

**THE PSYCHOLOGY OF BEREAVEMENT AND MOURNING RITUALS IN A
NORTHERN SOTHO COMMUNITY**

By

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A THESIS

Submitted in fulfilment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

in

PSYCHOLOGY

in the

FACULTY OF HUMANITIES

(School of Social Sciences)

at the

UNIVERSITY OF LIMPOPO

SUPERVISOR: Professor Tholene Sodi

2016

DEDICATION

To Dineo, my gift

And

O'kgethiloe, my chosen son

.... This one is for you....

DECLARATION

I declare that **THE PSYCHOLOGY OF BEREAVEMENT AND MOURNING RITUALS IN A NORTHERN SOTHO COMMUNITY** hereby submitted to the University of Limpopo, for the degree of **Doctor of Philosophy in Psychology** has not previously been submitted by me for a degree at this or any other university; that it is my work in design and in execution, and that all material contained herein has been duly acknowledged..

.....

Surname, Initials (title)

.....

Date

ACKNOWLEDGEMENTS

“I am what I am because of who we all are”- *Ubuntu*

Without the support and encouragement of a great many people, I couldn't have managed to complete this thesis. I wish to extend my gratitude to:

- ❖ My supervisor, Professor Tholene Sodi, for his dedication, patience, and professionalism displayed while supervising this thesis from its infancy to maturity;
- ❖ All the participants, without who, the objectives of this thesis could not have been accomplished;
- ❖ My wife, Dineo for her patience, understanding, encouragement and for having believed in me when I doubted my potential in this venture. And of-course for having had to parent our son, O'kgethiloelone when this thesis took the family time from me;
- ❖ The late Sesi Refilwe Letsoalo†, for her administrative support during the developmental phase of this thesis. ***My her soul rest in peace;***
- ❖ To my parents and siblings (Mahlako, Malesela & Mosima) for their support and understanding when I needed them the most;
- ❖ Dr Ratsikana Johannes Rammala, for his translation services. Your understanding and timely attendance to this thesis got me this far;
- ❖ The Forum of African Psychology family, especially Professor Nhlanhla Mkhize (Khabazela) for all the intellectual debates and discussions that refined this thesis
- ❖ Last but not least, the SAHUDA/NIHSS scholarship for the financial support, without which all the persons I have acknowledged in this thesis, I wouldn't have managed to acknowledge.

-I truly thank you all, for I am what I am because of who we all are-

GLOSSARY AND ABBREVIATIONS

ATR	African Traditional Religion
Badimo	Ancestors. These spiritual entities are believed to be forever omnipresent and continue to play an important role in the family affairs of the traditional Northern Sotho and non-born-again Christian speaking persons.
Basotho	<i>Basotho</i> refers to the Southern and Northern Sotho speaking people of <i>Lesotho</i> and South Africa
Bolebatša	A traditional herb used during ' <i>go ntšha setšhila</i> ' for helping the bereaved to heal from the pain of grief. The herb is also used to help the bereaved to forget painful memories about the deceased (<i>see appendix 5</i>).
Bolokwane	A traditional amulet worn by the first and last born children bereaved of a parent around their neck.
Born-again Christians	In this study 'born-again' Christians refer to Northern Sotho speaking persons who in this study identified themselves as affiliates of Pentecostal Christian churches, excluding the Zion Christian church affiliates.
CG	Complicated Grief
CSG	Complicated Spiritual Grief
Go-hlobošana	A traditional Northern Sotho way of offering support and counselling to the bereaved family by immediate family members and the community at large
Go 'ntšha setšhila'	A traditional bereavement cleansing ceremony that marks the end of the mourning period for the traditional Northern Sotho speaking persons.
IPHC	International Pentecostal Holiness Church
Letswa	A cult performed by the traditional Northern Sotho persons intended to revenge for a death orchestrated by other persons.
Makgoma	A contagious culture bound bereavement illness afflicting the bereaved spouse, parents, and the first and last born children bereaved by a parent.
Modimo	God. The supreme being that is capable of inflicting pain, suffering and death to persons who fail to live a principled life.
Mpoho	A bereavement cleansing ceremony that marks the end of mourning for the Zion Christian Church Northern Sotho speaking persons
Non-born-again Christians	In this study, 'non-born-again' Christians refer to study participants who identified themselves as affiliates of the Catholic, Lutheran and Anglican Christian Churches.

Northern Sotho community	The Northern Sotho community refers to the Northern Sotho speaking persons of South Africa
PCBD	Persitent Complex Bereavement Disorder
SeSotho sa Leboa/Northern Sotho	<i>Sesotho sa Leboa</i> /Northern Sotho, refers to the language spoken by the Northern Sotho people of South Africa
The grief-work	Within the context of this study, the grief-work refers to the various practices employed in various cultural groups intended to ameliorate the pain of bereavement and its associated negative afflictions.
Tokološe	Zombie. A deceased person captured by witches and used for sinister purposes.
Traditional Northern Sotho	For the present study traditional Northern Sotho refers to Northern Sotho speaking persons who in this study identified themselves as affiliates of the African Traditional Religion (ATR).
Ubuntu	An African value system that promotes principles of interdependence, sharing, humility, connectedness, altruism and respect for God, ancestors and living in harmony with all the living and non-living objects in the community (Shumba, 2011).
ZCC	Zion Christian Church
Zion Christian Church (ZCC) members	In this study ZCC refers to study participants who identified themselves as affiliates of the ZCC

ABSTRACT

The Euro-American bereavement literature has greatly contributed towards the management of the bereaved over centuries by psychologists. However, much of the literature lacks inclusion of non-westerners' bereavement and grief experiences. In light of this historical weakness, the aim of the present study was to explore bereavement and mourning in the Northern Sotho community with a view to identifying and documenting the psychological themes embedded in this culturally constructed experience. A total of fourteen participants (male = 7; females = 7; aged between 35 and 85) were selected using the snowball sampling method. The data were collected using in-depth semi-structured interviews. Hycner's adapted phenomenological explication method was used to analyse the data.

The four major themes that emerged during data-explicitation were; a). The influence of belief systems on the conception of death; b). The experience and expression of the pain of grief; c). Diverse bereavement rituals and cultural practices that are performed to heal the bereaved, and; d). Various mechanisms that are put in place to quarantine the bereaved from spreading death contaminations. The study findings suggest that the conceptualisation, experience, and expression of bereavement is profoundly influenced by an interplay of a plethora of factors that include people's varying worldviews, cultural practices, and now, the emerging new-global culture. Based on the findings of the study, a culturally informed bereavement conceptual model was developed. The model proposes that a clinician should be guided by four domains when providing grief counselling. The first domain involves the clinician looking into the client's belief system and how this influences the client's grieving process. The second domain entails analysis of the nature and circumstances surrounding death. In the third domain, the clinician will need to examine the influence of various psychological, physical and socioeconomic factors on the client's grief. And lastly, the clinician will need to determine the intensity and duration of the grief experience. It is envisaged that this model could help in the provision of person-centred grief counselling services within a multicultural context. The study further elaborates on the lessons the field of psychology could learn from the study findings. The findings are also discussed in the context of the emerging field of African psychology.

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CHAPTER 1

INTRODUCTION

This chapter will introduce the present study. In the first part, the background to the study will be presented. The research problem will be outlined in the second part while the contextual challenges that gave rise to the present study will be highlighted. In the third part of the chapter, the purpose of the study is presented. The last part of the chapter provides an outline of the organisation of this thesis.

1.1 Background to the study

Death is a universal human experience met with dread by most people, especially the dying person, close family members and relatives, friends and acquaintances. Medically, death-*the absolute cessation of vital functions*- might be sudden, while in other instances, it might be a gradual process called dying-*the process of losing all vital functions*- (Sadock & Sadock, 2011). Death is inflicted by many factors. In 2010, global morbidity and mortality health statistics revealed that the leading causes of child mortality were undernutrition, diarrhoea, pneumonia and malaria. While within the adult population, the leading causes were medical conditions such as Tuberculosis, HIV/AIDS, Non-communicable-diseases and traumatic injuries (World Health Organization [WHO], 2010). In South Africa, medical conditions (that is respiratory tuberculosis, HIV/AIDS, cerebrovascular disease, asthma), injuries to undetermined intent, road injuries, mechanical forces/firearm and interpersonal violence without the use of a firearm were some of the leading causes of death in 2007 (Bradshaw et al., 2010).

The South African population is estimated to be about 54 million people with approximately 10% of this figure estimated to be HIV positive (Statistics South Africa [StatsSA], 2014). In 2014 alone, the total number of people living with HIV was estimated to be approximately 5.51 million, while 16% of the adult population aged 15-49 years were HIV positive (StatsSA, 2014). However, from 2005 to 2014 the number of HIV/AIDS related deaths have declined due to the increase in the roll-out

of Anti-Retroviral Therapy (ART) (StatsSA, 2014). On the contrary, the high prevalence rate of HIV and other factors (such as motor vehicle accidents, and other general medical conditions) that could inflict death, increase the likelihood that most people's lives will be shortlived, while their bereaved families are likely to suffer from anticipatory and post-bereavement grief.

Being bereaved is associated with increased health risk and multiple health related outcomes (Buckley et al., 2012). For instance the experience of bereavement is associated with somatic health complaints, such as sleep disturbances, fatigue, loss of appetite (Utz, Caserta, & Lund, 2011), uncontrollable blood pressure, neuroendocrine activation and immune imbalances (Buckly et al., 2012). Seemingly, the experience of bereavement increases the risk of experiencing major depressive disorder and complicated grief (Utz et al., 2011). While experiencing a traumatic death (that is, through suicide, or homicide), makes the bereaved also vulnerable to having thoughts of suicide and at a higher risk of experiencing complicated grief (Higson-Smith, 2014; Lobb et al., 2010). Children bereaved of a parent, especially those at the secondary level are more likely to exhibit behavioural, emotional and social problems, as a result of struggling to handle death in an effective way (Beckman & Coyne, 2012). Those under the age of five are at an increased rate of mortality following the death of a mother. This is because children at that age are more vulnerable and in need of greater care, nutrition and protection (Atrash, 2011).

When grief and trauma symptoms disrupt normal functioning and persist over time, referral for professional help is appropriate (Dowdney, 2005). In light of the negative outcomes associated with bereavement, several researchers and scholars advocate for greater care and management of bereavement (Breen & O'Connor, 2007; Dowdney, 2005; Nwoye, 2005). Provision of the necessary professional services and programmes are, amongst others, services mediating the impact of bereavement in both the adult (Shear, Ghesquiere & Glickman, 2013; Slomski, 2014), and child population (Akerman & Statham, 2014). Treatment options may include pharmacotherapy, support groups or counselling, mental health referrals, and possible involuntary psychiatric facility admissions (Forte, Hill, Pazder & Feudtner, 2004; Todd & Baker, 1998).

However, effective bereavement care services are relative to context, since the experience, expression and healing from bereavement is heavily influenced by belief systems and cultural prescriptions (Breen & O'Connor, 2007; Eyetsemitan, 2002; Laurie & Neimeyer, 2008; Makatu, Wagner, Ruane, & van Schalkwyk, 2008; Olasinde, 2012; Rosenblatt & Wallace, 2005; Setsiba, 2012;). What this implies is that, what is deemed necessary and effective when dealing with the aftermath of death in one cultural context may not necessarily be applicable when employed in an unfamiliar cultural context (Breen & O'Connor, 2007; Hall, 2014). Hall (2014, p. 12) rightly states that “no one-size-fits-all model or approach to grief is justifiable”, because grief experience is a highly individualised experience. It is in this context that grief counselling and services should be patient tailored or individualised (Hall, 2014; Todd & Baker, 1998), by considering the impact of religious and cultural beliefs for appropriate therapeutic goals and practice (Dowdney, 2005; Gamliel, 2007).

Breen and O'Connor (2007) extend the discussion by highlighting that there is a need for greater sensitivity to and recognition of the experiences and needs of the bereaved in order to provide appropriate and effective supports and services. To this effect, Breen and O'Connor suggest that contextually relevant grief education should be provided to all those involved in service provision to the bereaved, including funeral directors, religious and spiritual leaders, general practitioners, psychologists,

psychiatrists, counsellors and nurses, the wider community, and the bereaved themselves. Given this background, a need for contextually relevant bereavement and grief literature appears to be imperative and necessary for all service providers to acquire. This is one step towards rendering grief counselling services that are culturally sensitive and cost-effective. Equally, it is an imperative towards the proper care and management of bereavement and grief, so as to relief acute suffering and the potential long term consequences of bereavement.

1.2 Research problem

South Africa (S.A.) is home to diverse racial and ethnic groups with varied beliefs, traditions, and cultural practices. The Archbishop Emeritus Desmond Tutu dubbed the country the rainbow-nation to capture the South African people's diversity and multiculturalism (South African Tourism, 2015). Ideally, psychological services availed to the multicultural South African community should be context relevant and responsive. However, this imperative is yet to be realised. In (South) Africa, since the advent of colonialism, apartheid and now democracy, the field of psychology (at levels of research, training and clinical practice) has largely been informed by Euro-American worldviews and cultural practices which inform conceptual and intervention frameworks (Cooper & Nicholas, 2012; Dawes, 1998; Kagee & Price, 1994; Naidoo, 1996; Nwoye, 2013; Mkhize, 2004; Stevens & Mohamed, 2001; Viljoen, 2003). Inherent in the Euro-American frameworks when applied in the (South) African context are multiple conceptual, intervention and research methods related challenges (Bhugra & Becker, 2005; MacLeod, 2004; Nevhutalo, Mudhovozi & Ramarumo, 2014). For instance, Sodi and Bujuwoye (2011) argue that western-oriented health care models have limited success, especially, when applied to the health conditions of people of non-Western cultures.

The very same challenges and weaknesses have been observed when it comes to the conceptualisation and management of bereavement cases in the (South) African context (Bakker, Eskell-Blokland, & Ruane, 2007; Baloyi & Makobe-Rabothata, 2014; Nwoye, 2005). Bereavement scholars and researchers have established

through empirical studies that most of western bereavement theories and grief interventions are not applicable and take on a different shape when applied to various (South) African cultural groups (Baloyi & Makobe-Rabothata, 2014; Eyetsemitan, 2002; Kgatla, 2014; Makatu, et al., 2008; Manela, 2015; Müller, 2015; Ngubane, 2004; Nwoye, 2000; Ogbuagu, 2012; Letsosa & Semanya, 2011; Tshoba, 2014; Semanya, 2010; Setsiba, 2012; Wepener & Müller, 2013). The general consensus emerging from these bereavement scholars and researchers is that bereavement is conceptualised in line with the traditional African belief system, foreign religions such as Christianity and in some cases the interplay of the two worldviews could be observed. When it comes to healing from grief, most black (South) Africans depend on indigenous healing systems (such as performing various bereavement rituals) and the services availed by their various Christian churches (such as prayers and counselling offered by the priests) (Brown, 1980; Cox, 1995; Kgatla, 2014; Idialu, 2012; Letsosa & Semanya, 2011; Müller, 2015; Togarasei & Chitando, 2005; Wepener & Müller, 2013). In hindsight, the general black South African population is very sceptical of the psychology profession, while psychology practitioners (both white & black) are perceived as ill-equipped (due to lack of local people's cultural beliefs and practices) to service their communities (Ruane, 2010). Ruane adds that the black communities perceive psychology as for white people, while the field is said to be dominated by "old white man" who are racist, unsympathetic, uncaring and unavailable to their communities. Consequently, the black South African population underutilise psychological services (Ruane, 2010).

The present study in particular was motivated by the difficulties the researcher met in therapy with bereaved black African patients seen in hospitals and clinics in the Limpopo Province of South Africa. Bereavement conceptual frameworks that informed practice were inapplicable, ineffective and unresponsive to some of the cases that the researcher came across in his professional work. Common cases unresponsive to treatment were mostly those in which the patient's narratives were deeply rooted in local cultural beliefs and practices. Hence, Baloyi & Makobe-Rabothata (2014) emphasise that both the African and Euro-American worldviews have a different understanding, meaning and significance they attach to death. It is within this context that a prominent bereavement scholar, Parkes (2003. p.1) pointed

out that “much of the bereavement literature during the first three quarters of the twentieth century was written from the point of view of western psychiatrists”. Though this literature has presented a reasonably consistent view on bereavement, Parkes is of the view that this is a limited and Eurocentric perspective. Parkes herein refers to the orthodox bereavement models (such as those of Freud, Bowlby, Kubler-Ross etc.), which focus on the intra-psychic factors and the withdrawal of the libidinal energy or affection from the deceased in order to regain mastery over grief (Hall, 2014, Nwoye, 2005), while overlooking cultural practices and resources that the society avails to the bereaved (Dillenburger & Keenan, 2005; Breen & O’Connor, 2007; Eyetsemitan, 2002).

