similarly, the relationship of the therapist to the client is constructed by the former partly out of countertransference and partly out of aspects of the real relationship.

The above theoretical notions form central themes in psychodynamic theory. However, Rubin (1998) proposes that in therapy for dysfunctional grief therapeutic goals could be better served by transposing the therapist-client relationship to the relationship of the bereaved client to the deceased. In other words, unlike therapy as practiced in the psychodynamic school of thought, centralizing the bereaved person's relationship to the deceased may provide a useful therapeutic paradigm for dysfunctional grief. In this sense, the deceased is located centrally, thus becoming the dominant relational figure. Neimeyer and Hogan (2000) on the other hand, cautions that assisting the bereaved to transform the relationship to the deceased from a live to a symbolic one has yet to be assessed as a unique goal of grief therapy.

3.5.1 THE PERSONAL CONTEXT AND MAKING MEANING OF THE DEATH

The death of significant person is an experience which exacts a high psychological toll and that is vested with personal meanings. According to Janoff-Bulman and Frieze (1983) much of the psychological toll derives from the shattering of basic assumptions and beliefs that individuals have of the world and the self. The latter are considered to comprise the conceptual system that guides the person's goals, expectations, plans and behaviour. Three assumptions shared by most people include:

- The belief in personal invulnerability;
- Perceptions of the world as meaningful and comprehensible and
- The view of the self in a positive light.

In the event of adverse or traumatic life experiences these assumptions are shattered, thus stripping the person of the conceptual systems that guide behaviour.

Janoff-Bulman and Frieze (1983) further postulate that for the person to re-establish a level of effectiveness, the traumatic experience must be incorporated into his assumptive world and belief system. In this way, a new conceptual system is created, one that accommodates the traumatic experience. These theorists identify three modes of adapting to traumatic experiences. Firstly, by redefining the experience so as to minimize its threatening impact on the person's assumptive world. Additionally, coping efforts may also involve making sense of or attributing meaning to the event by perceiving it as serving a specific purpose. These intrapsychic coping efforts may lead to behavioural responses that provide the person with a sense of control thus minimizing his/her feelings of vulnerability. The view expressed is that assumptions and beliefs that were previously taken for granted are challenged or rendered redundant by traumatic experiences. Applying this theoretical understanding to death suggests that until congruence is reached between the loss and the bereaved person's conceptual reality, the path of grief is likely to be an excruciating one.

A conceptualisation that bears some similarity to the work of Janoff-Bulman and Frieze (1983) is that of Thompson and Janigian (1988a) who additionally focus on the search for meaning following traumatic events. These researchers postulate that people have life schemes that comprise cognitive representations of their lives around which plans and perspectives of the world and the self are organized. Traumatic events have a disruptive impact on these life schemes, thus causing the person to lose his/her sense of order and purpose. These losses in turn, trigger a search for meaning.

3.5.1.1 THE CONCEPT OF MEANING

The concept of meaning differs from one discipline and theoretical framework to the other. Taylor (1988) refers to meaning as mental constructions directed at understanding the experience and embrace questions such as why the event occurred, what impact does it have and what are the implications of the event for the person's life.

Fife (1994) relies on the Symbolic Interactionist framework to illustrate the significance of meaning within the process of adaptation. Used in this sense, meaning embraces the individual's perception of the significance of an experience or event for the self and subsequent behaviour. As such, meaning is captured in two interdependent elements namely, self-meaning and contextual-meaning. The former refers to the perceived impact of the event on various aspects of the person's identity. Contextual meaning on the other hand, involves the perceived characteristics of the event itself as well as the social circumstances that surround it. Integrating these two dimensions suggest that meaning reflects the person's perception of himself within the social world given the experience that he/she has to adapt to. Stated differently, the meaning conveys the bereaved person's perceptions of the self in a social world in which the deceased no longer forms a part. In other words, the process of adaptation requires that congruence be achieved between the definition of self and the events that occur in peoples' lives. Meaning assumes an important role in providing congruence.

Essentially, for congruence to occur requires that the person reconstruct and transform the meaning upon which he/she bases his/her life and revises the principles by which the past was interpreted. Hence, crisis situations foster the redefinition of previously held meanings, thus putting the event into perspective while simultaneously comprehending its significance for the person's self-identity and future life. Should the event be perceived as not amenable to change, the reconstruction of meaning serves the purpose of putting the event into perspective such that personal identity is not threatened and the situation is construed as manageable. Hence, Symbolic Interactionism postulates that self-meaning and contextual-meaning comprise two dimensions of meaning. Furthermore, meaning influences behaviour and is not static in that it changes over time in the same way as change occurs in individuals, in events and the social situation in which events are embedded (Fife, 1994).