However, in recent years, some strides have been made with new models (such as Klass, Silverman and Nickman’s continuing bereavement model) emerging that acknowledge the role that belief systems and cultural practices contribute towards post-bereavement adjustment. Unfortunately, most of these models and studies are formulated by researchers outside the (South) African context, while locally, few psychologists are interested in researching local cultural ways of knowing and healing (Bakker, Eskell-Blokland & Ruane, 2007). In fact, most studies on (South) African bereavement and cultural practices the researcher came into contact with are documented by theologians, anthropologists and other social practitioners (i.e., Aborampah, 1999; Baloyi, 2014; Brown, 1980; Cox, 1995; Idialu, 2012; Kgatla, 2014; Letsosa & Semanya, 2011; Manala, 2015; Molapata, 2005; Müller, 2015; Ngubane, 2004; Niehaus, 2010; Olasinde, 2012; Semanya, 2010; Togarasei & Chitando, 2005; Wepener & Müller, 2013) rather than psychologists. When these studies are compared to Euro-American studies on bereavement, both the (South) African socio-religious and psychological studies combined appear to be a fraction of the documented Euro-American studies.

The lack of relevant bereavement literature in the South African context, therefore, signals a problem, especially when revisiting the suggestions put forth by a number of researchers that for better care and management of bereavement, service providers should acquire contextually relevant bereavement and grief education (Breen & O'Connor, 2007; Hall, 2014; Dowdney, 2005; Gamliel; 2007). Among other challenges, is the continued over-reliance by psychologists on Euro-American bereavement frameworks, irrespective of their associated weaknesses and challenges. In the same vein, psychologists continue to overlook local people's cultural beliefs and practices that equally facilitate healing. Consequently, such an attitude is associated with lack of cultural sensitivity, cultural incompetence, and clinical malpractice. In view of the lack of culturally informed bereavement models and the multiple challenges identified in the field of psychology, there is a greater need to develop and introduce relevant models that will inform clinical practice. This study is one such an attempt. The study sought to explore and document bereavement and mourning rituals in a Northern Sotho community and to add a culturally informed dimension to these experiences and practices. This study proposes an integrated bereavement conceptual model that recognises the influence of people's belief systems and cultural practices that facilitate post-bereavement adjustment.

1.3 Purpose of the study

1.3.1 Aim of the study

The aim of the study was to explore bereavement and mourning in a Northern Sotho community with a view to identifying and documenting the psychological themes embedded in this culturally constructed experience.

1.3.2 Objectives of the study

The objectives of this study were:

- To describe the experiences of bereavement and the associated grief reactions following the loss of loved ones;
- To investigate the mourning rituals that are performed by individuals and their families following the death of their loved ones;
- To identify and document the psychological themes which are embedded in the mourning rituals in a Northern Sotho community.

1.3.3 Research questions

Specifically, the present study sought to address the following research questions:

- What kinds of bereavement and the associated grief reactions do individuals and families in a Northern Sotho go through following the loss of loved ones?
- What types of mourning rituals are performed by individuals and families in this African community following the death of their loved ones?
- What are the psychological themes that are embedded in the mourning rituals in a Northern Sotho community?

1.4 Outline of the thesis

This thesis comprises of seven chapters. The present chapter outlined the background, the research problem, the aim and objectives of the present study. In chapter two, the bereavement literature pertaining to bereavement, grief and bereavement rituals is outlined. The African worldview as it relates to death, dying and the afterlife is also highlighted. Chapter 3 pays attention to the psychological models informing the grief-work, followed by a discussion of the theoretical framework of the study. In the fourth chapter, the study methodology that was followed is presented. Aspects such as the selected research paradigm, study design, data-analysis strategy employed, ethical considerations and quality criteria form the core of chapter four. The study findings are presented in chapter five. The

first part of chapter five provides the demographic information of the participants, whilst the second part of the chapter gives narrative summaries for each participant. In the last part of this chapter, the major and unique themes that emerged during data explicitation are presented. The findings of the study are discussed in relation to the reviewed literature and other sources of information in chapter six. The proposed conceptual model of bereavement that is informed by the study findings is also presented in this chapter. The last chapter (that is, chapter seven) concludes the study by presenting the study summary, the implications of the study, the study limitations, and recommendations for future research, training and clinical practice.

CHAPTER 2

LITERATURE REVIEW

This review start by introducing the African-worldview, since it directly informs most of the African people's conception of death, dying and the afterlife. The second part of the review will provide an overview of competing arguments about death, dying and the afterlife. Subsequently, the psychological literature on bereavement, grief and mourning will be discussed. Also included in this review is the discussion of rites of passage, bereavement rituals and their psychosocial significance. Lastly, contemporary bereavement issues will be covered.

2.1 The African worldview (cosmology)

For the purpose of this study, special attention to the African worldview is warranted, because this worldview directly affects and influences how most Africans describe, experience, and deal with death amongst other life experiences (Baloyi & Makobe-Rabothata, 2014; Ekeke, 2011). Mkhize (2004) has pointed out that a worldview refers to a set of basic assumptions that a group of people develops in order to explain reality and their place and purpose in the world. It is viewed by Okon (2013, p. 5) as "the sum total of people's opinion concerning life, happiness, purpose of life, death and afterlife"; embedded within it are fundamental commonalities of a given culture such as folkways, mores, language, human productions and social structure. It is the philosophy that deals with how Africans see the world around them (Ekeke, 2011). The African worldview, therefore, refers to the way in which Africans perceive their world, which in turn, influences their cultural ways of knowing and doing (Baloyi & Makobe-Rabothata, 2014).

2.1.1 Ontological assumptions of the African worldview

The African worldview recognises three indivisible cosmic worlds (the macro-, meso- & micro-) that can be theoretically distinguished, and that these cosmic orders have a profound impact on most African people's psyche (Sow, 1980). Traditionally, Africans believe that all beings and things in the universe are connected ontologically to one another and are hierarchically organised (Mkhize, 2008). This means that African people are aware that their 'being' is influenced by the omnipotent Supreme Being (God) - occupying the top level of the pyramid, and then at different levels, the living dead (ancestors) as intermediaries, then human beings and the rest of creation (Mkhize, 2008). It is in this context that Ekeke (2011) mentions that although a Supreme Being is above the living, lesser gods, spirits, and ancestors, He walks besides the living and guide them in the direction they must go. What connects and influences the relationship between the Supreme Being, lesser gods, spirits, and ancestors is what Mkhize (2004) describes as the amount of life force (energy, power or spirit) possessed by each object or organism. Inanimate objects and plants, which are at the bottom level of the pyramid, possess little life force when compared to animals. In the intermediate world are human beings who have much greater life force and can directly or indirectly communicate with ancestors (who possesses the greatest of the spirit & can communicate directly with God). At the top of the pyramid is God, the source of all life (Mkhize, 2004). These cosmological realms are, therefore, intertwined and exert a potent influence on African's self-concept, cultural-identity, family functioning, social functioning, health and otherwise (Khatib, McGee, Nobles & Akbar, 1979).

One of the most important elements overarching all the cosmos is harmony as suggested by Mkhize (2008). The idea of *Ubuntu* (the process of becoming an ethical human being) emerges at this juncture within the African worldview. That is, through a harmonious system or *ubuntu*, balance or the orderedness of being is affirmed in most African communities (Karenga, 2003).

2.1.2 The conception of death, dying and the afterlife

From an African point of view if people are to live a happy, productive and healthy life, harmony is encouraged and maintained between all the systems on the cosmos (Baloyi & Makobe-Rabothata, 2014). Harmony is promoted through one living a community life that promotes “*ubuntu*”; an ethical framework that stresses “collectivity and collective agency that is relevant for behaviour management and character formation that may contribute to sustainable lifestyles” (Shumba, 2011, p. 84). *Ubuntu* is, therefore, an African axiological system that promotes principles of interdependence, empathy, sharing, humility, connectedness, altruism and respect for God, ancestors and living in harmony with all the living and non-living objects in the community (Shumba, 2011; Mkhize, 2004).

People’s ill-health and community misfortunes, such as untimely deaths, sicknesses, or famine, often reflect disharmony between people and their cosmos due to failure to adhere to *ubuntu* principles (Mkhize, 2008). In most cases such misfortunes are perceived as inflicted by sinister forces, God, or angry ancestors. It is in this light that Schmidt (2006) suggests that ancestors are always present, whether it is for good or for bad. In essence, they bless and protect, while equally capable of punishing violators of moral principles to remind them of their duties. However, this kind of intervention is considered to be for good intentions in the context of African culture, because it has an educational purpose (Schmidt, 2006). On the other hand, within African communities, witchcraft or sinister forces are regarded by most as a reality (Niehaus, 2010), and as a result, they always exist as a viable cause of misfortune, illness or even death (Letsosa & Semanya, 2011; Petrus & Bogopa, 2007). Witches are described as deprived kin and neighbours, who are capable of perpetrating revenge by mystical means, such as poisons, potions that cause suicide and motor vehicle accidents and familiars such as the snakelike *mamlambo* and apelike creatures like *tokološi* (zombie) (Niehaus, 2010).

Ancestors in the context of African culture need to be appeased if they are to continue with their good work of preventing mishaps, protecting and communicating with God on behalf of their living relatives (Opuku, 1978). This is why, upon death of a family member, the bereaved family is expected to perform special bereavement rituals so as to show respect for the deceased (Baloyi & Makobe-Rabothata, 2014; Kgatla, 2014), and also to assist the recently deceased ancestor in transcending into the ancestral spiritual realm (Mkhize, 2004). Hence, death is interpreted as a rite of passage from the physical world into the spiritual or ancestral world (Schmidt, 2006; Opuku, 1978). Should the special bereavement rituals not be properly undertaken or totally not performed, it is feared that the deceased's spirit will be trapped in the intermediate world as a wandering spirit (Mkhize, 2008), and such a spirit (especially, those of people who lived a bad life or died from suicide) is feared and troublesome (Cox, 1995; Schmidt, 2006). Ancestors, especially the living-dead (ancestors who died recently) are understood to visit the community in the form of dreams and visions and give specific instruction, warnings or information (Opuku, 1978; Schmidt, 2006).

Performing the special bereavement rituals (whether after being ordered or not) for the deceased also reassures the bereaved family that they will continue being protected from sinister forces or misfortunes, because they would have managed to appease and transcend one of their own into the ancestral spiritual community (Bae & van der Merwe, 2008; Cox, 1995). This is to suggest that, the bereaved family knows that if their ancestors are appeased through rituals amongst others, they will negotiate with God on their behalf, while on the other hand protecting them from sinister forces or evil spells that can inflict pain, or even death (Kgatla, 2014). The living themselves wish that when death takes them away from the community they should be in a good moral standing, since there is a belief that upon death, the deceased will either be integrated within the ancestorhood or be trapped within the intermediate world as a wandering spirit (Mkhize, 2008). Seemingly, the status of an ancestor is not accorded to every deceased person, but only to people who lived a life that was *pro-ubuntu* during their tenancy on earth (Mkhize, 2008; Schmidt, 2006).

The African worldview and the indigenous people's psychologies are entrenched within the metaphysical philosophical domain (Mkhize, 2004). However, it is important to bear in mind that this philosophical orientation is not absolute if one considers the acculturation of African peoples and their adoption of other foreign worldviews, such as Christianity. Such a consideration is important, because the presence of the other worldviews equally continues to influence Africans' conception of reality. For instance, when problems arise, many African Christians secretly consult diviners or make sacrifices to their ancestors because their Christian doctrines condemn such practices (Schmidt, 2006). This is also supported by Kotzé, Els and Rajuili-Masilo (2012) who pointed out that mourning customs involving women have been shaped by discursive traditional practices, as well as sociopolitical developments in apartheid and post-apartheid South Africa.

2.2 Competing arguments and perspectives about death, dying and the afterlife

As reflected in the previous section, death is always placed within a perspective, be it philosophical or religious (Eyetsemitan, 2002). Peach (2000) is of the view that the death debate is centred on the meaning various people attach to death itself, with one position being that existence continues beyond death and the other being that existence ceases with death. The notion of the social meaning of death relates to various definitions that members of a society attach to the nature of death, the origin of death as a cultural concept, and the survivors' prior experiences (Aborampah, 1999). From a sociological perspective, Hertz (as cited in De-Coppet, 1981) views death not as an instantaneous destruction of an individual's life, but a social event, and a starting point of a ceremonial process whereby the dead person becomes an ancestor. He further explains death as some form of a rebirth and an initiation into a social afterlife. To say that there is an afterlife (of any kind) is to say that biological death is not the permanent end of a human being's existence (Baker, 2005). From a philosophical point of view, Plato held that a person is an immaterial soul, temporarily imprisoned by the body. Therefore, death is seen as a process to liberate the soul from the prison of the body (Baker, 2005, p. 367). A similar sentiment is

expressed by Baloyi and Makobe-Rabothata (2014) who suggested that in the African worldview, death is a natural transition from the visible to the invisible spiritual ontology where the spirit, the essence of the person, is not destroyed but moves to live in the spiritual realm of the ancestors. This African view of death has been elaborated in great details in the previous section.

The belief in ancestors is also common among the Koreans, Chinese, Hindus and Japanese and they believe that the deceased person will be reincarnated after death (Park, 2010; Gielen, 2006; Hsu, O'Connor & Lee, 2009). Central to the notion of reincarnation is the belief that after death, one is born over and over (Baker, 2005). The spirit of such a person who is born over and over remains on earth and will have some influence on their family lineage's wealth, health, success and/or misfortune (Hsu, O'Connor & Lee, 2009). For instance, Hsu et al. (2009) suggested that the Chinese traditional practice of ancestor worship fosters the concept of a continuing bond with the deceased and with life after death, which in turn influences the life of survivors and descendants. Among the Roman *Sinti* people, the deceased's spirit is not feared. Instead, it is welcomed and considered as a special affection (Heinschink & Teichmann, 2002). In contrast, the negative influence of the spirit is feared among the Roman *Kalderaš* and as a result incantation and rituals are used in order to protect those living from the threat of the spirit (Heinschink & Teichmann, 2002).

Failure to follow customary practices in times of death for the Batswana and most African people may lead to the following consequences: a). For the deceased, the spirit will fail to transcend into the ancestorhood and; b). For the bereaved, they continue to experience fear of death and the supernatural characteristics of death (Appel & Papaikonomou, 2013; Mkhize, 2008). An influential relationship, therefore, continues to exist between the living and the dead. Hence, failure to undertake expected customary practices post the death of a loved one evokes fear of death and the supernatural characteristics of death as noted by Appel and Papaikonomou. In line with this thinking, Bae and Van der Merwe (2008) observed that there is an intimate and interdependent association between the living and the dead in many Korean, Japanese, Chinese and African cultures.

From the Christian perspective, death is understood as a form of transition to a higher glorious place called heaven, where one is joined with other believers, including loved ones who had departed much earlier (Eyetsemitan, 2002). In order to transcend into the spiritual world, a Christian has to accept God's son, Jesus Christ as one's Saviour and redeemer. In this religion, there are two specific forms of existence after death, namely the peaceful existence in heaven or suffering in hell (Peach, 2008; Appel & Papaikonomou, 2013). For Christians, God is the only one who gives and takes away life. It is He who blesses or punishes the immoral, while the existence of ancestral spirits or their worshipping is condemned among Christians (Schmidt, 2006; Bae & van der Merwe, 2008). It is apparent that from a biological perspective death marks the end of a human being's existence, while from a social, religious and philosophical perspectives there are various meanings attached to one's existence in their 'afterlife' or after their physical death.

According to Baloyi and Makobe-Rabothata (2013) the meaning that the family attaches to death of their loved will dictate how they go about treating and dealing with death. For instance, a comparative study among three South African cultures (Tswana, Islamic-Muslim & Afrikaans cultures) found that within the Islamic-Muslims culture, one does not question the death of a loved one, since it is regarded as "disrespectful" to question Allah because death is Allah's will. On the other hand, although the *Batswana* people do accept death as part of life, they tend to perceive it as "a tainted darkness" that could engulf and defile the survivors if they were not careful to perform certain acts and rituals (Appel & Papaikonomou, 2013). In the Afrikaner culture the belief in the after-life is prevalent, though the complexities of the afterlife and one's own fate are not as certain as with the other two cases. This is partly due to flexible and flimsy belief system regarding the Afrikaner's religion as compared to the case of the *Batswana* and Muslims cultures.