From an Existential point of view, man's search for meaning is the primary motivational force for living. As put by Frankl (1964) there is no point to go on living in a world void of meaning. In fact Stroebe and Stroebe (1987) suggest that an inability to find meaning after the death of a significant person translates into high mortality rates and physical illness among the bereaved. In its original formulation Frankl's (1959b, in O'Connor, Wicker & Germino, 1990, p. 167) notion of existential meaning was expressed in terms of "will to meaning" which manifests in a need to find purpose in life. Meaning and purpose in life represents two sides of the same coin and is considered to be unique to each individual.

Within the Cognitive framework, meaning is conceptualised as mental constructions intended to understand traumatic experiences and evoke questions such as why the event occurred, what impact does it have and what are the implications of the event for the person's life (Taylor, 1983). In an earlier version Beck (1976) described the meaning of meaning by differentiating between public meaning and personal or private meaning. The former refers to the objective or formal definition of the event that is shared with the social environment. Personal or private meanings are subjective and more complex in that they are evoked when an experience impacts on a more sensitive or important aspect of the person's life or sense of self. For this reason, personal meanings are often not shared with the outside world, thus limiting the person's opportunity to affirm the authenticity or correctness of these meanings.

Furthermore, personal meanings may give rise to behavioural and emotional reactions that may be excessive to the event. Beck (1976) explains this dynamic in terms of situations being misinterpreted. The incorrect or unchecked personal meanings comprise the core of situational misinterpretations. Stated differently, personal meanings may be arrived at by means of persistent focusing on specific fantasies, thoughts or images. Failure to establish the validity of the latter fosters the development of deviant meanings, which in turn comprise the core of emotional disorders such as depression and anxiety.

Thompson and Janigian (1988b) further classify meaning into implicit meaning and found meaning. The former is equated with Lazarus and Folkman's (1984a) appraisal in that it is directed towards understanding or assessing how threatening, benign or

challenging the traumatic experience is. Found meaning on the other hand, develops from the search for the meaningfulness of the event. The meaningfulness of the experience is associated with a renewed sense of purpose or reason for being. A sense of meaning may be found when the person changes his/her life scheme or the perception of the experience. While these researchers did not refer directly to the trauma of death, it is possible to infer or assume that loss does indeed call for shifts in life schemes, thus warranting the construction of new meanings. Fife (1994) describes found meaning as occurring when the person's perception of the self and perception of the world are compatible.

Put together, the importance of meaning is borne out in adjustment to traumatic events. However, psychological schools of thought differ in terms of elements that comprise the concept of meaning. The Symbolic Interactionist framework focuses on self and conceptual meanings and the importance of reconciling the two in order for adaptation to take place. The Existential approach conceptualises meaning in terms of maintaining a balance between cosmic and individual realms. Earlier cognitive theorists emphasise the person's appraisal of the significance of an event against the background of objective and personal meanings. The latter assume importance in the development of emotional disorders. Later cognitive theorists address the significance of an experience from the perspective of implicit and found meanings. The latter are considered important in the outcome of a traumatic experience.

3.5.1.2 DIMENSIONS OF MEANING

Davis, Nolen-Hoeksema and Larson (1998) note that the term meaning is often used broadly without identifying the underlying elements. Addressing this issue, these researchers conceptualise meaning from two perspectives namely, meaning as making sense of the loss and meaning as finding benefit from the loss. These two conceptualisations of meaning are regarded as distinct in that they focus on different dimensions of loss, involve different psychological processes and influence adjustment to loss in different ways.

Janoff-Bulman (1992a) further suggests that finding an explanation occurs within the framework of the bereaved person's worldview, spiritual values and cognitive schemas. For instance, in the process of making sense, death may be attributed to

perceptions such as the will of God, behaviours of the deceased or that the death was predictable, comprehensible and justified. As such, the construction of meaning through making sense is an effort either towards locating the loss in the bereaved person's conceptualisation of how the world is assumed to work or by revising existing assumptions that the world is benign, just and benevolent (Janoff-Bulman, 1992a).

Davis et al. (1998) additionally found that sense making related most significantly to adjustment six months post-loss. Further, those persons who were able to make sense of the loss at 6 months after the death tended to be those who lost an older relative, who had a pre-existing spiritual framework and who had experienced less distress in the months preceding the loss.

In terms of the search for meaning through benefit finding, emphasis is on the bereaved considering positive implications or attributing positive significance to the loss (Davis et al., 1998). Assigning positive value to the loss may assume various forms such as the bereaved gaining insight into his/her hitherto unrecognised strengths, or expressing greater appreciation for life or attaching more importance to relationships. Janoff-Bulman (1992a) is of the opinion that the construction of meaning through benefit finding serves the purpose of restoring self-esteem and vesting the survivor with a renewed sense that life has purpose, value, meaning and goals. In this sense, finding benefit from the loss, may lead to a reordering of priorities, thus providing an opportunity for personal growth (Tedeschi & Calhoun, 1996). These researchers maintain that in the event of loss becoming a catalyst for the bereaved to redefine their sense of purpose and goals, the actual death shifts into the background while personal growth and self-understanding take precedence. Stated differently, the distress of trauma and loss may pose a significant threat to the sense of self and benefit finding may de-emphasize characteristics of the event while the bereaved person's characteristic way of responding to stressful situations surfaces.