In most African communities, the bereaved meet death by firstly consulting with a traditional healer/diviner (Cox, 1995; Letsosa & Semanya, 2011), known as *n'anga* (in Shona), *isangoma* (in Zulu) or *ngaka* (in *SeSotho*). These consultations are seen as a process through which the traditional healer will establish the cause/s of death and therefore advice the family about how the death should be treated (Makatu, et

al., 2008). In the African belief system, traditional healers do not only diagnose and treat illnesses, but are also believed to have the powers to reveal the biopsychosocial basis of a patient's illness and life-problems (Truter, 2007; Pretorius, 1999). Traditional healing itself centres on God, ancestors, nature and a person's connection to these spiritual forces in a deep and profound manner. It is in this regard that Letsosa and Semanya (2011), have suggested that a traditional healer plays an important role during the death of a family member among the *Basotho* people.

2.3 Bereavement, grief and mourning in adults

Once bereavement strikes, every family responds to the loss through grief and various mourning practices. Several scholars agree that there is an overlap in the definition and usage of bereavement, grief and mourning among clinicians and researchers (Madison, 2005; Stroebe, Hansson, Stroebe & Schut, 2001; Rando, 1993; Cowles & Rodgers, 1991; Zisook & Shear, 2009). Zisook and Shear (2009) state that bereavement is commonly used to refer to the fact of the loss, while grief is the state experienced post being bereaved or the psychological component of being bereaved of a significant other. For Hall (2014), "grief is defined as the response to the loss in all of its totality-including its physical, emotional, cognitive, behavioural and spiritual manifestations- and as a natural and normal reaction to loss" (p. 7). Hall's definition represent a shift in thinking about grief, because his definition is all encompassing or it recognises that grief cannot only be limited to the bio-psycho expression of bereavement, but also the spiritual reactions. Mourning is described as the process through which grief is expressed and is often prescribed by a particular culture's tradition (Madison, 2005; Cowles & Rodgers, 1991). Kaplan and Saddock's (2003) explain that in the strictest sense mourning is the process by which grief is resolved. It is the societal expression of post-bereavement behaviours and practices. Therefore, grief and mourning provide relief and enable readjustment and reintegration to the normal functioning self (Kaplan and Saddock, 2003).

Earliest bereavement researchers noted that acute grief symptoms are diverse and can be manifested both psychologically and somatically (Lindemann, 1944; Worden, 1991). Unfortunately, in the past, the bereavement literature conceived bereavement as similar in shape and form amongst all living societies, and also that the healing process followed the same pattern (Laurie & Neimeyer, 2008; Eytsemitan, 2002). Modern grief specialists acknowledge that the grief experience is very much affected and influenced by an interplay of myriad variables (Breen & O'Connor, 2007; Gire, 2014), which affect the duration of its experience, the intensity of its experience, and the ways in which it is manifested (Howarth, 2011; Zisook & Shear, 2009).

In the same vein, although the grief reactions are conceived to be universally identical among the bereaved (Lindemann, 1944; Dominick et al., 2009), the manner in which grief is experienced and expressed can vary widely across cultures (Gire, 2014). Despite grief's varied features and patterns, there are five broad domains of grief reactions, namely; a). Emotional (such as, shock, sadness, anger, guilt and anxiety); b). Cognitive (such as being preoccupied, ruminating, and fantasising about the deceased, disbelief and hallucinations); c). Physical (such as somatic complaints, and a lowered immune function); d). Behavioural (such as crying, agitated, withdrawn, searching, avoidance, sleep disturbance and eating difficulties); and lastly; e). Existential (disruption to life's certainties and questioning of core beliefs) symptoms (Love, 2007; Gire, 2014).

Breen and O'Connor (2007) in their detailed literature review reveal that several scholars argue that determinants that mitigate and obfuscate the experience of grief are related to numerous factors. The following factors have been cited; a). The circumstances of the death, such as whether or not the death was anticipated, violent, able to be preventable, or followed a lengthy illness; b). The relationship to the deceased, with closer relationships between the deceased and the bereaved usually yielding a potentially more distressing grief experience; c). The characteristics of the bereaved individual, including one's age, cognitive style, coping strategies, gender, spirituality/religiosity, previous life history, and concurrent crises; d). The availability, type, and extent of interpersonal support received by the

bereaved, and whether or not the support is perceived as helpful by the bereaved; e). An assortment of sociocultural factors that include the presence and perceived relevance of mourning rituals, customs, and traditions; f). The impact of the rise of the professional roles related to death and grief (for instance morticians, counsellors); g). Attitudes toward death and dying (Kellehear, 2002; Rando, 1993), and; h). Whether or not the loss is demoralized (Fowlkes, 1990) or “disenfranchised (Doka, 2002). A similar argument is raised by Worden (2008), by suggesting that when working with the bereaved using the task based bereavement model, clinicians ought to recognise the influence of several factors (such as how the person died, personality variables, how the deceased died) on the bereaved’s grief experiences.

An interplay of the factors highlighted above influences the trajectory of grief (Breen & O’Connor, 2007), while on the other hand the definition of grief as normal or abnormal will only make sense when viewed within the cultural framework of the people being evaluated (Gire, 2014). For example, Wikan (as cited in Gire, 2014) remarks that due to cultural factors, an Egyptian mother deeply grieving for a child over a period of seven years may not be perceived as behaving inappropriately when judged by the standards of her own culture. Another example is that of the bereaved Baganda people of Uganda who are reported to observe an inward expression of grief following suicidal death, rather than an outward or public expression of emotions. Symbolically, this communicates the traditional law that aims at communicating the disapproval of an act considered abominable to culture and tradition (Mugisha, Hjelmeland, Kinyanda, & Knizek, 2011). In both the Egyptian and Ugandan instances, by applying the standard definitions of normal and abnormal grief as applied in the Western cultures, will lead to these cases being viewed as abnormal or as complicated grief.

In some bereaved individuals with “pre-existing vulnerabilities, the intense pain and distress of grief may fester, can go on interminably (as “complicated grief”) and the loss may provoke psychiatric complications, such as major depression” (Zisook & Shear, 2009, p. 67). Major depressive disorder and several anxiety disorders are considerably elevated in widowed individuals, especially during the first year

following the loss of a spouse (Onrust & Cuijpers, 2006). On the one hand the death of a family member through suicide is shocking, traumatic and detrimental, while it has severe and prolonged effects for the bereaved family (Zhang, Tong & Zhou, 2005). In addition, the experience of death of an adult sibling through suicide also increases both women and men's suicide risk (Rostila, Saarela, Kawachi, 2013). In some instances, relatives exposed to suicide, accidents or violent deaths—which are often sudden and unanticipated—might be at a greater risk of developing complicated grief, and post-traumatic stress symptoms (Rostila et al., 2013; Dyregrov, Nordanger, & Dyregrov, 2003). However, Hall (2014) argues that recent research evidence has failed to support popular notions that grieving is necessarily associated with depression, anxiety and PTSD or that a complex process of 'working through' or engagement with 'grief work' is critical to recovery.

Murphy et al. (1999) found that violent deaths have sustained and distressing consequences for parents of children who die as a result of accidents, homicides, and suicide. Rogers, Floyd, Seltzer, Greenberg and Hong (2008) found that even more than fifteen years after the loss of a loved one, the bereaved parents experience more depressive symptoms, poorer well-being, and more health problems and are more likely to experience a depressive episode and marital disruption. When it comes to healing, for example, circumstances surrounding the death of a child such as whether the parent was present at the death or choice of cremation/burial are related to adjustment over time (Wijngaards-de Meij, Dijkstra, Schut, Stroebe, van den Bout, van der Heijden & Stroebe, 2008). All these studies support the notion that various factors shape the trajectory of grief and healing over time (Gire, 2014; Breen & O'Connor, 2007).

Bereavement is still associated and explained in terms of the negative psychological consequences by the 20th century behavioural scientists (Zech & Stroebe, 2010). Calhoun, Cann and Tedeschi (2010) argue for a need to pay more attention to positive changes such as personal or 'post-traumatic' growth that occur during bereavement for many bereaved individuals. These scholars purport that the loss of a significant other can challenge the individual's assumptive world; the struggle with

negative responses can also lead to positive changes in self-perception, in relationships with other persons, in new possibilities, in appreciation of life, and in the existential meaning making. From the above literature, it is evident that bereavement has multiple psychological, physical and spiritual consequences. On the one hand, many factors affect the bereaved's grief experience, expression and cultural mourning practices. The grief related physical health outcomes will be further discussed in the subsection below.

2.4 Bereavement, grief and physical health

The loss of a significant other is associated with increased health risk and several health related outcomes (Buckley et al., 2012). Somatic symptom complaints (i.e. Sleep disturbances, fatigue, concentration problems & loss of appetite,) are more prevalent in the earliest months of bereavement (Utz, Caserta, & Lund, 2011). Seemingly, musculoskeletal pain, back pain (Toblin et al., 2011), and heart palpitations are commonly reported by the bereaved population (Stroebe, Schut, & Stroebe, 2007). Some of the physiological changes in the early months following loss include neuroendocrine activation (cortisol response), altered sleep, immune imbalance, inflammatory cell mobilization, and prothrombotic response as well as hemodynamic changes (heart and blood pressure) (Buckly et al., 2012). Utz and colleagues (2011) noticed that over time, the experience of somatic symptoms decreases. However, there is a high risk of experiencing complicated grief and major depressive disorder amongst the bereaved persons, especially widows with poor health (Utz et al., 2011). PTSD and depression are strongly related to physical health outcomes, while, the difficulty to cope with grief appears to also play an important independent role in physical health outcomes (Toblin et al., 2011). Worden (1991) maintains that these somatic responses rarely reflect an underlying physical malady, but are a normal reaction to bereavement, same as with the experience of anxiety and depressive symptoms during bereavement.

Among the *Basotho* people bereavement is associated with a contagious physical illness called *makgoma* (Phatlane, 2014). *Makgoma* arises when a man has sexual intercourse with a widow before she is ritually cleansed (Phatlane, 2014). Though the author goes on to highlight that, in the African culture a widow or widower must not have sexual contact with anyone before undergoing a cleansing ritual using indigenous herbs, it is not clear as to whether women who have sex with widowers are also susceptible to the illness. A different view of *makgoma* is offered by Molapata (as cited in Letsosa & Semenya, 2011) by highlighting that amongst the *Basotho* people, the widow or widower is prohibited from interacting with the community or engaging in sexual activities for a set period as it is believed that they will transmit *makgoma* (impurity or bad luck associated with the illness) to other people. This explanation implies that *makgoma* is not only limited to the sexual mode of transmission, but also through contact with a bereaved person. Further support is offered by Letsosa and Semenya (2011) that there are various prohibitions imposed on the bereaved, coupled with purification rituals that a bereaved *Basotho* widow or widower, has to undergo so as to prevent them from either infecting or affecting other community members with *makgoma*. Tsiane (2006), a Northern Sotho traditional healer remarked that in the past traditional healers related the condition with HIV/AIDS, since their symptom presentation is somewhat similar. However, with time they gained more knowledge that the two are different, especially because *makgoma* can be cured through observing traditional healing processes, while HIV/AIDS is incurable. In a study conducted by Malatji (2007) it emerged that woman living with HIV/AIDS associated HIV/AIDS with *makgoma*.

2.5 Bereavement, grief and mourning in children

Like the adults, children are not spared from experiencing the pain of bereavement. Although grieving children may look different when compared to adults, the nature of their grief shares some fundamental similarities with that of adults (Fiorelli, 2011; Dowdney, 2005). Paris, Carter, Day and Armsworth (2009) reckon that distinguishing childhood grief from adult grief will help counsellors to recognize the unique features of childhood grief. Children's grief experience is a 3-step process depending on their developmental levels, as it relates to their understanding of death across ages

(Machajewski & Kronk, 2013; Fiorelli, 2011). Unlike adults, children's grief tends to be manifested physically and behaviourally, rather than verbally (Machajewski & Kronk, 2013). Fiorelli (2011) gives an account that from infancy (ages 0-2), to late adolescent (ages 15-18), children and adolescents manifest various physical (headache, changes in eating habits, hyperactivity, etc.) and cognitive (inability to concentrate, obsessed with or preoccupied with deceased/the death/the meaning of death, repetitively looking at the photos of the deceased/visual hallucinations of the deceased etc.) symptoms. They also manifest behavioural changes such as emotional shock, sadness, despair, regressive behaviour, and fear, anger and acting out amongst others. Dowdney (2005) adds that clinicians and researchers often find that children report a wish to die, although infrequently develop anxiety or somatising disorders. For children, factors such as the nature of the relationship with the deceased, the nature of the death, child's own personality, previous experiences with death, religious and cultural beliefs, input from the media and what they are taught about death and grief from adults and the availability of family, social, and community support all plays a role in their grieving process (Fiorelli, 2011, p. 640).

According to Paris et al. (2009), children demonstrate varying levels of grief and trauma, irrespective of the type of loss they experienced. Furthermore, Paris and colleagues state that the manner in which children lost their sibling neither inhibits nor enhances the surviving child's emotional response. Predictors of children's traumatic grief include age, gender, and ethnicity, while the experience of violent death by children is associated with complicated grief (McClatchey, Vonk, Lee, & Bride, 2014). Seemingly, Dowdney (2005) mentions that children bereaved by familial murder or suicide form a high risk, as they are likely to experience internalizing symptoms, and post-traumatic stress symptoms. While traumatic bereavement overwhelms children with trauma symptoms that persists for lengthy periods, some of which are not merely aroused by reminders of the trauma but also reminders of the deceased. Resultantly, they are left emotionally numb and avoiding any reminders of the deceased or the death (Dowdney, 2005).

2.6 Bereavement and anticipatory grief

Anticipatory grief is dated back to Lindeman's (as cited in Reynolds & Botha, 2006) writings based on wives of soldiers during World War II. Apparently, Lindeman noted that, women whose partner's lives were threatened by being involved in the war, went through all the phases of grief. The term 'anticipatory grief' is a term used to describe "the grief process that a person undergoes before a loss actually occurs" (Reynolds & Botha, 2006, p. 15). Anticipatory grief, is therefore primarily experienced by the many people (that is, family members, nurses, physicians, social workers & others) who are involved in the care of the dying patient (Kutcher, 1973).

The major difference between anticipatory grief and post-bereavement grief is that anticipatory grief can affect the dying person and the family. Its duration is limited to the time of death, it begins with a diagnosis and ends with death and its emotional intensity increases as death approaches (Costello & Hargreaves, 1998). In contrast, post-bereavement grief begins after death, affects the surviving persons, may last indefinitely, and its emotional intensity diminishes over time (Costello & Hargreaves, 1998). For instance, in one study fathers of children born prematurely, experienced anticipatory grief reactions after birth and, during their hospitalization. Their symptoms were manifested cognitively (preoccupation or dreaming about the baby), psychologically (feeling sad, guilty, angry or being irritable) and physically (having sleep problems) (Zamanzadeh, Valizadeh, Rahiminia, & Kochaksaraie, 2013). The experience of anticipatory grief appears to enable the grieving persons to start with their grief work long before the actual death of a loved one (Costello & Hargreaves, 1998).

Reynolds and Botha (2006) have found that the literature on anticipatory grief was inconsistent or conflicting with regard to the consequences of anticipatory grief on post-death bereavement adjustment. In some studies that they reviewed, anticipatory grief was found to have mitigated the effects of bereavement, while others were in disagreement. The discrepancies and contradictions were a product of differences in the conceptualisation of anticipatory grief, the lack of a precise operational definition, as well as a number of methodological differences and shortcomings (Reynolds & Botha, 2006).

2.7 Abnormal or pathological grief reactions

Several bereavement scholars acknowledge that there is no simple definition of “normal-grief” (Robinaugh, Marques, Bui & Simon, 2012; Zisook & Shear, 2009). The experience of bereavement in the absence of complicating factors, such as the death of a loved one through suicide, trauma, murder, or disaster (Higson-Smith, 2014; McClatchey et al., 2014), often resolves itself without professional interventions (Shear et al., 2011). However, acute grief can gain foothold and could become a chronic debilitating condition called complicated grief (Shear et al., 2011).

Complicated grief (CG) or more recently Prolonged Grief Disorder (PGD) refers to the “circumstances surrounding the death of a loved one and the debilitating grief symptoms that are potentially delaying or disrupting a process of healthy adjustment and recovery” (Higson-Smith, 2014). Such a grief derails or impede healing after loss and lead to a period of prolonged and intensified acute grief. Therefore, “grief that is never expressed, grief that is expressed, but intense and goes on for too long, and grief that involves self-injury, may be considered abnormal” (Gire, 2014, p. 9). Same as acute grief, CG reactions cannot be confined to one taxonomy across all cultures, because of the very same factors that shape the expression of acute grief (Gire, 2014).

Within the bereavement literature CG (Horowitz et al., 1997; Wittouck, Van Autreve, De Jaegere, Portzky, & van Heeringen, 2011; Shear et al., 2011) is often used interchangeably with PGD (Prigerson et al., as cited in Burke et al., 2014) to describe this atypical grief. According to Higson-Smith (2014), and Hall (2014) one of the two should have been incorporated within the DSM-5 as representing this atypical grief. However, despite several research studies proving that there is an identifiable syndrome that support the diagnosis of CG or PGD (Wakefield, 2013; Rando et al., 2012), the DSM-5 still failed to adopt either CG or PGD as a formal diagnosis, but instead put forth the diagnosis of Persistent Complex Bereavement Disorder (PCBD). In light of the competing arguments the DSM-5 task team recommend further research to support a formal diagnosis of grief disorder such as the proposed PGD (Hall, 2014).

PCBD symptoms include memories or intrusive fantasies related to the lost relationship, upsetting strong longings and desires that the deceased is still living, and strong feelings of loneliness or personal emptiness that interfere with social or recreational activities (Horowitz et al., 1997). Shear et al. (2011) maintain that complicated grief involves the presentation of certain grief-related symptoms beyond time considered adaptive. According to McClatchey et al., (2014) the concept spells out difficulties in the bereaved person's relationship to the deceased. The symptoms warranting the diagnosis of PCBD are as follows; the person yearns for the deceased on a daily basis or to a disabling degree of 6-months or more after the loss of a significant other. In addition, at least five of the following should be reported as experienced on a daily basis or to a disabling degree: confusion about role in life or diminished sense of self; difficulty accepting the loss; avoidance of reminders of the reality of the loss; inability to trust others since the loss; bitterness or anger relating to the loss; difficulty moving on with life; absence of emotion since the loss; feeling that life is empty or meaningless since the loss; and feeling stunned or shocked by the loss. Finally, the disturbance should cause clinically significant impairments in functioning, and should not be better accounted for by other disorders such as major depression, generalized anxiety, or PTSD (DSM-5, 2013; Higson-Smith, 2014).

Various factors have been associated with CG. Amongst others, these include previous loss, exposure to trauma, a previous psychiatric history, attachment style, and the relationship to the deceased (Lobb et al., 2010). Factors associated with the actual death include violent death, the quality of the caregiving or dying experience, close kinship relationship to the deceased, marital closeness and dependency, and lack of preparation for the death (Lobb et al., 2010; Kristjanson, Lobb, Aoun, & Monterosso, 2006). On the other hand, perceived social support plays a key role after death, along with cognitive appraisals and higher distress levels (Lobb et al., 2010). Rando et al. (2012) state that complicated grief is complicated and cannot be confined to one syndrome or disorder. The implication of this statement is that multiple factors can predispose one to CG. To avoid confusion in diagnosis, Peregerson et al. (2008) did propose for the use of Prolonged Grief Disorder (PGD) to condense all forms of complicated grief. For instance, another form of complicated grief is the disenfranchised grief, which is grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned or socially supported (Doka, 1989; Hall, 2014). Disenfranchised grief may be triggered by experiencing a stigmatising death, such as death through suicide, autoerotic asphyxiation, or socially unrecognized relationships (Hall, 2014; Doka, 2002). These individuals are denied the benefits typically afforded to enfranchised grievers such as validation, social support, expressions of sympathy, and accommodations at work (Davidson, 2010, p, 7). This form of grief is common among the lesbian and gay community, especially due to overt forms of heterosexist prejudice toward sexual minorities in the society (McNutt & Yakushko, 2013).

Bereavement research has also turned attention to how bereavement can affect people's basic assumptive worldviews and potentially affecting their grief trajectory (Burke, Neimeyer, Young, Bonin & Davis, 2014). Burke and Neimeyer (2014) have pointed out that recent research suggests that traumatic loss can violate mourners' basic assumptive worldviews, and can precipitate a spiritual crisis following loss, also known as complicated spiritual grief (CSG). The authors define CSG as a sense of discord, conflict, and distance from God, and at times from members of the survivor's spiritual community.

When confronted with death, faith and belief are challenged. There is confusion and a sense of betrayal, and such a state paves way to the experiencing of either spiritual struggle, spiritual crisis, complicated grief, or complicated spiritual grief of the bereaved (Burke et al., 2014). In line with this view, Rando et al. (2012) recommend that clinicians and researchers should assess the ways that cultural and spiritual/philosophical factors complicate and facilitate the grieving process. For instance, themes such as resentment and doubt towards God, dissatisfaction with the spiritual support received, and substantial changes in the bereaved person's spiritual beliefs and behaviours can lead to complicated spiritual grief and call for different treatment protocols (Burke et al., 2014). The specific cause of death, such as natural anticipated death, natural sudden death, homicide, suicide and/or fatal accident differentially also predicts levels of CG and CSG (Burke & Neimeyer, 2014). Individuals who have suffered atrocities, such as homicide, might be more prone to feeling or expressing extreme anger towards God (Neimeyer & Burke, 2014). The CSG is a relatively new area in bereavement studies and it is gaining more attention.

2.8 Grief diagnosis and classification

The classification of normal vs. pathological grief has been a subject of ongoing debate, controversies and bewildering decisions-as captured in subsection 2.7 above- since the advent of DSM-III to the current DSM-5 (Wakefield, 2013; Fox & Jones, 2013). Bonanno and Kaltman (2001) highlighted the position of bereavement scholars on the issue of normal versus pathological grief as follows:

The extent that grief varies across individuals suggest important questions about what constitutes normal or common grief, and if at all, too much or too little grief might be considered abnormal, or even pathological. Unfortunately, the bereavement literature has yet to agree on a clear, empirically defensible definition of grief, or its normal and abnormal course and manifestations. (p. 706).

The DSM-IV-TR included a bereavement exclusion criteria denoting that bereavement was seen to be a normal human reaction, with its behavioural repertoires being culturally determined (Bonanno & Kaltman, 2001). However, the DSM-5 has dealt away with the exclusion criteria, making it to be diagnosable as a mental disorder. Several scholars (Fox & Jones, 2013; Frances, 2013; Wakefield, 2013) stand opposed to the elimination of the exclusion criteria for a variety of reasons. For instance Frances (2013) argued that such a consideration may not only lead to the medicalization of normal grief, but also exacerbate health costs because of over-diagnosis of major depression. On the other hand, diagnosing bereavement as depression may run the risk of pathologising the cultural norms established for individuals who grieve the death of a loved one (Fox & Jones, 2013). Fox and Jones goes on to highlight that the diagnosis of bereavement as a mood disorder have implications for how counsellors conceptualize and treat both bereavement and major depression.

Further arguments were that as much as there are similarities between bereavement and depression, there are differences such as in bereavement, the bereft often are able to feel an intimate connection to the people around them, and experience mixed negative and positive emotions. When compared to those suffering from depression, the affected tend to feel socially exiled or isolated, are characterized by significant difficulty in experiencing self-validating positive feelings (Wakefield, Schmitz, First, & Horwitz, 2007; Frances, 2013). In addition, depression is composed of a recognizable and stable cluster of debilitating symptoms accompanied by a protracted enduring mood” (Zisook & Shear, 2009). In other words, grief should not be diagnosed as a form of depression or an abnormal reaction despite its potential of becoming severe enough to cause depression (Fox & Jones, 2013).

Those in support of eliminating the exclusion criteria held that held that individuals who suffer other severe life stressors, such as illness, divorce, physical assault, rape, and job-loss, are as likely to develop major depression as those suffering bereavement, yet these stressors are not grounds for exclusion of a major depression diagnosis (Kendler, 2010). In a nutshell, most quantitative grief studies

held a strong view that grief should be classified as pathological on the basis of it sharing a similar quantifiable syndrome with major depressive disorder (Kendler, 2010; Zisook, Shear, & Kendler, 2007; Kessing, Bukh, Bock, Vinberg, & Gether, 2010). This sentiment is captured by Stetka, Christoph and Correll (2013), by highlighting that the proponents of the elimination of the bereavement exclusion criteria argued that grief does not preclude the development of full-blown depression, and that grief predisposes the bereft to major depressive disorder. The overarching argument was that, a clinician evaluating a bereaved person was at a risk for both over-and-under-diagnosing the patient, either pathologising a normal condition or neglecting to treat an impairing disorder (Shear et al., 2011).

With the DSM-5, the argument that the bereavement exclusion criteria should be eliminated, rather than retained has finally been laid to rest, despite ongoing arguments and fierce criticisms from many groups and organisations (Wakefield, 2013; Pies, n.d.). Bereavement is now classifiable as a severe psychological stressor that can incite a major depressive episode even shortly after the loss of a loved one (Stetka, Christoph & Correll, 2013). Wakefield contends that the reasons provided for this change, varied over time, and ranged from fear of missing genuine cases of depression and fear of missing suicidal cases to the effectiveness of medication with the excluded group and the fear that clinicians would misapply the exclusion. In light of this contentious debate, the American Psychiatry Association (APA, 2013) reckons that the aim of the DSM-5 is to provide an accurate diagnosis for people who need professional help, and as a result, there are several proposed strategies put forth to help clinicians to differentiate a major depression, “normal” bereavement and pathological bereavement. It is within the context of these arguments that Fox and Jones (2013) highlighted that a balance between cultural sensitivity and accurate diagnosis is an ethical dilemma that counsellors will continue to face in the publication of the DSM-5.

2.9 Gender, bereavement and grief

Men and women adjust to common stressors differently. Pilling, Thege, Demetrovics and Kopp (2012), state that in the background of gender differences regarding grief reactions, we may discover different ways of expressing emotion as well as a diversity of coping styles. Spousal death results in substantial increases in morbidity and mortality among both men and women, but the effects are relatively greater for widowers than for widows in the acute grieving period (Stroebe, Schut & Stroebe, 2007). Skulason, Jonsdottir, Sigurdardottir and Helgason (2012) have suggested that widowed men have greater mortality rates than non-widowed men for up to 9 years after the deaths of their spouses. Bereaved women are generally prone to higher distress and depression than bereaved men (Cleiren, 1991). The experience of death of an elderly sibling through suicide predisposes women to high risk of committing suicide as compared to men (Rostila et al., 2013). Bereaved women living with HIV are prone to unresolved grief, intensified mourning responses, at an increased risk for experiencing several affective disorders and more likely to have higher prevalence of suicidal thoughts and gestures when compared to bereaved men living with HIV (Summers, Zisook, Sciolla, Patterson, & Atkinson, 2004). Lesbian and gay bereaved individuals are prone to disenfranchised bereavement, considering that the cultural milieu in many societies is still characterized by prejudice and stigmatization of sexual minorities (McNutt & Yakushko, 2013).

According to Stroebe et al. (2001), when dealing with grief, women are considered to be more capable of confronting and expressing their emotions when compared to men (Stroebe, et. al., 2001). This sentiment was supported by Murphy et al. (1999) who pointed out that repressive coping is common among men and is predictive of distress among fathers. Seemingly, there is an associated significantly greater frequency of alcohol related problems among men during bereavement (Pilling et al., 2012; Pinhey & Ellison, 1997). For instance, Pinhey and Ellison (1997) explain that among bereaved Chamorro men, alcohol consumption is relatively high compared to those of other cultures, because they are socialized into norms of alcohol consumption in connection with wakes and related funerary events. In contrast, Chamorro women have little time to socialize, because often they are too engaged

with death related preparations that promote interpersonal and family/community support, hence they are less prone to distress or high alcohol consumption compared to Chamorro man and non-Chamorro women.

Men in terminal care also seem more reluctant than women to enter into discussion regarding their impending death (Skulason, Hauksdottir, Ahcic & Helgason, 2014, p. 9). Schwab (1990) found that bereaved mothers cried much more, were more likely to cope by writing and reading about loss and grief, reached out to help others more frequently, and overall used a wider variety of coping mechanisms than bereaved fathers. Among other factors proposed to be accountable for gender differences in grieving for a child are, differences in the bond or attachment the parents form with the infant, gender differences in reaction to stress and differences in gender-role socialization (Wing, Rose-Clance, & Armistead, 2001).

Gender differences also have an influence on cultural ways of dealing with bereavement (Fitzgerald, *n.d.*). For instance, Martin, van Wijk, Hans-Arendse and Makhaba (2013) argue that the presence of the deceased's body in mourning rituals not only facilitate the performance of unique cultural rituals, but also serve as a conduit through which elders (loosely defined as males over the age of 40 years) would exercise authority over the grieving process. Contrarily, the Akan Ghanaian women play a central role in the care and disposal of the dead and the management of bereavement (Aborampah, 1999).

2.10 Bereavement, mourning and rites of passage

People's conception of death has as much influence on their grief experiences, as it does have on their mourning and healing from the loss. Mourning is the public display of grief, which often reflects the mourning practices or rituals of one's culture (Zech & Stroebe, 2010). In most cultures, central to dealing with death is, amongst others, performing various bereavement rituals (Baloyi & Makobe-Rabothata, 2014; Kgatla, 2014; Idialu, 2012; Setsiba, 2012; Makatu et al., 2008; Nwoye, 2005; Cox, 1995; Brown; 1980). A ritual is defined as a "specific behaviour or activity that gives symbolic expression to certain feelings and thoughts of the actor or actors,

individually, or as a group” (Rando, 1985, p.236). Bereavement rituals fall within the category of what Van Gennep (1960) defined as rites of passage. These are defined as rites which accompany every change of place, state, social position, and ages. Such rites of passage are found in all societies (Van Gennep, 1960). Van Gennep identified three common features in the various phenomena he labelled as rites of passage: separation; transition (liminality); and, incorporation. By separation he refers to a change from the normal routine of daily life. Followed by the transition period in which there will be a great deal of uncertainty and mystery that causes much anxiety. And lastly the incorporation period, in which rituals are performed to deal with the emotional experiences of the later stage. These phases are ideal for re-incorporating the afflicted back into the normal routines of daily life (Blumenkrantz & Goldstein, 2010). Turner (1969) mentions that in the African culture there are at least four major rites of passage: rituals of birth, puberty or initiation, marriage, and death.

Palgi and Abrahovitch (1984) observed that in some cases, the end of one rite of passage may be the occasion for the beginning of another. For instance, Hertz (1960) argued that the naming of a newborn child after the deceased completes the mourning cycle, leading to reanimation or the resurrection of the deceased as well as ensuring the final peace of the soul. The naming is somewhat equivalent to the final mourning ceremony; like the latter, it pacifies the deceased and returns him to life, putting an end to funeral peril and taboo (Palgi & Abrahovitch, 1984). Rites of passage are developed by each society to varying levels and are always characterized by the surface structure (that is, what is seen) and the deeper structure (that is, meaning of what is seen) (Turner, 1969). For instance, during the funerary rite of passage, some of the bereavement rituals performed by the Northern Sotho people express reverence for an ancestor or a deceased person (Kgatla, 2014). The bereaved family will slaughter a bull to accompany the deceased, fertility rituals are performed in the form of pouring grain on the sides of the grave and some articles or objects that the deceased might need in his/her other life are placed in the grave (Kgatla, 2014).

In two separate cases, Cox observed that the rituals '*umbiyiso*' (bringing home ceremony) and *kurova Gata* (the divining ceremony after death) were conducted among the *Shona* speaking people of Zimbabwe. The *umbiyiso* ritual is primarily for bringing the spirit of the deceased home (Togarasei & Chitando, 2005; Cox, 1995). A traditional healer guides the ritual and offer guidance to the family as they will be venerating the deceased. The family will in turn, honour the ancestral spirit's orders and demands, in exchange for protection, blessings and being showered with luck. In the case of *kurova gata*, the deceased family consults with a traditional who will then establish the cause/s of death. The cause could be witchcraft, sorcery or muti by an identified culprit/s. Subsequently, the traditional healer will guide the family to perform rituals to rectify the dishonour, such as the dedication of a bull to the ancestor. In doing so, the family would have set things right and restored the proper protective measures for the family (Cox, 1995). All these rituals are meant to appease the bereaved who will in return ensure that his/her surviving family are protected, prosper and live a good-life (Kgatla, 2014; Cox, 1995).

2.11 New bereavement rituals in contemporary urban townships

In contemporary urban townships, new bereavement rituals and practices are emerging (Setsiba, 2012). One such a ritual is the 'after tears' party (Setsiba; 2012; Posel, 2002). During the 'after tears' party the funeral attendees celebrate the life of the deceased through various means. For instance, the gangsters and taxi drivers who this practice is commonly associated with, will act in a scary manner during the funeral procession, such as drinking alcoholic beverages, playing loud music and even shooting at the coffin with the corpse inside. Most semiotically charged of all, is the tendency to turn funerals into weddings; people meet at funerals, have sex and party (Posel, 2002). However, taxi drivers' 'after tears' parties are associated with lesser violence compared to those of gangsters (Setsiba, 2012).