Substantiating the above point empirically, Tedeschi and Calhoun (1996) found that optimistic people are more inclined to respond to traumatic events by embracing positive interpretations of the experience and are less likely to be distressed by adverse life experiences. Pessimists in contrast, have more negative expectations of

the future, generally report more negative emotions and use less effective coping strategies (Scheier & Carver, 1992). Davis et al. (1998) concur that subjects who reported higher levels of dispositional optimism were more likely to find something positive in the experience of loss. This in turn, predicted lower levels of subsequent distress. Translated into existential terms, dispositional optimism facilitates the reformulation of life goals and values that were shattered by the death. The process of reformulation in turn, comprises essential elements of benefit finding which serves the purpose of filling the painful sense of emptiness or existential vacuum (Frankl, 1978) that was created by the death. Having said this, Davis et al. (1998) concede that the personality characteristic of optimism/pessimism assumes a predictive role in terms of benefit finding and is associated with adjustment in later stages (13-18 months) after bereavement.

Reconciling the two major perspectives of meaning, Neimeyer (2000) notes that the construction of meaning shifts over time. Qualitatively, the process shifts from the construction of meaning by sense making to the reconstruction of meaning by benefit finding. Davis et al. (1998) conclude that adjustment to loss is a process and positive changes derived from the death take time to be integrated and consolidated into everyday life. Likewise, Farnsworth and Allen (1996) relied on feminist and contextual paradigms to understand mothers' experiences of emotional support following the death of a child. Extrapolating from evidence presented, being dismayed by their experiences of marginalization, mothers articulated meaning making and benefit finding such that they were able to influence their environments in a positive direction.

Neimeyer (2000) also extends the importance of meaning to the therapeutic process. Specifically, a review of grief counselling and therapy outcome studies led to the effectiveness of these interventions being questioned. Findings of the review revealed that the outcome of grief therapy is generally modest and not as robust as those associated with interventions for other psychosocial or psychological problems. Two weaknesses are identified in this regard. Firstly, Robak (1999) notes that empirical studies on psychotherapy related to loss, death and bereavement are conspicuous by its absence. This finding has implications with regard to clinicians in the bereavement field practicing grief therapy without being informed by empirically substantiated

models. Secondly, Neimeyer (2000) suggests that grief therapy falls down in terms of a guiding conceptual framework. Stage theories of grief were found to serve the purpose of underpinning treatment but contemporary grief theorists regard these theories as simplistic (Corr, 1993; Neimeyer, 1998). In the absence of a guiding conceptual framework, Neimeyer (2000) argues for the development of an approach to grief therapy informed by principles and procedures of making meaning or reconstructing meaning that has been shattered by the death of an important person.

3.5.1.3 INTEGRATION OF PERSONAL CONTEXT AND MAKING MEANING OF DEATH

Death constitutes a crisis in that without the deceased the reality that the bereaved once knew changes. The changed reality is also coupled with a loss of all meaning that the deceased held for the bereaved. From this point of view, death constitutes a crisis of meaning. Wheeler (2001) substantiates this point by referring to the multiple meanings that a child holds for its parents. These meanings embrace hopes, plans, aspirations, goals, needs and purpose for an ongoing life. Death strips parents of these meanings, leaving them with a sense that life has lost its purpose and is no longer worthwhile. As such, a crisis of meaning is precipitated which in turn, triggers a search for meaning that will provide the bereaved with a renewed sense of purpose and a sense that life is still worth living. Essentially, the search for meaning is central to the process of adjustment to a significant loss.

Equally important is the understanding that attachment relationships provide the context in which the bereaved person's philosophical beliefs and assumptions about the world and the self are validated and sustained (Neimeyer, 2000). As such, the loss of a significant relationship not only deprives the bereaved of an important source of validation but also undermines the hierarchically ordered personal constructs on which the bereaved person's sense of purpose and direction in life are based. Consequently, the bereaved are confronted with the tasks of redefining assumptions about the world and the self as well as reformulating their purpose and direction in life (Attig, 1996). The achievement of these tasks, in association with finding meaning in their ongoing lives comprises an integral part of the grieving process. In fact, Davis, Wortman, Lehman and Silver (2000) empirically found that 70-85% of bereaved people search for meaning to the death of a significant other. This suggests

that for the majority of bereaved people, the search for meaning to the death assumes a compelling role.

3.5.2 PERSONAL CONTEXT, INDIVIDUAL BELIEFS, BEREAVEMENT AND GRIEF

Families provide the support base from which beliefs systems and practices are transmitted to individuals and generations. In situations such as death, codes of conduct, deriving from religion and culture are mobilized in order to guide individual and group behaviour. This facilitates the process of individual meaning making, interpreting and understanding situations that cannot be explained by logic.