The 'after tears' party is interpreted differently by community members. Some community members see it as facilitating healing because it offers comfort, support and help the bereaved to cope with the loss. However, some community members, especially the church and community leaders (Posel, 2002), perceive this practice as

insensitive and disrespectful, and that it can delay the resolution of grief (Setsiba, 2012). Posel (2002) also observed that in urban African townships, particularly among the affluent communities there are new bereavement rituals that are in stark contrast to some of the traditional bereavement practices. In the past women would cover their heads and dress appropriately when attending funerals, which expressed respect for the deceased and this was a sign that a funeral was a sad occasion. However, funerals which were once solemn and sad occasions are today characterised by women no longer covering their heads, the dress codes have become positively risqué with women in very short, tight skirts and men in the latest fashions. Designer garments may be bought specifically for the occasion, catering is specified according to the highest expectations of local style and status (Posel, 2002. p. 20). These practices make the modern urban burial system to lack respect for the deceased, and this reflects the loss of traditional customs and the significance of participating in the burial of a loved someone (Ngubane, 2004). On the contrary, Posel (2002) is of the view that these funerals have become occasions for the performance of newfound aspirant class and status-assertions of progress, the determination to pursue the good life, to advance and consume, even in the face of death (p. 20).

2.12 Bereavement/mourning rituals and their psychosocial significance

From the discussion above, it is apparent that central to rites of passages is the performance of various rituals. In the case of bereavement rituals, studies emphasize that ritual performance serves various psychosocial functions (Cohen, 2002; Radcliff-Brown, 1968). Fulton and Metress (1995) add that bereavement rituals appear to provide “formal recognition of the transition from one stage in the life cycle to another and the changed status that transition brings. In this section, the discussion focuses bereavement rituals and their psychosocial functions.

2.12.1 Cognitive value of bereavement rituals

In an attempt to bring about the integration of African grief rituals in counselling and psychotherapy, Nwoye (2000) proposed several cognitive functions of the African bereavement rituals. The African grief rituals informed by the African Traditional Religion cognitively addresses the following; a). The fact memory - the focus is on seeking clarity to the 'what' happened type of questions; b). The behavioural memory - which relates to, the 'how' to treat the grieving and 'what' culturally must be done, in times of mourning and grief; c). The event memory - which has to do with the 'why' me? or 'why' me again type of questions? and, lastly; d). The prospective memories - which looks into the 'what' and 'how' things must be done in the absence of the deceased to continue with meaningful life (Nwoye, 2000). A study conducted amongst the bereaved Venda women in S.A, support this notion in a sense that an abnormality discourse informed how they constructed their grief experiences and the necessary bereavement rituals. And as a result, the widows used language that implicated them as not normal and in need of healing (through the performance of mourning rituals) for the injury caused by the death of their husbands (Makatu et al., 2008).

Cleansing bereavement rituals or traditional purification rituals are very common to hear of in African societies and their prime purpose is to cleanse or purify the bereaved following the pollution/contamination associated with death (Brown, 1980). Letsosa and Semanya's (2011) study findings offer insight into the *Basotho's* view and function of '*go šoma*' (traditional rituals) and '*go tloša setšhila*' (traditional cleansing bereavement ritual). During '*go šoma*' a widow is made to wear-black mourning clothes for a year, while a widower wears a blue or black band around his arm which create a social identification for the mourner. The last born child bereaved of a parent wears *bolokwane* (traditional amulets) around the neck. Within the cultural context of the Northern Sotho community, *bolokwane* prevents a child from being sleepy, since it is believed that a bereaved child always becomes sleepy.

The black mourning clothes, the arm bands and the *bolokwane* are all sprinkled with traditional medicines before they are used in the mourning process (Semenya, 2010; Letsosa & Semanya, 2011). *Go tloša setšhila* is the last phase of grief counselling and marks the end mourning. During both '*go šoma*' and '*go tloša setšhila*' a traditional healer will counsel the bereaved, more importantly, making them strong again by offering them traditional medicines and performing incisions at the joints of all the bereaved family members, followed by the application of some medicines on these cuts. While, during '*go tloša setšhila*' the black mourning clothes will be burned, marking the end of mourning and the beginning of life anew, with all sanctions uplifted for the bereaved. One limitation associated with Letsosa and Semanya's study is what seems to be the inconsistencies with the understanding and function (or lack of significance thereof) of '*go tloša setšhila*'. Another limitation of the study was that the sample size was small and comprised of the Christian *Basotho* people only. This meant that the results of the study could not be considered to be representative of all the *Basotho* people in their diverse religions.

However, the above study by Letsosa and Semanya offers insight into the therapeutic value of bereavement rituals performed during '*go tloša setšhila*'. In essence, since the bereaved are cognitively appraised as impure and dangerous, they are cleansed from a state of being impure and dangerous to that of being pure, which makes it possible for them to be reintegrated back into the society (Letsosa & Semanya, 2011). Like the Northern Sotho speaking people, Tanzanian widows are also cleansed of the pollution associated with death through what is known as the *kilio* cleansing bereavement ritual. After this cleansing ritual, the widows are considered pure and ready to be reintegrated into the society (Brown, 1980).

In African Independent churches (AICs), such as the Corinthian Church of South Africa (CCSA) and Zion Christian Church (ZCC), the use of water rituals is very common (Wepener & Müller, 2013; Müller, 2015). These rituals are also for cleansing or purification, and are performed under certain circumstances, such as for people who have attended funerals or for someone who have touched a corpse (Wepener & Müller, 2013). Such people are considered to be dirty, dangerous and,

therefore, in need of purification. They are sprinkled with water prayed for by a priest. These rituals do not literally refer to cleansing, rather they refer to cleansing on another level, reflecting a spiritual aspect related to the people's belief system (Wepener & Müller, 2013). Baloyi and Makobe-Rabothata (2014) have pointed out that in traditional African thought of death, the grieving process is characterized by rituals such as the bereaved family members shaving their hair off and the slaughtering of a domestic animal. A similar ritual practice has been observed by Tshoba (2014) among the Ndebele people of South Africa. Death rituals among the Northern Sotho people are a structured and collective activity that involves the co-presence of close family and extended families (Kgatla, 2014, p. 83). The cleansing rituals for the Northern Sotho people, the Tanzanian widows, CCSA and ZCC affiliates seem to address a common cognitive component; that is they address the behavioural memory which relates to 'how' to treat the grieving and 'what' culturally must be done, in times of mourning and grief (Nwoye, 2000).

2.12.2 Therapeutic value of bereavement rituals

Makatu et al. (2008) acknowledges that death has a negative impact on the remaining persons' lives, and rituals are culturally considered to have therapeutic value that assists the griever in moving on with her life. Richter (as cited in Yawa, 2010) argues that the purpose of this concentration on ritualism is to protect people from becoming absorbed emotionally. This is why Mead (1907) has long observed that ritual relevance is magnified in times of stress, uncertainty and doubt, when people need the company of others. The first phase of mourning usually begins when relatives and friends express their support by surrounding the widow immediately after the death of her husband (Dlukulu, 2010). This supports Kgatla's observations that among the Northern Sotho people some of the bereavement rituals performed help to enhance social support for the bereaved family in a non-disruptive and orderly way (Kgatla, 2014).

Letsosa and Semanya (2011) mention that the significance of mourning and the associated mourning rituals is for healing from grief, accepting the death and an opportunity for the bereaved to understand death. A well performed funeral service is one that aid the bereft to quickly and healthily resolve their grief and be able to assume daily duties (Kgatla, 2014). Mourning rituals, therefore, provide healing, continuity, and balance, of course, if the griever believes that there is some meaning in them (Van der Hart, 1983). In addition van Dyk (2001) states that in the black culture no emotional assistance or counselling is given to either the adult or children; once all the burial rituals have been fulfilled the grieving process is often regarded as completed.

According to Pears (2012) the rites of passage (that is rites of purification, continuity, transition, reconciliation and affirmation) when employed in ritual therapy have the potential to tap into various domains of mental functioning and help towards healing from grief. Firstly, the rite of purification are rituals that when performed, those involved in them believe that in some mystical manner they will secure blessing, purification, protection, and prosperity. This category include rituals such as the throwing of the corn on the sides of the grave by the Northern Sotho people (Kgatla, 2014), the go '*ntšha setšhila*' among the *Basotho* (Letsosa & Semanya, 2011), and the '*umbiyiso*' (bringing home ceremony) and *kurova Gata* (the divining ceremony after death) among the *Shona* of Zimbabwe (Cox, 1995). These rituals are performed by the bereaved for prosperity, purification, protection and blessings respectively. Secondly, is the rite of continuity; these rituals Doka (cited in Pears, 2012) pointed out that they can be used to emphasise the continuing of the bond with the deceased, while at the same time honouring them and their life. This in effect, either consciously or subconsciously, reaffirms the deceased's loved one's continued existence and the spiritual connection with them (Pears, 2012, p. 12). The spiritual connection or continuing bond with the inner representation of the deceased is seen as a healthy coping mechanism for adjusting to loss (Pears, 2012). These category rituals will amongst others include the naming of a new-born child after the deceased (Hertz, 1960), which symbolises the resurrection of the deceased, ensuring that they are finally resting in peace, while at the same time putting to an end the death peril and taboo (Palgi & Abrahovitch, 1984).

Thirdly, Pears (2012) identified rites of transition, which are rites that are used to mark some movement or change in the grieving process. The cleansing rituals performed by the *Basotho* and Tanzanians will also fall under this category (Letsosa & Semanya, 2011; Brown, 1980). These rites mark the end of mourning and serve a function of reintegrating the bereaved back into the community. Fourthly, are rites of reconciliation; these rites are performed to resolve unfinished business between the survivor and the deceased. Typical acts will be those that symbolises forgiveness such as donating money, flowers or food in someone's memory. And lastly, are rites of affirmation, which are a way of the bereaved of saying thank you and expressing gratitude for sharing their life with the deceased. Primarily, rituals of affirmation confirms and validates in the mind of the survivor that the loved one contributed to other's lives by his or presence and legacies. These rituals seem to correspond to the special asset factor emphasised in the African Grief therapy model (Nwoye, 2000). The special asset factor relates to the many gifts and instrumental support that few people in the community will offer to the bereaved family, especially people who feel that they are indebted to the deceased. These behaviours are grounded in the psychology of gratitude.

Unfortunately, western bereavement researchers and scholars have given an enormous attention to the influence of intra-psychic factors, while overlooking the healing value of mourning rituals, over the course of grief and mourning (Nwoye, 2005). It is in this regard that Nwoye states that from an African orientation the grief process focuses on the spiritual/systemic/interactional nature of healing in grieving and the resources (included are bereavement rituals) which the community makes available to the bereaved. The use of cultural mourning rituals for healing are significant and it is important for practitioners to understand their importance to the patient's psychological adjustment and also understanding the associated meanings or beliefs attached to them (Parkes, Lungani & Young, 1997). The understanding and inclusion of bereavement rituals in grief work will facilitate rituals that enhance healing, not minimise cultural beliefs and customs, redefine the view people attach to them, and value their significance to the mourning process (Makatu et al., 2008).

2.12.3 Social value of bereavement rituals

Healing from any affliction, including bereavement is a communal activity among Africans (Nwoye, 2005). It is in this regard that healing from grief is not only limited to the immediate family members, but it is extended to the community as a whole. This is supported by Kgatla (2014) by highlighting that by participating in rituals of death, the community is structured into a stereotyped activity which is manipulated to serve the common cause, rather than an individual agenda. For instance community members provide labour such as pitching of the tent, cooking and baking, assisting with buying groceries and other errands while the church leaders provide psycho-spiritual support (Setsiba, 2012). On the other hand people attending a funeral among the Northern Sotho people wash their hands in water treated with herbs by a traditional healer to cleanse themselves from any traces of death (Kgatla, 2014).

Cox (1995) also observed that death rituals among the *Shona* people of Zimbabwe are executed systematically, with various roles and responsibilities allocated to specific people. For instance, in this particular community, the elders of the deceased's family report the death to the community chief. This reflects an order of society which has parallels to the spirit world. In addition, the deceased's body is treated with caution, respect and great care. This signals that in its current state it can be dangerous, because the spirit is not yet an ancestor and thus represents a potentially harmful-force. It is in this regard that Cox (1995, p. 342), maintains that if proper procedures are not carried out, the harmful power of the unsettled spirit could be released and to the detriment of the bereaved family and the community at large. Another ritual performed by the *Shona* people is that of collecting two small stones by the bereaved family on their way to the grave side. The coffin is sealed with soil and saliva from the elder, but a hole is left at the top of the grave into which the family members deposit the collected two stones each. The grave will then be sealed and swept with a branch from a tree. Cox gives an explanation for this practice. Firstly, the sealing and sweeping of the grave is commonly done to make sure that the body doesn't get attacked by witches. Secondly, the stones represent a symbolic connection with the family, which both protects the grave against witches and holds

a promise for the return of the spirit to the homestead. According to (Yanklowitz, 2012) the following are the primary effects of bereavement rituals:

- Rituals of death have a transformative character, and function to integrate people's beliefs around a singular purpose.
- Bereavement rituals simplify complex and anomalous conditions into a simplified and straight forward habituation.
- These rituals protect the norms and ideals of a society at a difficult time for those facing life-challenges and in time of uncertainty.
- The rituals also serve a therapeutic role, by enabling the management of emotions of the troubled during a time of transition.
- The rituals offer an explanation of persistence of religious traditions in the face of the destructive forces and distortions due to outside influences.

The points highlighted above by Yanklowitz (2012) reveal that bereavement rituals work interdependently in addressing the various psychosocial needs of the bereaved and the community at large during the time of distress.

2.13 Disadvantages associated with widowhood bereavement rituals

Some of the widowhood bereavement rituals are associated with therapeutic benefits, especially if the widow knows and acknowledges their purpose (Manala, 2015). However, other rituals are perceived as dehumanising, disempowering and reducing widows to 'lesser beings' (Manala, 2015; Makatu et al., 2008; Idialu, 2012). For example, the *Venda* widows of South Africa in Makatu's study used language that denote that power and decision making in performing or not performing bereavement rituals is vested in their in-laws hands. Consequently, the widows felt undermined, disempowered and reduced to 'lesser beings'. Idialu (2012) found that among other dehumanising widowhood mourning rituals prevalent in African communities, women are made to drink water used to wash the deceased husband's body, while they are also made to sleep with the corpse of their husband. In some cases across the world widows are blamed and accused of being witches who killed their husbands, they are considered bad omens, disposed of their assets including

their households and left homeless, they are treated like animals, not allowed to remarry and left in poverty by their relatives (Women2000, 2001). These practices today are most likely to be used to oppress and exploit widows (Women2000, 2001), rather than facilitate healing (Manala, 2015).

2.14 Concluding remarks

The purpose of this chapter was to present a review of relevant literature on the subject of bereavement and grief. Notions of death, dying and afterlife in the context of different cultures were presented in the first part of the chapter. This was followed by the literature on bereavement, grief and mourning in adults and children. In the third part, the review paid attention to bereavement and anticipatory grief, abnormal grief, the grief diagnosis and classification respectively. In the third part, the literature presented focused on rites of passage, the various rituals performed and their psychosocial significance. The disadvantages associated with some of the widowhood bereavement rituals were presented in the last part of this chapter.

CHAPTER 3

THEORETICAL PERSPECTIVES ON BEREAVEMENT AND GRIEF

This chapter will focus on the various psychological theories of bereavement and grief, and how they inform the grief work. The first generation grief models, such as those of Freud, Bowlby and Kubler-Ross will be discussed. Subsequently, second generation grief models such as Stroebe and Schut's dual process and Worden's Task-based models of grief will be presented. A special attention will also be paid to Nwoye's sources of gain in African grief therapy model. Towards the end of the chapter will be a presentation of the Afrocentric paradigm; the theoretical framework of the present study.

3.1 Psychodynamic theory on bereavement and grief

The notion of mourning was introduced by Freud in his book entitled "Mourning and Melancholia" (Freud, 1917). Freud held that the "work of mourning" is a set of conscious and unconscious mental processes initiated by the loss of an emotionally and instinctually cathected object. He argued that the psychological purpose of grief is to withdraw emotional energy from the deceased (cathexis) and become detached from the loved one (decathexis). Once this work is complete, the subject is gradually able, within a period of time that cannot be shortened, to separate from the lost object (Freud, 1917). However, failure or resistance to acknowledge and work through the loss leads to pathological grief. Repression and resistance are central to complicated grief, because they may result in depression (Jordan, Lubin, Larson, Wortmann & Litz, n.d.). It is, therefore, important for the bereaved to withdraw their libido invested in the deceased.

The grief work is deemed necessary in persons who struggle to withdraw their emotional energy from the lost loved one (Clark, 2004). Hagman (2001) states that the therapist's work is therefore to challenge bereaved patients' "resistance" to mourn, compelling them to express sadness, in the belief that the abreaction of suppressed affect is at the core of successful treatment. Much as Freud pioneered

our understanding of grief, mourning and the grief work, some of his ideas were disapproved by research, hence his theory is not acceptable in its entirety. It is widely accepted that, letting go of the emotional connection with the bereaved is not necessarily a pre-requisite to healing as claimed by Freud, because, in some cases maintaining the bond with the deceased serve as an adaptive response to loss (Klass, Silverman & Nickman, 1996).

3.2 Bowlby's attachment theory

John Bowlby established the attachment theory in the 1960s (Mallon, 2008). The theory was built out of studies that examined the impact of separation of primary caregivers from babies and children (Mallon, 2008). Innately, infants are prepared from birth to seek attention and affection by exhibiting physical behaviours such as crying (Bowlby, 1980). If a child's needs (that is nurturance, affection, attention etc.) every time when he/she cries are timeously attended to by a mother figure (or any primary care-giver) the infant learns to trust others in his world (Mallon, 2008). This process serves as a foundation for the development of attachment, which enables the child to develop more trust, to relate well with others and maintain affectional bonds with trusted others (Mallon, 2008). Bowlby noted that young children who temporarily or permanently lost a mother figure expressed great amount of distress in the form of sadness, anxiety, protest, grief and mourning (Bowlby, 1980). With these results Bowlby developed a new model of understanding attachment and the impact of breaking attachment bonds on human beings (Bowlby, 1980). The model provides a framework for understanding the effects of bereavement in terms of the disruption of "affectional bonds" and in terms of individual differences in response to the death of a significant other (Bowlby, 1980). The theory implies a cause-effect relationship between early attachment patterns and later reactions to bereavement, arguing that "whether an individual exhibits a healthy or problematic pattern of grief following separation depends on the way his or her attachment system has become organized over the course of development" (Madison, 2005, p. 339). However, Bowlby viewed grief as a normal adaptive response which included both the present loss as well as past losses (Mallon, 2008).

Bowlby, together with his colleague (Colin, Murray Parkes) broke down this natural adaptive grief response into phases of grief (Bowlby & Parkes, 1970). Parkes in particular refined the initial grief-model (comprised of three stages) and went on to develop the five phase grief model (Maciejewski, Zhang, Block, & Prigerson, 2007). While accepting Bowlby's theory, Parkes also took into consideration the importance of the psycho-social transitions required after bereavement when advancing the model (Worden, 2002). He reckons that in the first phase of mourning, those grieving experience feelings of numbness that occur close to the time of the loss. This numbness is a temporary defence against the realization of the loss experienced. In Phase II, anger plays a major part in the yearning of the loss, and in denying the permanence of the loss. In phase III, the phase of disorganization and despair, the bereaved person finds it difficult to function in the environment. And finally, the bereaved enters Phase IV, the phase of reorganizing behaviour, and begin to pull life back together (Worden, 2002, pp. 25-26). These phases are not to be viewed as discrete and independent from one another, but there are overlaps between the various phases (Worden, 2002). As it is the case with most stage grief models, this model fails to address the multiplicity of physical, psychological, social and spiritual needs experienced by bereaved people, their families and intimate networks (Hall, 2014).

3.3 Kübler-Ross stage model of grief and the grief-work

Bowlby and Parkes' work paved way for Kübler-Ross 5-stage theory describing terminally ill patient's response to their impending death (Maciejewski et al., 2007). Kübler-Ross (1969) adapted Bowlby and Parkes' theories and proposed that a terminally ill patient would progress through the following five stages of grief; 1). Denial and isolation; 2). Anger; 3). Bargaining; 4). Depression, and finally; 5). Acceptance upon being informed of their illness (Kessler & Kübler-Ross, 2005). Kübler-Ross originally applied these stages to people suffering from terminal illness, and later to any form of catastrophic personal loss (i.e., Job, income, freedom). Seemingly, the death of a loved one, divorce, drug addiction, the onset of a disease or chronic illness, an infertility diagnosis, as well as many tragedies and disasters were also seen as significant life events that could potentially trigger grief (Olasinde, 2012).

These stages are not meant to be complete or chronological (meaning, there is no defined sequence) (Lim, 2013, pp 11-12). Potentially a person could get 'stuck' at any stage, impeding their movement to the next stage and thus, obstructing 'resolution' of their grieving process. One should merely be aware that the stages will be worked through-switching between two or more stages, returning to one or more several times before working through it - and the ultimate stage of "acceptance" will be reached (Madison, 2005, p. 339). This grief model provides a simple yet intuitive, meaningful strategy for conceptualizing a complex set of emotional responses without the assumption of underlying pathology (Heil, 1994). However, just like grief stage models of Bowlby and Parkes, this model has been widely criticised for suggesting that individuals who fail to complete any of the stages would experience unresolved grief, and has been empirically rejected (Hall, 2014).

3.4 Continuing bonds bereavement model

The continuing bonds bereavement model by Klass, Silverman and Nickman (1996) represent a post-modernist thinking about bereavement and the grief-work when compared to the works of Freud, Bowlby, Parkes and Kubler-Ross. Unlike the traditional grief theories that emphasise the withdrawal of the attachment bond from the deceased, the continuing bonds bereavement model suggests that in some cases continuing bonds with the deceased is an important coping mechanism for the bereaved (Madison, 2005; Klass et al., 1996). Such continuing relationships with the deceased are frequently observed outside the Western cultures (Lalande & Bonanno, 2006). Central to this model is the idea that the bereaved individual should continue bonds with the deceased, while on the other hand, trying new bonds within his/her environment (Klass, Silverman, & Nickman, 1996). The authors define continuing bonds as the active connection between the bereaved and a dynamic inner representation of the deceased via the use of dreams, mementos, or other means (Lalande & Bonanno, 2006). What is important, is that the newly formed bonds should complement the continuation of bonds with the deceased. According to Madison (2005), Klass and his colleagues proposed that rather than emphasising 'letting go', the focus should be on negotiating and renegotiating the meaning of the loss over time. The work of grieving and mourning in this view is to maintain the

presence of the deceased in the web of family and social relationships by establishing a continuing role for them within the lives of the bereaved. Should the bond be maintained and continued, an individual is able to be relieved from grief and move on with life and relations (Madison, 2005).

According to Hall (2014), the expression of this continuing bond can be found in a variety of forms. For example the deceased may be seen as a role model and the bereaved may turn to the deceased for guidance or to assist them in clarifying values; the bereaved may also experience the deceased in their dreams, by visiting the grave, feeling the presence of the deceased or through participating in rituals or linking objects. Maintaining such bonds, should not be viewed in line with traditional bereavement frameworks as an indication of unresolved grief, but rather as an adaptive response to loss (Lalande & Bonanno, 2006).

3.5 The Dual Process Model (DPM)

The Dual Process Model (DPM) of bereavement was developed by Stroebe and Schut (1999) and appears to be taking centre stage in the grief discourse in recent years. DPM is understood to be a taxonomy that describes ways that people come to terms with the loss of a loved one (Stroebe & Schut, 1999). The DPM depicted grief as an oscillatory process in which a bereaved individual alternately experiences and avoids suffering during the same period of time rather than linear fashion with one stage ending and another beginning (Wright & Hogan, 2008, p. 353). A fundamental contrast with earlier models reveals that the DPM defines two categories of stressors associated with bereavement. Grief is, therefore, viewed as a dynamic process in which there is an alternation between focusing on the loss of the person who has died (loss orientation) and avoiding that focus (restoration orientation). The loss orientation encompasses grief work, while the restoration orientation involves dealing with secondary losses as a result of the death (Dent, 2005).

The Dual Process Model puts more emphasis on better descriptions of coping and prediction of the stressful life event. By so doing, the model seeks to better understand individual differences in the ways that people come to terms with bereavement (Stroebe & Schut, 2010). In other words, for bereavement to be resolved an individual finds himself in a dual dynamic process; that of having to deal with the impact of the loss from an emotional processing orientation (for instance, shock, loneliness, sadness, anger), while on the other hand the person has to troubleshoot some challenges that arise as a result of the loss (such as financial losses, caring for children, lost joint future plans, familial conflicts and so forth) (Dent, 2005).

3.6 Task-based model of grief

In this model that was developed by Worden (1991), it is suggested that grieving should be considered as an active process that involves engagement with four tasks. The first task is to accept the reality of the loss, while processing the pain of grief is seen as the second task. The task is to adjust to a world without the deceased (including both internal, external and spiritual adjustments) while the fourth task is to find an enduring connection with the deceased in the midst of embarking on a new life (Worden, 2009). For instance, acknowledging the loss will mean partaking in concrete, tangible aspects (i.e. funeral arrangements, viewing of the body, informing friends and colleagues) of the loss that let the bereaved know that the loss has really occurred while, the third task has to do with meeting daily stressors in the absence of the deceased (Worden, 2009). Accomplishing the fourth task is particularly helpful with children bereaved of a parent. Worden (2009) mentions that in one of their studies children who maintained connections with their deceased parent by speaking to, thinking about, dreaming of and feeling watched by that parent coped much better with the loss.

Worden (as cited in Hall, 2014) has pointed out that there are seven determining factors that are critical in order to understand the client's experience. These include: (1) the relationship of the deceased to the bereaved (); (2) the nature of the attachment to the deceased; (3) how the person died; (4) historical antecedents; (5) personality variables; (6) social mediators; and (7) concurrent stressors. These determinants include many of the risk and protective factors identified by the research literature and provide an important context for appreciating the idiosyncratic nature of the grief experience (Hall, 2014).

3.7 Nwoye's sources of gain in African Grief Therapy (AGT) model

African grief work is defined as the patterned ways invented in traditional communities for the successful healing of the psychological wounds and pain of the bereaved persons (Nwoye, 2000). AGT has three interrelated objectives; that is a). To engage in activities and offer services/rituals that mediates the impact of the loss; b). To protect the bereaved from suffering from the loss, and; c). To avail bereavement rituals approved by the community; the rituals help the bereaved understand and accept that the grief-work in their African context has a definite beginning and a definite ending. To achieve these objectives AGT encompasses three major levels in its intervention programme; the biological, emotional and social levels (Nwoye, 2000). All these levels are targeted so as to promote recovery and well-being of the bereaved post being negatively impacted by the loss.

Nwoye goes on to breaking down and conceptualising the healing modes and mechanisms (i.e. the community's willingness to participate in the grief process), and the rituals and techniques implicated in AGT into two phases. Phase one is conceptualised in terms of the local community's voluntary involvement in the grief healing processes. While, phase two is conceptualised in terms of the patterned mourning rituals that are an essential part of healing in AGT. The basis for the solid local participation in AGT is founded on a two-factor theoretical explanation: the G-FACTOR and the S-FACTOR explanations. The G-FACTOR framework refers to the General Asset Factor, while the S-FACTOR refers to the Special Interest factor explanation (Nwoye, 2000). By General Asset factor Nwoye refers to the local

community's voluntary participation in all bereavement related activities (burials, ritual performance etc.), because death does not only rob the bereaved of an asset (the deceased), but the whole community. While the Special Interest Factor refers to individuals who in addition to participating in the general asset activities, extend their services (i.e. offering gifts, financial support or adopting orphans of the deceased) to the bereaved primarily due to feeling that they are greatly indebted to the deceased.

To demonstrate the G-Factor, Nwoye highlights that once death strikes, it robs the family and community one of its greatest asset in the form of a good mother, a great teacher, a great medicine man, a great peacemaker or a potential asset (that is a youngster of a great character and noticeable potential to add value to the community in the future). As a result the whole community grieves, as it strives to heal each other over the loss of a noble community member. This also reflects the solidarity of empathy, which greatly benefit the immediate bereaved family (Nwoye, 2000). However, the community in some cases withdraws their G-FACTOR services and refuse to mourn persons of poor moral character (i.e. thieves, prostitutes, death by suicide). Such persons are perceived as having violated the society's code of conduct and having been liabilities, rather than assets (Nwoye, 2000). As a result, the community would usually reason that since the deceased had rejected the society, the society now rejects him or her in return (Mbiti, 1989). To qualify for the community's AGT services one should subscribe to the African people's code of conduct which is underpinned by *Ubuntu*, and where possible continue to add value to the community (Nwoye, 2000). The community's voluntary participation or withdrawal of their services in this context seem to suggest that there are healing properties identifiable in the G-FACTOR principle

The S-FACTOR component of the model, explains those people who form part of the AGT, but go an extra mile in the process. For instance, they may offer gifts, instrumental support and other forms of services to the bereaved. According to Nwoye such people do so because of what the deceased or the bereaved stands for in their lives. The lesson that is meant to be learnt here is that the many sacrifices and gifts and the services that are lavished on the bereaved under the auspices of

the AGT model are often grounded in the psychology of gratitude, which certain core members of the local community feel they owe to the family of the deceased in recognition of what the deceased or the bereaved meant to them or has done for them. Examples of people who will partake in AGT with a special commitment would be former apprentices, in-laws, younger brothers and sisters, scholarship beneficiaries of the deceased or the bereaved (Nwoye, 2000). The G-FACTOR and the S-FACTOR are not always the determining factor, because some community members' contribution in the AGT is embedded in their feeling of being "blood brothers" or being in a special social or bonding or kinship relationship with the person who died or the one who mourns.

According to Nwoye, the model also addresses the question, what does AGT heal? Accordingly, the major 'psychological aspects' AGT heal are the bereaved's negative imagery, fantasies or daydreams on the meaning and implications of the loss event (Nwoye 2000). The key assumption in AGT framework here is that the news of the death of the deceased is received with shock, and images, or fantasies or hypothesis of bleakness by the bereaved. Thus, the AGT framework is based on an elaborate imagination by the community of the bereaved's thoughts and negative expectations following the bereavement.

The main assumption held by the community is that the cognitive world of the bereaved is inundated and overcome by recurring frightening imaginations and calculations of the unavoidable losses (for example, housing, financial and emotional support of the deceased) to be faced as a result of the deceased's exit. Cognitive factors also targeted are the bereaved's realistic worries, tendency to self-blame, survivor's guilt, and their tendency to feel rejected or demoralized by fate. The often lingering questions (such as why me?, who's responsible?, what wrong have I done?, and why always me?) have a damaging psychological factor and are the target of AGT. Nwoye mentions that all the services and rituals incorporated in the AGT framework are intended, in the main, to respond to these cognitions by helping the bereaved to dethrone and transcend them.

The technique here is to do things or say words and tell stories, sing songs, give testimonies and offer donations and gifts that reassure and cognitively challenge such negative questions. Such collective efforts send a message to the bereaved that the community is available for instrumental and moral support. The mourning practices and the funeral ceremony rituals that are successfully conducted tend to create a new and lasting impression on the bereaved's cognition as opposed to the initial negative internal dialogue they held. The bereaved is therefore faced with messages that contradict their initial belief post the death. This helps them to assimilate the positive support and solidarity which assists in the healing process. The main effort of AGT is to ensure that, the initial negative translation the bereaved has framed on the meaning of the loss is not allowed to persist (Nwoye 2000).

3.8 The theoretical framework for the present study: The Afrocentric paradigm

A theoretical framework serves as a foundation for any study. In the present study the Afrocentric paradigm was chosen as a framework that generally guided and oriented the attainment of the study objectives. Here below, the Afrocentric paradigm's origin, core ideas, and methodological underpinnings, including the implications for the present study will be discussed.

3.8.1 Origin

Afrocentricity as an intellectual attitude and an approach to analysing data, dates back to the 1960s (Asante, 2009). Turner (as cited in Pellebon, 2007) mentions that Molefi Kete Asante is the “founder, principal theorist, and an authority of Afrocentricity”. As an intellectual idea, Afrocentricity was used in the 60s and 70s (Asante, 2009), but as a philosophy and conceptual framework it was introduced by Asante (Mkabela, 2005). The paradigm was born out of a need to preserve and empower the African ways of knowing or ways of analysing data (Asante, 1990), while on the one hand, rejecting the universalist notion of Eurocentrism, more especially ‘positivism’ which is a philosophical paradigm that originated in the 19th century and dominated the early 20th century (Kaboub, 2008). Asante argued, while advocating for Afrocentricity that the European perspective has brought us to a

highly technically managed and structured society where all knowledge flows upward to more efficiently control and dominate society (Asante, 1980). The emphasis made was that the ruling ideologies of the time continued to abuse positions of power on questions of knowledge and its production. It is in this context that Asante maintained that there was an urgent need to free Africans' epistemologies from the constraints of Eurocentrism in connection with critical theory (Mkabela, 2005). Accordingly, Afrocentricity put forth the knowledge of this "place" perspective and saw it as a fundamental rule of intellectual inquiry (Asante, 1990) or so to say Afrocentricity locates research from an African viewpoint and creates Africa's own intellectual perspective. It focuses on Africa as the cultural centre for the study of African experiences and interprets research data from an African perspective (Mkabela, 2005, p. 180).