Theoretically, Belzin (2000) relies on narrative psychology and postulates that people listen to and assimilate stories, which facilitate the development of cognitive schemes. The latter in turn, enable people to make meaning and interpret situations that confront them. Relying on narrative principles, Belzin (2000, p.420) describes religion as a “reservoir of verbal elements, stories, interpretations, prescriptions and commandments, each of which in their power to determine experience and conduct...” This understanding is also transferable to culture. The latter comprises patterns of ideas, beliefs, values and behaviours that are unique to specific groups (Bopape, 1995; Goodman, Rubinstein, Alexander & Luborsky, 1991; Shapiro, 1996). In broad terms, culture and religion share a common base in that both have at their disposal a system of beliefs, a system of symbolic practices and stories that families have handed down from generation to generation.

3.5.2.1 PERSONAL CONTEXT AND THE ROLE OF RELIGIOUS BELIEFS AND PRACTICES

Belzin (2000, p.420) defines religion as a “system of symbols, which acts to establish powerful, pervasive and long-lasting moods and motivations in men by formulating conceptions of a general order of existence...” Used in this sense, religious symbols translate into ritual practices, ceremonies of devotion and schemata that embrace beliefs, which help people to process their experiences.

Watson’s Behaviourism and Freud’s psychoanalysis disregarded the usefulness of religion. For instance, behaviourism focused on phenomena that are observable while

psychoanalytic theory regarded religion as immature responses to feelings of helplessness and insecurity. Psychoanalysis further drew analogies between religious beliefs and paranoia as well as between religious rituals and compulsive disorders (Marrone, 1999).

Similarly, Giddens (1990) states that sociological perspectives of religion were influenced by sociological theorists such as Marx, Durkheim and Weber, who subscribed to the view that religion is in a very basic sense an illusion. These theorists reflected on religion in terms of the ideological implications it had for society. For instance, by regarding religion as the opium of the people Marx (1964) implied that religion justified the interests of the ruling class at the expense of subordinate groups. Weber (1976) on the other hand, focused on religion by adopting a revolutionary stance. The purpose was to bring about change in pre-established social orders as in civil rights movements working toward the abolishment of slavery. Durkheim (1976) further emphasised religion in as far as it recognized ritual prescriptions associated with significant transitions of life such as birth and death. Essentially, sociologists reflected on religion and its connection to society (Giddens, 1990).

In contrast to these early psychological and sociological perspectives, contemporary theorists (Klass, 1995; Marrone, 1998, 1999) recognize the religious and spiritual dimensions of individual life. Suggestions are that in order to fully understand reactions to bereavement and expressions of grief, the religious and spiritual aspects of human life cannot be overlooked. Martin and Doka (2000) regard bereavement as a spiritual crisis in that it stimulates questions of meaning. Mahrer (1996) refers to religion as the manner in which a person expresses his/her relationship to a higher force, power or God. Expressions of this relationship occur through belief systems or communal rituals such as prayer and worship and are not confined to organized or formal religions. The clarification or understanding of religious beliefs reportedly occurs more or less during adolescence when, in terms of Piaget's theory of cognitive development, the person is more capable of abstract thinking patterns. Religion is also described as multifaceted. For instance, McIntosh et al. (1993) construe religion as a belief system that comprises a context in which meaning about the loss is created. The meaning making process, in turn has significant potential for spiritual growth (Balk, 1999; Batten & Oltjenbruns, 1999; Marrone, 1999).

3.5.2.2 THE IMPLICATIONS OF RELIGION FOR BEREAVEMENT AND GRIEF

Goodman et al. (1991) conceptualised religion as an expression of culture and hypothesized that cultural differences, manifesting in Judaism and Christianity, assume a determining role in elderly mothers adapting to the death of an adult child. These researchers suggest that Jewish mothers defined their sense of personal identity through their children. Non-Jewish mothers in contrast, perceived themselves as independent from their deceased children and grief represented the reaffirmation of their separateness. As put by these researchers, Jewish mothers were unable to move beyond their loss or shirked previous commitments because of the loss. Non-Jewish mothers on the other hand, conveyed attitudes of acceptance and either pursued new relationships or recommitted to old ones. The most significant dimensions in which differences occurred included the meaning of the death, the expression of grief and the mothers' construal of the future without the deceased adult child. Jewish mothers reportedly showed the least adaptive potential in respect of these variables.

McIntosh et al. (1993) explored the influence of religion on parents' coping with and adjusting to the death of a child. Religion was investigated from two perspectives namely, bereaved parents' participation in religion and the importance attached to religion. Findings firstly revealed that participation in religion influenced bereavement and grief in a supportive way. From this perspective, social support derived from being integrated into a social network comprising the religious community. Positive responses from the latter contributed to alleviating the distress of grief. On the other hand, a perceived sense of sharing of the death by the religious community was associated with increased meaning found in the death (McIntosh et al., 1993).

With regard to the importance attached to religion, McIntosh et al. (1993) found that the latter provides a belief system that enables the bereaved to adjust to the loss. Unravelling this intrapsychic or cognitive dimension of religion, these researchers identify two variables namely, cognitive processing and meaning making as operative in facilitating adjustment to the loss. In terms of the former, religious beliefs provide a cognitive schema or structure for processing or incorporating ways of thinking about death. In other words, religious beliefs provide the cognitive context in which the loss

experience is incorporated and integrated. This cognitive process renders the loss experience more familiar, less threatening and facilitates the reconstruction of previously held assumptions about the world, the self and others.

With regard to making meaning McIntosh et al. (1993) propose that attaching importance to religion facilitates the imposition of meaning on a negative experience such as death. Finding meaning, based on a system of religious beliefs, facilitates adjustment to loss. In broad terms, the availability of religious schemata not only affect what people perceive but also how they understand what they perceive. Essentially, McIntosh et al. (1993) suggest that religious participation relates positively to social support while the importance of religion relates positively to integrating the loss cognitively and finding meaning in the death. In combination, these dimensions of religion have the potential to influence adjustment to bereavement in a positive direction.

Various researchers extend the notion of finding meaning in the loss beyond religion to embrace the spiritual beliefs of the bereaved. For instance, Batten and Oltjenbruns (1999) define spirituality as a quest for new meaning. In more specific terms, spirituality refers to a quest to understand life's meaning and purpose (Martin & Doka, 2000; Sperry & Giblin, 1996). Having its roots in religion or other philosophical frameworks, spirituality is regarded as a process whereby meaning is found through self-transcendence. With regard to the experience of death, Martin and Doka (2000) are of the opinion that some losses may easily fit into spiritual belief systems while others may challenge existing beliefs, thus precipitating a spiritual crisis.

Mahoney and Graci (1999) on the other hand, point out that the terms religiosity and spirituality were historically used synonymously. However, differences between the two are evident in that spirituality is more inclusive and abstract than religiosity. Applied to bereavement, Balk (1999) recognizes an association between the experience of loss and spirituality. Mediating this association is the thesis that bereavement constitutes a crisis, which fosters a search for new meaning about human existence and revising previously held assumptions, thus providing the impetus for spiritual change. However, for spiritual transformation to occur, the crisis must create

a psychological imbalance that resists being stabilized, the person must have time to reflect on the effects of the crisis and the person's life must afterwards be affected by the crisis.

Mindful of the above criteria, Martin and Doka (2000) suggest that relying on spiritually focused adaptive strategies will facilitate the adaptive and transformatory process. Spiritually focused adaptive strategies such as prayer, also involve cognitive, affective and behavioural dimensions. In an earlier writing, Butman (1990) leaned quite heavily on cognitive understandings to advance the notion of spiritual transformation or meaning making in adaptation to loss. Specifically, for spiritual growth to take place the bereaved must examine, assess and reconstruct their values, assumptions and beliefs. The reconstruction process involves important cognitive coping strategies such as accommodation and assimilation (Marrone, 1999).

Butman (1990) further expressed the idea that for bereavement to enhance spiritual growth, the newly formulated cognitive schemas have to be acted on. Batten and Oltjenbruns (1999) add that the actualised reconstructed beliefs are reflected in new perspectives of the self, others and the world without the deceased. The latter are indicative of spiritual growth as defined by changes in life's meaning.

Put together, spiritual growth and the creation of meaning for the loss provide the basis for the bereaved person's renewed sense of order and life purpose. As put by Batten and Oltjenbruns (1999), bereavement has the potential to serve as catalyst for enhanced spirituality, which in turn, influences the grief process.

3.5.2.3 PERSONAL CONTEXT AND THE ROLE OF CULTURAL BELIEFS AND PRACTICES

Early theorists note that while grief is a universal experience, its expression differs from one culture to the next and between social classes within the same culture (Catlin, 1993; Cleiren, 1991; Lister, 1991; Schreiber, 1995). This observation is still valid. For instance, al-Adawi, Burjorjee and al-Issa (1997) describe how the Mu-Ghabeb tribe in Oman society denies the death of an important person even after culturally appropriate rituals have been performed. The denial is sustained by the cultural belief that the deceased will return after a spell placed on him/her by a

sorcerer has been lifted. Furthermore, denial of the death is culturally sanctioned and without any apparent negative post bereavement psychological and social consequences.

Al-Issa (1995) clarifies that there is no working through the loss or ultimately severing ties with the deceased. On the contrary, a continued sense of the presence of the deceased is encouraged in that the latter becomes an ancestor that remains available to the bereaved family for communication. Western societies on the other hand, maintain ties with the deceased by praying for the soul of the deceased, adhering to the belief of reuniting with the deceased in heaven, pursuing activities initiated or valued by the deceased or naming a child or offspring after the deceased.