In essence, when traced back historically, the aim of Afrocentric scholarship has always been and still is to shift, construct, critique, and challenge the way of knowing or discerning knowledge from an epistemology engendered within a European cultural construct to one which is engendered or centered within an African or probably more correctly an African American cultural construct (Baker, 1991). Mkabela (2005) sums up the historical origins of this paradigm in the following excerpt:

Afrocentricity is a philosophical and theoretical paradigm which its origin is attributed to Asante's works *Afrocentricity* (1988), *The Afrocentric Idea* (1987), and *Kemet, Afrocentricity, and Knowledge* (1990). These books form the essential core of the idea that interpretation and explanation based on the role of Africans as subjects, is more consistent with reality. It became a growing intellectual idea in the 1980s as scores of African American and African scholars adopted an Afrocentric orientation to data. Afrocentricity is generally opposed to theories that "dislocate" Africans in the periphery of human thought and experience. (p. 179)

As a philosophy and theoretical paradigm Afrocentricity advocate for pluriversal perspective in research (Mkabela, 2005). Kaboub (2008) lends support by highlighting that the lack of internal consistency of positivism in the social sciences commanded its abandonment and acceptance of critical multiplism.

3.8.2 Basic propositions of the Afrocentric paradigm

Afrocentricity is undergird by the notion that our main problem as African people is our usually unconscious adoption of the Western worldview and perspective and their attendant conceptual frameworks (Mazama, 2001). The unintended outcome of this tendency or attitude is that African people are de-centred, essentially meaning that we have lost our cultural footing or identity and have become dis-located and dis-oriented (Asante, 1980). In response to this, the Afrocentric scholars, Asante in particular, systematically advanced the Afrocentric paradigm to explain the African human condition.

Afrocentricity can be easily understood as using the African worldview to understand all manner of phenomena (Carr as cited in Conyers, 2011, p 39). It deals with the question of African identity from the perspective of African people as centered, located, oriented and grounded (Mkabela, 2005). Therefore, Afrocentricity is placing African ideals, values and philosophies at the centre of an analysis that involves African culture and behaviour (Alkebulan, 2007). Ontologically, Afrocentricity argues that cultural location takes precedence over the topic or the data under consideration. As an enterprise it is framed by cosmological, epistemological, axiological, and aesthetic issues that reflect African centeredness and experiences (Asante, 1990; Mazama, 2001). Afrocentricity is pan-African in scope and runs as a visible thread across various fields that specialises in African studies, including communicative, social, cultural, political, economic and psychological, while recognizing three possible approaches: functional, categorical and etymological (Mazama, 2001). Afrocentricity therefore, foster scholarly collective agency and open-discourse in favour of multiculturalism, which becomes imperative for the preservation of African culture and society (Asante, 2007). The paradigm has been labelled pseudoscience by scholars such as D'Souza and Lefkowitz, and merely an ideology that lacks rigour to be accepted as an empirically based theory of practice

(Appiah, 1993). Despite the criticisms, Alkebulan (2007) has argued that the Afrocentric idea is valid and need to be defended and vigorously pursued.

3.8.3 The implications of the Afrocentric paradigm for the present study

The fundamental proposition that our main problem as African people is our usually unconscious adoption of the Western worldview and perspective and their attendant conceptual frameworks speaks volume to the present study. This study was a response to challenges met by the researcher with bereaved black African clients in therapy. Amongst others were clinical presentations embedded with African cultural beliefs, ideas and ideals. Unfortunately, the orthodox bereavement conceptual models and grief intervention strategies available to the researcher at the time were mostly ineffective and unresponsive when applied to some of the cases. The unintended consequence of the clinician's lack of the African ways of interpreting and dealing with such lived experiences was that some of the cases were prematurely terminated, while some patients abandoned therapy. This resonate with Sodi and Bojuwoye's (2011) sentiment that Western-oriented health care models have limited success when applied to the health conditions of non-Western cultures.

It therefore became imperative for the researcher to consider a different orientation to conceptualising and conducting the present study. It is for this reason that Afrocentricity became the guiding framework for the present study. Death and dying, bereavement and mourning are universal human experiences shaped primarily by people's worldviews and cultural practices (Laurie & Neimeyer, 2008; Breen & O'Connor, 2007; Eyetsemitan, 2002). These experiences have a profound impact on the bereaved persons' morbidity and mortality. It is important for bereavement, and grief conceptual and intervention related strategies to be culturally located, sensitive and relevant. Similarly, the researcher in the present study adopted the Afrocentric paradigm which enabled him to understand and describe the bereavement and its related rituals in the context of the Northern Sotho community taking into account their belief systems and cultural practices. The psychological themes that emerged from this study added a new dimension towards the understanding and management of bereavement in a clinical context and at a communal level.

3.9 Concluding remarks

In this chapter, the different theories and models that explain grief and the related processes were presented. In this regard Western oriented theories and models such as Bowlby's attachment theory and Stroebe and Schu's Dual Process Model were outlined. Nwoye's sources of gain in African grief therapy, which could be considered an Afrocentric conceptual model, was presented. The chapter was concluded by presenting the Afrocentric approach as the theoretical framework that guided the researcher in the present study.

CHAPTER 4

METHODOLOGY

4.1 Introduction

In this chapter, the methodology employed in this study will be discussed. In the first part of the chapter, the philosophical assumptions underpinning both the quantitative and qualitative research paradigms will be presented so as to give a context for the methodology that the researcher has adopted. The rationale for locating the present study in the qualitative paradigm is given. In the second part, phenomenology as a research design and praxis that guided the present study is presented and motivated. The third part of the chapter focuses on issues relating to sampling and the setting. In this regard, the researcher outlines the sampling procedures that were followed. The setting where the study was conducted, including the population, is also described. In the fourth part, the data collection procedures are outlined whilst data analysis and the steps to be followed in this process are presented in the fifth part of the chapter. Issues of validity and reliability in the context of a qualitative study are discussed in the sixth part of the chapter. Ethical issues that guided the researcher in conducting the study are covered in the last part of the chapter.

4.2 The philosophical underpinnings of the qualitative and quantitative research methods

The philosophies underpinning the qualitative and quantitative research methods have been extensively documented in most social science research books and journals. The two terms, quantitative and qualitative are popularly used to describe two different worldviews or paradigms of research. However, the major difference between the two paradigms is not necessarily the type of data collected, but their foundational assumptions, the givens that are assumed to be true (Willis, Nilakanta & Jost, 2007). In essence, the understanding and choice of a paradigm sets the tone for the researcher to subsequently make appropriate choices regarding the methodology, methods, literature or research design (Mackenzie & Knipe, 2006). The carefully selected research method guides the research toward the intended

aims and helps ensure that its products are useful and well received (Starks & Trinidad, 2007). The quantitative paradigm is located in the positivist tradition (Cohen & Crabtree, 2006; Fossey, Harvey, McDermott & Davidson, 2002), whilst the qualitative paradigm is located in the interpretivist tradition (Mackenzie & Knipe, 2006). Both the positivist and interpretivist traditions represent different ways of how researchers conceive reality, and how they subsequently go about studying it.

4.2.1 Positivism

Positivism or empirical-analytical paradigm as a philosophy holds that there is an objective reality that can be studied scientifically (Cohen & Crabtree, 2006). What this essentially means is that data (*reality*) is something that exist, *is (already) there*, and the task of the researcher is to gather and systematise the data (Alvesson & Sköldbberg, 2009). Such a reality can only be studied or empirically verified through deductive reasoning, combined with observation and experimental methods (Fossey et al., 2002). In the process of empirically verifying what is claimed to exist, the researcher should be detached from the phenomenon being investigated or remain objective, so as to make the product of the research value-free (Cohen & Crabtree, 2006). Therefore, the aim of quantitative research is to “test a theory or describe an experience through observation and measurement in order to predict and control forces that surround us” (O’Leary, 2004, p. 5). Data gathering tools are usually in the form of experiments, quasi-experiments (Mackenzie & Knipe, 2006), inflexible or closed-ended surveys and questionnaires (Mack, Woodsong, MacQueen, Guest & Namey, 2005).

4.2.2 Interpretivism

In contrast, the interpretivist or constructivist tradition sees reality as being socially constructed (Mertens, 2005). Unlike the positivist researcher the interpretivist researcher has the intention of gaining insight into how participants construct reality or as Creswell (as cited in Mackenzie & Knipe, 2006) suggest, the interpretivist researcher seeks to understand the ‘world of human experience’. It is in this regard that Fossey and colleagues (2002, pp. 719-720) mention that the two research

paradigms (interpretive & critical paradigms) that inform qualitative research methodologies place an emphasis on seeking an understanding of the meanings of human actions and experiences, and for generating accounts of their meaning from the viewpoints of those involved. Amongst others, this is one reason that the interpretivist tradition became prominent among the social science researchers who were dissatisfied with positivism's disregard of the influence of the context of delivery, the researcher and participants when reality is constructed (Keat, 1971).

Lincoln and Guba (as cited in Higgs et al., 2009) put forth five major assumptions concerning the construction and nature of knowledge governing the qualitative research, each of which is antithetical to the empirico-analytical paradigm; that is the qualitative paradigm assumes that:

- There are multiple constructed realities (that is, different people have different perceptions of reality through their attribution of meaning to events, meaning being part of the event, not separate from it)
- The process of inquiry changes both the investigator and the subject/participant (that is, these players are interdependent, in contrast to the independence ascribed to the research and the researcher in quantitative research)
- Knowledge is both context and time dependent. Whereas quantitative research searches for generalizations and universal truths, qualitative research searches for a deeper understanding of the particular (Domholdt, 1993)
- It is more useful to describe and interpret events than control them (as in quantitative research) to establish cause and effect
- Inquiry is "value bound", values appear, for instance, in how questions are asked and how results are interpreted

These assumptions highlight that the qualitative research methods enable researchers to delve into questions of meaning, examine institutional and social practices and processes, identify barriers and facilitators to change, and discover the reasons for success or failure of interventions (Starks, 2007). It is for this reason and the five major assumptions put forth by Lincoln and Guba that the researcher felt the

need to adopt an interpretivist/constructivist approach when conducting the present study. Furthermore, qualitative research employs epistemologies such as ethnographic approaches, phenomenological approaches, grounded theory, and discourse analysis amongst others (Starks, 2007). While qualitative data-gathering tools are usually in the form of in-depth interviews, participant observations, document reviews and focus groups (Mack et al., 2005; Silverman, 2000).

4.2.3 Rationale for the choice of a qualitative approach

In the previous two sections, the researcher laid down the basic propositions of the positivist and interpretivist philosophies. It is, therefore, justifiable when contrasting the two philosophies that the objectives of this study are in line with the interpretivist approach. Central to this study was to explore into the lived experiences of participants as they relate to bereavement, grief and the performed mourning rituals in a particular cultural setting. Through the interpretivist tradition the researcher was able to gain an in-depth understanding of participants' lived experiences or as Creswell (1998) suggests, to gain insight of the world of human experience.

Furthermore, the literature presented in the literature review chapter suggests that the conceptualization of bereavement, grief and mourning as human experiences are relative to cultural contexts. More so, because bereavement, grief and mourning are shaped by people's belief systems and cultural practices (Breen & O'Connor, 2007; Rando, 1993; Eyetsemitan, 2002; Laurie & Neimeyer, 2008; Radzilani, 2010). Inherent in this notion is that the conception of bereavement is varied across the many cultural groups existing today. Therefore, this supports Lincoln and Guba's (1985) five major assumptions about the qualitative paradigm; that is, there are multiple constructed realities, knowledge is both context and time dependent. Hence, the researcher employed the qualitative paradigm to explore into this area of bereavement in a new context which previous studies have not covered. On the one hand the researcher by having contrasted the foundational propositions of the quantitative and qualitative paradigms did so without oblivion to the recent developments and advocacy for the abandonment of the dichotomy debate and a move towards the mixed methods approach (Kelle, 2006; McKenzie & Knipe, 2006;

Onwuegbuzie & Leech, 2005). The researcher's intention was not to perpetuate the dichotomy debate, but rather, to outlay the two approaches' philosophical propositions and to lend support to the chosen study design (i.e. phenomenology).

4.3 Phenomenology as a research design for the present study

Phenomenology was adopted as a research design for the present study. Phenomenology is rooted in early 20th-century European philosophy (Adams & van Manen, 2008; van Manen & van Manen, 2014). The founder of this approach is Edmund Husserl (Osborne, 1990), and subsequently scores of phenomenologists (to name a few: Martin Heidegger, Edith Stein, Emmanuel Levinas, Maurice Merleau-Ponty) emerged and have contributed greatly to its advancement (van Manen & van Manen, 2014). It should be noted that the word phenomenology can refer to a research method, a philosophy and an approach (Dowling, 2004, p. 31).

4.3.1 Philosophical foundations of phenomenology

Phenomenology refers to knowledge as it appears to consciousness, the science of describing what one perceives, senses, and knows in one's immediate awareness and experience (Hegel as cited in Moustakas, 1994). Therefore, phenomenological studies seek to gain an in-depth understanding of people's lived experiences, and describe rather than explain the experiences (Lopez & Willis, 2004). Traditionally, Husserl argued that to achieve objectivity in a phenomenological study, the researcher have to *epoché* – a Greek word meaning to stay away from or abstain-his/her presuppositions related to what is being studied. To epoche in phenomenological research, therefore, requires that the researcher set aside his/her prejudgments, biases, and preconceived ideas about things (Schimtt as cited in Moustakas, 1994). This strategy, also known as bracketing is an effort to maintain 'objectivity' in phenomenological terms (Moustakas, 1994; Lopez & Willis, 2004).

Van Manen and van Manen (2014) noted that Martin Heidegger, Husserl's student, "radicalized Husserl's phenomenology by pointing out that the proper focus of phenomenology is not epistemological but ontological" (p. 610). For Heidegger then, phenomenology must aim for the fundamental concrete or existential question of how meaning comes to be. That is that, the reflective understanding of experience becomes an ontological project: exploring the Being (ontological meaning) of the being of things (van Manen & van Manen, 2014). On the other hand, like Heidegger, Van Manen (a popular Dutch school phenomenologist) does not embrace Husserl's view of bracketing and asks: "if we simply try to forget or ignore what we already "know", we might find that the presuppositions persistently creep back into our reflections" (Dowling, 2007, p. 138). The researcher is in support of this assertion in a sense that in this study, Husserlian approach was adopted, however, at some point in time presuppositions related to the phenomena under investigation kept on creeping up. For van Manen, phenomenological research is then, the study of lived or experiential meaning and attempts to describe and interpret these meanings in the ways that they emerge and are shaped by consciousness, language, our cognitive and noncognitive sensibilities, and by our preunderstandings and presuppositions (Adams & van Manen, 2008).

It is in this regard that three schools of phenomenology emerged. The three schools are: a). Husserl's eidetic or descriptive phenomenology; b). Heidegger's interpretive or hermeneutics and; c). The Dutch school, which combines the descriptive and interpretive phenomenology (Dowling, 2007). Van Manen and Van Manen (2014) add that there are various intricate descriptive and interpretive elements at work in phenomenological inquiry. Which is why Heidegger argued that all description is always already an interpretation; that is, every form of human understanding is interpretive (Adams & van Manen, 2008). Phenomenology becomes hermeneutical when its method is taken to be interpretive, rather than purely descriptive as in descriptive phenomenology (Adams & van Manen, 2008,). The descriptive phenomenology, in particular aims to obtain fundamental knowledge of phenomena and has a strong psychological orientation (Osborne, 1990). For the description of the lived experiences to be considered a science, "commonalities in the experience of the participants must be identified, so that a generalized description is possible"

(Lopez & Willis, 2004, p, 728). This study was particularly guided by the Husserlian phenomenological philosophy. The philosophy was chosen on the basis of its strong psychological orientation and the researcher's desire to achieve a pure transcendental description of participant's lived experiences. How this philosophy was operationalised will be covered in the subsequent sections.

4.3.2 Phenomenology as a research method

As highlighted above, the aim of empirical phenomenological research is to determine what the experience means for the people who have had the experience (Moustakas, 1994). This goal is achieved by the researcher; firstly by having narrative accounts by participants of their knowledge and experiences related to the topic of study. And secondly, by analysing the narrative accounts to generate the findings. The findings will be in the form of critical reflection and interpretation of the narrative accounts to reveal their universal essences or eidetic structures (Lopez & Willis, 2004).