Exemplifying class differences in the expression of grief is the stoicism and composure displayed by the royal family at the death of the Princess of Wales while emotions of unbelievable depth swept through the British nation like a tidal wave (Leming & Dickinson, 1998; Martin, 1997). Similarly, Martinson, Lee and Kim (2000) found that in Korean cultures, the external expression of grief is expected, if not demanded, when a parent dies. However, when a child dies, the expression of grief is more internal, manifesting in crying alone, smoking, drinking, wanting to die and withdrawing emotionally.

Feigenbaum (1993) concentrates on the therapeutic value that funerals have in terms of the bereaved saying good-bye to the deceased and simultaneously identifies socio-cultural differences between emotional inhibition and emotional expression at funerals. The view expressed is that the bereaved spend a great deal of psychic energy controlling their emotions. Those bereaved who experience funerals as horrific are possibly the ones who recall the strain of having to contain their emotions. Moreover, those bereaved who are sedated and thus not able to attend the funeral or experience the full emotional impact of the funeral also have to live a lifelong legacy of not having said good-bye to an important person in their lives.

Brown (1999) relates the importance of funerals to providing a bridge between life and death. In terms of therapeutic value, old-fashioned funerals allowed for acting out. The latter reportedly comprised ritual processes that were rich in symbolism. In

this form of ritualised activity, feelings too deep to be conveyed in words were expressed. As such, the old fashioned funerals are regarded as more therapeutic than modern substitutes of quiet and private emotionality (Brown, 1999).

Irrespective of variations between and within cultures, Martin and Doka (2000) contend that cultural norms assume importance with regard to how grief is expressed, what losses can be grieved, for how long grieving may occur and rituals by which death is acknowledged and the bereaved are supported.

3.5.2.4 THE IMPLICATIONS OF CULTURAL BELIEFS FOR BEREAVEMENT AND GRIEF

A theme running through the literature is that cultural bereavement beliefs and rituals provide meaning and support to individuals and families whose lives have been disrupted by death. In fact, Sheldon (1998) indicates that bereaved from ethnic minority and cultural groups present with maladaptive grief responses if, at the time of the death, they are not able to follow the rituals and customs appropriate to the loss.

Shapiro (1996) agrees and suggests that symbolic cultural practices serve adaptive purposes. Specifically, symbolic cultural practices become the means whereby appropriate roles and emotions are articulated, social order and continuity are prescribed and the person's or the family's sense of identity in relation to the larger community is defined. These functional dimensions involve confronting the existential reality of death, making meaning of death, reconstructing reality and affirming life. Further, the absence of cultural norms and rituals is considered to increase the possibility that the bereaved will situate the self in a transitional space where the psychological reality of the deceased assumes greater immediacy and significance than do the living.

Extrapolating from the work of Gijana, Louw and Manganyi (1989) cultural rituals and underlying beliefs serve protective purposes. These researchers report that among the Xhosa of South Africa, the deceased are considered to protect families. When the head of a family dies, burial takes place in the communal homestead with the head of the deceased facing the house. The belief underlying this practice is that by facing the house, the deceased keeps watch over the family, thus protecting members. Much

later, Bopape (1995) observed that cultural rituals still retain their protective function. Specifically, for the Bapedi nation of South Africa hand washing in water that is culturally treated after a funeral is a ritual intended to keep witchcraft at bay.

Having identified the positive adaptive potential of cultural rituals, Shapiro (1996) takes a decisive stand with regard to post-modern and mental health service delivery systems attending to the historical and cultural relativity of bereavement, mourning and grief practices. This stance guards against the application of bereavement practices of dominant cultures to culturally diverse families and communities. Failure to integrate culturally diverse bereavement practices increases the risk that dominant cultures will construe grief manifestations different from their own as pathological. Shapiro (1996) therefore, advocates for cultural sensitivity and an understanding of those rituals and beliefs that comprise the ecology of a family's bereavement experience.

Shapiro (1996) further contends that immigrant families in cultural transition are in the unsettling position of being deprived of rituals and ceremonies that facilitate their ability to make sense of death. Even with a fair degree of acculturation these families reportedly still experience a sense of disorientation with regard to receiving affirmation for past ethnic traditions, beliefs and cultural observances acquired from the dominant culture. The loss of cultural continuity amidst a crisis such as death renders families and individuals vulnerable, thus increasing the risk of maladaptive grief.

Problems experienced by families in transition are additionally compounded by dominant cultures devaluing bereavement and grief practices of diverse groups. For instance, Harper (1998, p. 4) notes that Western communities tend to construe traditional or indigenous healers as an indication of Non-Western communities' "backwardness and impediment to development". Brown (1999) refers to the importance of taking families' views and experiences concerning life and death into account. This may involve an understanding of aspects such as:

- How family members express their grief;
- Past history of the family concerning loss and change and

- The family's religious and cultural perspectives with regard to what happens after death.

Similarly, The National Cancer Institute (2001) expresses the view that helping families cope with the death of a loved one includes showing respect for the family's cultural heritage and encouraging them to honour the dead in a way that is consistent with their beliefs. To this end, showing respect for death in the context of cultural diversity would involve asking questions such as:

- What are the cultural rituals for coping with dying, the deceased person's body, the final arrangements for the body and for honouring death?
- What are the family's beliefs about what happens after death?
- What the family regards to be the normal expression of grief and the acceptance of the loss?
- What the family considers to be the role of each family member in handling the death?
- Are certain types of deaths less acceptable (for example, suicide) or certain types of death especially hard to handle for that culture (for example, the death of a child) (The National Cancer Institute, 2001).

Based on the above questions and the work of Shapiro (1996) it is possible to infer that providing culturally diverse families with the opportunity to clarify cultural rituals or meanings attached to traditional practices, may well be experienced as supportive, caring, understanding and sensitive. However, situations may also arise when cultural values are either jeopardized or absent due to displacement of people or families by social or political problems. For instance, Barrette (1995) refers to African cultural values as being in crisis. In substantiating this idea, reference is made to children that are displaced by various social and family problems and ultimately take up positions as street children. In the absence of being integrated into a family or community, street children lack the support base from which cultural values are transmitted. From this point of view, street children become a subculture on their own and may fail to integrate or appreciate the richness of traditional African culture (Barrette, 1995). Having said this, it is also important to recognise that when confronted with death albeit much later in life, these children may not know how to

conduct themselves in the absence of supporting cultural bereavement rituals and values.

In a different context, Davis (2000) describes the loss of culture in South-East Asian refugee women in terms of cultural bereavement. Eisenbruch (1991, p. 674) defines cultural bereavement as “the experience of the uprooted person, resulting from the loss of social structures, cultural values and self identity....The person...suffers feelings of guilt over abandoning culture and homeland, feels pain if memories of the past begin to fade but finds constant images of the past intruding into daily life...It is not of itself a disease but an understandable response to the catastrophic loss of social structure and culture”. The view expressed is that literature has traditionally focused on the diagnosis of posttraumatic stress disorder secondary to the loss of home, the loss of community and the loss of family members due to death in refugees from wars in Vietnam. However, little attention was given to the loss of ethnic identity and loss of accustomed cultural environment. By attending to mental health disorders the cultural bereavement of women exposed to involuntary leave taking from their countries of origin was overlooked.

3.5.2.5 CONSTRAINTS OF CULTURE ON BEREAVEMENT AND GRIEF

Cultural prescriptions may not always serve the best interest of the bereaved. As stated earlier (3.2.4), more than a decade ago Rosenblatt (1988) observed that cultures might have expectations of either prolonged grieving or time limited grieving. In the event of the latter, the bereaved are expected to return to normal long before they may be psychologically ready. In the event of prolonged grieving, expectations may be discordant with common human experience. Similarly, Shapiro (1996) refers to selected oriental cultures where the social status of widows is diminished and remarriage is forbidden. These widows are reportedly also not able to eat meat or dress in a manner that will enhance their attractiveness. Taylor (1995) on the other hand, identified cultures in Uganda that allow widows to remarry and in the process lose all their rights to marital property.

Importance is also attached to adhering to funeral rituals. For instance, Harper (1998) points out that spirit possession occurs at haunted sites as a result of incorrectly performed rituals and funerals. Bopape (1995) too, asserts that in terms of the South

African Bapedi culture, the dead must be buried with due rites of passage. Failing to do so results in the deceased not being granted a space among the faithful departed, thus becoming a wandering spirit. For this ethnic group, witches and witchcraft are realities to be confronted rather than undermined.

Witchcraft is described in terms of the belief that the spirits of living human beings can leave the body in order to sow destruction in physical health, mental health and property of another person. Witches are considered to either operate singly or in guilds and the spirit sent out of the human body may be invisible or operate through a lower creature such as a bird or an animal. While the exact processes whereby witchcraft operates are unclear, it nevertheless remains associated or connected with evil (Bopape, 1995).

Added to the above, Bopape (1995) observed that culturally, Bapedi widows are expected to mourn for at least one year, dress in dark clothes and refrain from conducting themselves in a manner that reflects enjoyment. Failure to adhere to these cultural practices increases the risk of widows being viewed with suspicion of having a hand in the death. This may result in being ostracized by significant family and community support systems.

Mafokane (1998) supports the above ideas by describing the powerful impact that the cultural belief in witchcraft has on the lives of individuals and families, particularly if tension prevails between neighbours or among family members. Specifically, any person identified by a traditional healer as being responsible for or instrumental in the death of a person, was accused of doing so by means of witchcraft. The crux of the matter is that, those individuals accused of causing death by means of witchcraft are at risk of being burnt to death together with their homes and all their possessions (Mafokane, 1998).

O’Gorman (1998) contends that with the medicalization of death, Western society has moved away from the process of death and dying. This has given rise to Western societies cutting traditional rituals and ceremonies short and thereby, denying the bereaved the opportunity to express their grief. Stemming from the truncation of traditional rituals and resultant unexpressed grief are various health problems

including anxiety, depression and physical disease. In contrast, those cultures that adhere to death related rituals and ceremonies are described as more capable of accepting that mortality is an integral part of life, thus optimising their lives and developing a healthy philosophy for life. This conveys the idea that cultural rituals have traditionally served communities and individuals well both in life and in death. Unresolved grief gradually fills the vacant space created by the absence of cultural rituals nurtured by traditional societies (O’Gorman, 1998).

In the South African context, it is possible to place bereavement and grief in the therapeutic or healing framework of traditional healers. For instance, Behr and Allwood (1995) point out that traditional healers are widely consulted by both urban and rural black South Africans from all socio-economic strata. The stance adopted is that traditional healers assume a significant healing role in the vast majority of Black South Africans. Judging from the large numbers of people who consult traditional healers, these authors suggest that this is done because of perceived benefits derived from traditional healers explaining the meaning of problems and addressing questions such as why me, and by whom. It can therefore be inferred that, when Western systems of healing or medicine fail to provide the support needed by bereaved families, traditional healers will provide a useful service or serve a healing purpose.

Put together, the influence of culture on survivors of death has life changing potential. For some bereaved, culture may provide a platform from which personal and family growth is enhanced. This is achieved by adapting to the loss, which may manifest in behaviour such as making meaning of the death and a willingness to confront the future. However, for others culture may have a disconcerting influence. People in cultural transition experience a loss of continuity and the struggle to generate historical ceremonies and rituals that will reinforce ancestral connections. This struggle in turn, compounds the grief process. Cultural bereavement on the other hand, represents an even more complex situation in that losses are all encompassing. From this point of view, the individual not only grieves the loss of a significant person but also the loss of meaning, the loss of a value system and the loss of a way of life. This leaves the person isolated with the most intense emotions of grief and not knowing if adaptation to his/her losses could ever be accomplished. Moreover, with

all the losses embedded in cultural bereavement, posttraumatic stress disorder may well turn out to be a more treatable diagnosis.

Essentially, a culturally sensitive view of grief involves an understanding of the diversity of ritual practices, beliefs and ideologies that occur within different social systems. Each of the traditional customs and rituals are regarded to have their own internal logic (Swartz, 1998) and serve a communicative purpose intended to acknowledge the loss and alleviate emotional distress. The notion of culture bound syndromes (CBS) is not an uncommon one in the South African context (Drennan, 2001; Mkize, 1997, 1998; Ngubane, 1977). Psychiatrists have failed to establish how CBS of Non-Western origin can be classified according to Western criteria (Swartz, 1998). Instead, leaning towards a meaning making approach may have significant potential. The reasoning underlying this approach is that it de-emphasizes the classification of CBS into Western diagnostic categories but construes CBS as ways through which people communicate personal and social meanings. Translated into bereavement terms, it is probably important to understand the meaning that prolonged and intense grief symptoms have in the context of the person's cultural heritage.

3.6 SUMMARY

Bereavement theorists suggest that the bereaved person's recollected or internalised relationship to the deceased comprises an important context in which the meaning about the loss is constructed. Neimeyer (1998) agrees that the construction of meaning is personal and idiosyncratic to each individual in the same way as the experience of loss is unique to each bereaved person. Equally important is the notion that the meaning making process embraces the revision and reformulation of assumptions and beliefs held about the self and the world. It is therefore possible to infer that the resolution of grief is reflected in the bereaved person's efforts to gain an understanding of the death in an intellectual and coherent manner.

Furthermore, religious and cultural beliefs may be mobilized in order to understand and structure the death. More abstractly, in endeavouring to fill the existential vacuum created by the death, the bereaved search for meaning by finding benefit from the loss. As indicated by Davis et al. (1998), those bereaved who initially succeed in

making sense and eventually find benefit from the loss show the greatest adaptive potential.

Various researchers concur that the adaptive potential of finding meaning in the loss is reflected in processes such as personal growth, spiritual development, religious conversion and existential change (Balk, 1999; Batten & Oltjenbruns, 1999; Fry, 1998; Golsworthy & Coyle, 1999; Marrone, 1999). Having said this, Neimeyer (2000) indicates that not all bereaved people endeavour to find meaning in the loss and are content with the way in which they cope with their loss. However, those who fail in their search for meaning to the loss show the greatest post-bereavement deterioration. Essentially, the literature review reveals that contextual influences on the outcome of bereavement and grief are vast, ranging from macro societal, living environment and community contexts through to family and personal contexts. The latter embrace religious and cultural beliefs. While contextual influences were demarcated conceptually, in reality they are interrelated – a thesis that is consistent with the ecosystemic approach. However, it would seem that in certain instances or situations, the influence of one context might assume greater importance over others.

Chapter four provides an exposition of theories of grief.