Giorgi as cited in Moustakas (1994, p. 13) outlined two descriptive levels of the empirical phenomenological approach: Level I, the original data are comprised of naive descriptions obtained through open ended questions and dialogue. On Level II, the researcher describes the structures of the experience based on reflective analysis and interpretation of the research participant's account or story. In so doing the researcher's aim is to determine what an experience mean for the persons who have had the experience and are able to provide a comprehensive description of it (Moustakas, 1994). The 2-level process espoused by Moustakas will be elaborated in the data-collection and explicitation subsections below. Furthermore, in this study, as suggested by Broome (2011) and Osborne (1990), I did not put forth a hypothesis to be supported by the evidence, but rather I intended to describe the structure of bereavement as a psychological phenomenon so that it can be understood in a deeper, holistic and more comprehensive way.

4.4 Setting and sampling

4.4.1 The setting



Figure 1. A map showing the approximate geographical area of South Africa where SeSotho sa Leboa (Northern Sotho) is spoken. The area is indicated in brown.

Source: African Languages (2015)

The Sotho people are an ethnic group living in LeSotho (see the white coloured area in the map) and South Africa. There are two major branches, the *Southern Sotho-those living in LeSotho*- and the *Northern Sotho-those living in South Africa* (Hobby & Gall, 2009). According to Rammala (2002) it is believed that the now Southern and Northern Sotho people were once one ethnic group, due to the mutual intelligibility of the languages they speak and the commonly shared cultural traits. Though evidence is lacking to support this claim, it is supposed that famine, wars, the influence of European missionaries and later the apartheid government could have caused the Sotho people to split apart, and to the detriment of now seeing themselves as different people (Rammala, 2002).

The Northern Sotho community is a heterogeneous group, but easily distinguishable from many other South African ethnic groups by the language they speak which is *SeSotho sa Leboa*. *SeSotho sa Leboa* (Northern Sotho, or literally, "Sotho of the North") is mostly spoken in the North-Eastern parts of South Africa in parts of

Gauteng, Limpopo and Mpumalanga Provinces (*African Languages, n.d*). The 2015 mid-year population estimates highlight that the population of Limpopo is about 5 726 800. Of this population the Northern Sotho speakers have been estimated to be about 54.8% (StatsSA as cited in Media Club South Africa, 2015). The Northern Sotho language attempts to encompass a collection of approximately 30 related dialects all generally mutually intelligible (*African Language, n.d*, Media Club South Africa, 2015).

In terms of religion, the *Sotho* people, like any other indigenous African ethnic group, believe in the existence and influence of the Supreme Being. The Supreme Being that the *Sotho* people believe in is commonly referred to as *Modimo* (God). God is approached through ancestral intermediaries, the *Badimo* (ancestors), who are honoured at ritual feasts (Hobby & Gall, 2009). The ancestral spirits can bring sickness and misfortune to those who forget them or treat them disrespectfully. The *Sotho* people have traditionally believed that the evils of our world are the result of the malevolent actions of sorcerers and witches (Hobby & Gall, 2009). On the one hand, about 90% of *Sotho-speaking* people are affiliated to various Christian churches, while others are affiliated to African independent churches (Hobby & Gall, 2009). Hobby and Gall, mention further that African independent churches (that is, ZCC) combine elements of African traditional religion with doctrines of Christianity.

4.4.2 Sampling

The sample of this study was drawn from the Northern Sotho speaking people in the Capricorn District of the *Limpopo* Province. In particular, study participants were drawn from the *Polokwane* region (see Figure 1: The map) and the surrounding communities (*Ga-Molepo, Ga-Mothapo, Moletjie, Lebowakgomo, Mentz, & Seshego & Mankweng*). The participants were selected through the snowball sampling method. Snowball sampling, also known as the chain referral sampling is a type of purposive sampling, which entails approaching few known individuals from the relevant population and requesting those individuals act as informants and to identify other members that would be relevant to the study (Welman, Kruger & Mitchell, 2005). This sampling strategy is often used to find and recruit “hidden populations,”

that is, groups not easily accessible to researchers through other sampling strategies (Mack et al., 2005, p. 7). Goldberg (2011) maintains that with phenomenological studies, the researcher could consider a sample size of five to twenty-five participants, although a strict sample size is not predetermined. He adds that, the criterion for “how many” and “when” to quit in phenomenological sampling, is when redundancy occurs (Goldberg, 2011). Although 10 participants were envisaged for this study, the sample size ended up being comprised of 14 participants. By the 12th participant, there were no new themes that were emerging. However, to ensure that saturation was truly reached, the researcher went on to interview the 13th and 14th participants.

4.5 Data collection

During the data-collection phase, a phenomenological researcher is guided by several principles. In addition, the researcher should ensure prolonged engagements with participants, keep a journal and conduct validity checks (Lincoln & Guba, 1985). All these are meant to ensure that the data collected is trustworthy.

4.5.1 Phenomenological data collection guiding principles

Bracketing (*to epoche*), intentionality, *noema* and *noesis* are central principles that anchor and direct the phenomenological research. Phenomenology recognizes the unavoidable presence of the researcher in the formulation of the research question, the determination of what are the data, the collection of the data, and their interpretation (Osborne, 1990). Hence it is imperative during the process of research, including during data collection that the researcher epoche his/her suppositions (Moustakas, 1994) instead of eradicating or avoiding their existence (Osborne, 1990). Seemingly, the researcher should intentionally orient his/her attention to the phenomena under investigation or be conscious of what he/she perceives to be existing. This is best captured by Moustakas as cited in Dowling (2007), by stating that intentionality refers to the internal experience of being conscious of something. Linked to intentionality is “*noema*”-*that which is experienced*- and “*noesis*”-*the way in which it is experienced*- (Moustakas, 1994). For instance, in this study, the

researcher intentionally or consciously directed his attention onto that which was experienced (i.e. bereavement, grief & mourning rituals), while at the same time establishing the way in which the phenomena were psychologically experienced by the participants.

4.5.2 Data collection process

Taking into account the principles elaborated in the previous sections, the researcher consciously turned his attention to the phenomenon under investigation with each study participant. The guiding questions that were put forth to each participant were:

- Kindly, share with me your personal experiences following the death of a loved one?
- Kindly, describe to me the mourning rituals in your culture that you know of?
- Kindly describe to me the mourning rituals that you have had to go through after the loss of your loved one?

Upon establishing the nature of their lived experiences through these questions and subsequent probes, the researcher sought to gain an understanding of the essences or meanings attached to the performed bereavement rituals. This was achieved by further asking the participants the following questions:

- In your opinion, what is the importance of performing such rituals by the bereaved families?
- In your opinion, what would happen to the family and the deceased should the mourning rituals not be performed?

The data collection process was treated with caution by suspending any presuppositions that could have unduly influenced participants' descriptions of their lived experiences. It is in this regard that Husserl, emphasised that during phenomenological research, the researcher can achieve pure and absolute transcendental ego by being able to suspend any presuppositions related to the phenom under inquiry (Moustakas, 1994).

Before each participant could engage in the study, a brief overview of the study, ethical aspects and the nature of the interview were explained to the participants. The participants were then given the consent letter and form to read through and sign (See Appendices 3 & 4 for the consent letter and form-English and Northern Sotho versions). Furthermore, during the interviews, the researcher was flexible and accommodating with the language used. Most of the participants engaged on the phenom studied in their mother tongue (Northern Sotho), while some utilised both English and their mother tongue. Furthermore, to ensure that no significant data was lost during interviews, the researcher took dated field-notes, which were reviewed during the data-explicitation process of the study. Upon completion of the interview, the researcher gave each of the participants a thank you token of R100, which was not disclosed prior to the interviews.

4.5.3 Data collection instrument

For this study, in depth semi-structured interviews were utilized as instruments for data collection (see Appendix 2 for Interview guide – English and Northern Sotho versions). Semi-structured interviews are used to facilitate more focused exploration of a specific topic, using an interview guide (Fossey et al., 2002). Mack et al., (2005) maintain that in-depth interviews are optimal for collecting data on individuals personal histories, perspectives, and experiences, particularly when sensitive topics are being explored.

The data collected was recorded and stored using 2-digital audio recorders (as a precaution, in case one equipment had technical problems during the interview) with the permission of the study participants. The audio recorded interviews of high quality were selected and coded alphabetically (A-N). And also by place of residence for each of the participants.

4.6 Data analysis

The data for the study was analysed according Groenewald's (2004) data explicitation process that was adapted from Hycner's phenomenological explicitation process. The original phenomenological data analysis by Hycner comprises of a 15-interrelated step process (Hycner, 1985). These steps are tabulated here below:

Table 1. Hycner's phenomenological data analysis process

STEP 1-5	STEP 6-10	STEP 11-15
<p>1. Transcription: all audio recorded interviews are transcribed</p>	<p>6. Training independent judges to verify the units of relevant meaning: a reliability check phase, in which the researcher trains other researchers to independently carry out the 5-above steps in order to verify the present findings</p>	<p>11. Return to the participant with the summary and themes: Conducting a second interview: validate the findings by returning to the participant with the written summary. Central is whether the co-researcher agrees that the essence of the 1st interview has been accurately and fully captured. If not, make corrections and amendments or if the participant needs to add some more information, conduct the second interview. Also use clinical judgment, especially with clinical cases, in which the findings might be totally rejected by the clinical study participants.</p>
<p>2. Bracketing & the phenomenological reduction: the researcher</p>	<p>7. Eliminating redundancies: post reliability check, the</p>	<p>12. Modifying themes and summary: with the new data from the 2nd interview, the</p>

<p>must adopt the phenomenological attitude towards the data-collected</p>	<p>researcher eliminates redundant units of relevant meaning to others previously listed</p>	<p>researcher repeats procedures 1 through ten. Also modifying or rewriting the individual summary/ies.</p>
<p>3. Listening to the interview for a sense of the whole: a listening (several times) driven by the value of wanting to get a sense of the whole interview, a gestalt. The researcher is also reminded to suspend all his/her suppositions and/or pre-judgements and enter into the participant's world view of the phenomenon</p>	<p>8. Clustering units of relevant meaning: the researcher makes an attempt to determine if any of the units of relevant meaning naturally cluster together. In essence, the researcher establishes whether there seems to be some common theme or essence that unites discrete units of relevant meaning</p>	<p>13. Identifying general & unique themes for all the interviews: researcher begins a process of looking for the themes common to most or all of the interviews as well as individual variations. Basically, the researcher identifies general and unique themes that has emerged from all the interviews</p>
<p>4. Delineating units of general meaning: the researcher begin the very rigorous process of going over every word, phrase, sentence, paragraph & noted significant non-verbal communication in the transcript in order to elicit the participant's meanings.</p>	<p>9. Determining themes from clusters of meaning: the reseracher interrogates all the clusters of meaning to determine if there is one or more central themes which expresses the essence of these clusters</p>	<p>14. Contextualization of themes: after the general and unique themes have been noted, the reseacher place these themes back within the overall contexts or horizons from which they emerged</p>
<p>5. Delineating units of meaning relevant to the research question: the researcher addresses the</p>	<p>10. Writing a summary of each individual interview: return to the interview transcript and</p>	<p>15. Composite summary: write up a composite summary of all interviews which would accurately</p>

research question to the units of general meaning to determine whether what the participant has said responds to and illuminates the research question	write up a summary of the interview incorporating the themes that have been elicited from the data	capture the essence of the phenomenon being investigated. The summary describes the “world” in general, as experienced by the participants.
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(Source: Hycner’s (1985) guidelines for the phenomenological analysis of interview data)

Groenewald adapted the above process outlined by Hycner and instead outlined five critical steps that should be followed in phenomenological explication. The five steps or phases are: a). Bracketing and phenomenological reduction; b). Delineating units of meaning; c). Clustering of units of meaning to form themes; d). Summarising each interview, validating it and where necessary modifying it; and, e). Extracting general and unique themes from all the interviews and making a composite summary. The researcher in the present study opted to follow the five steps as elucidated by Groenewald during the process of data analysis. What follows below is a description of each Groenewald’s five steps, including a brief outline of how the researcher in the present study followed the steps:

4.6.1 Bracketing and phenomenological reduction

During this step the researcher suspends or brackets his/her presuppositions (meanings and interpretations of the phenomena being studied) as much as possible and enters into the world of the unique individual who was interviewed. It means using the matrices of that person's world-view in order to understand the meaning of what that person is saying, rather than what the researcher expects that person to say. Similarly, the researcher in the present study ensured that his presuppositions are bracketed. In this regard, each participant’s interview, was listened to 4-times by the researcher. The first time was meant to get the general sense and the quality of the interview conducted for each participant. During this process, the interviewer was

able to pick up areas of poor sound quality for each participant, that later required in-depth active listening to capture what the participants were expressing. Central to 2nd audio listening, was for the researcher to gain an in depth understanding, especially from the participant's vantage point, of their personal experiences of the phenom under investigation.

Following the interviews having been listened to 2-times, the researcher started to transcribe each of the participants' interviews. During the transcriptions, the researcher also captured the linguistic, paralinguistic and non-verbal aspects of the interviews. Hycner made a recommendation that during the transcription, the researcher should leave out a large margin on the left side of the page. This was also adopted during interview transcriptions. The space was used later in the process to list all the elicited units of general meaning (Hycner, 1985). Post transcription, all the transcripts were sent to a language specialist for translations (from *Sepedi* to English). Upon receipt of all the translated interviews, the researcher embarked on a parallel review process, in which both the *Sepedi* and English transcripts were reviewed in order to identify any loss of meanings that could have been suffered during the translations. Where loss of meaning was identified, the researcher re-captured the true essence of the statements, by also listening to the original audio interviews once again. Upon the researcher being satisfied that all translated transcripts were a true reflection of the original interviews, the researcher entered the 2nd phase of data-explicitation.

4.6.2 Delineating units of meaning

Delineating is the process in which units of meaning that are identified as having significance in reference to the phenomenon being studied are identified and isolated (Groenewald, 2004; Hycner, 1999; Creswell, 1998). The researcher rigorously enters into a process of going over every word, phrase, sentence, paragraph and noted significant nonverbal communication in the transcript in order to elicit the participant's meanings.

In line with the above guidelines, the researcher in the present study approached each interview with an intention to isolate all units of meanings relevant to the study. Meanings that were repeated were also included in the listings, on the left side of the page in a textbox. Moustakas (1994) recommends that when listing all units of meaning extracted from each interview, it is wise to numerically code each of them. This technique was also used in this study. For every participant's transcript, all their extracted units of meaning were numerically coded.

4.6.3 Clustering of units of meaning to form themes

During this step, the researcher tries to elicit the essence of meaning of units within the holistic context. In other words, whether there seems to be some common theme or essence that unites several discrete units of relevant meaning. In line with the above process as outlined by Groenewald, the researcher in the present study clustered the relevant units of meaning in line with the study objectives for each study participant. Units of meaning that were repeated or were redundant were eliminated. At this stage it started to emerge that some units of meaning were converging, thus supporting specific themes (i.e. Circumstances surrounding the death, bereavement & grief reactions) for each participant. This procedure was repeated with all transcripts, of which some emerging themes were common among most participant's, while a few were peculiar to individual participants' transcript.

4.6.4 Summarising each interview, validating and modifying where necessary

During this step, each interview is taken and a summary is compiled incorporating all the themes elicited from the data which gives a holistic context. These summaries are then taken by the researcher and conduct a 'validity check'; that is, returning to the informant to determine if the essence of the interview has been correctly captured.

In the present study, the researcher developed a holistic integrated summary of each participant's interview (See Chapter 5, for summaries of interviews for each participant). Each of the integrated summaries incorporated participant's emergent

themes. This was done with caution, so as to retain the essence of the initial interviews conducted and also with a view that each participant should be able to relate with the summary of the interview. Both Hycner and Groenewald emphasise that, as part of offering credibility to the study, upon developing individual summaries for each participant, the researcher must return to the participants for 'validity-check'. For this study 10 of the summaries were emailed to the participant for validity-checks, of which the researcher needed clarity from 2-participants. The researcher subsequently contacted the 2-participants for further clarity. The brief telephonic interview outcomes were incorporated into participant's units of relevant meaning and the researcher revised their summaries. Two of the participants were unreachable at the time of validity-checks. The last two validity checks were conducted on a one-to-one basis. In total 12 validity checks were conducted, and the summaries were endorsed by the participants as a true reflection their lived experiences.

4.6.5 Extracting general and unique themes from all the interviews and making a composite summary

According to Sadala and Adorno (2001, p. 289) the researcher, at this point "transforms participants' everyday expressions into expressions appropriate to the scientific discourse supporting the research". The researcher concludes the explicitation by writing a composite summary, which must reflect the context or 'horizon' from which the themes emerged. However, care must be taken not to cluster common themes if significant differences exist.

With all summaries validated and the researcher having sought further clarity from 2 of the study participants, the researcher entered into a phase of developing the composite summary for all summaries. The researcher approached this task with a view to identifying the general and unique themes that were identified from all the interviews. The general and unique themes identified, were then written in a language appropriate for the scientific community. Each of the themes retained individual participant's numerically coded relevant units of meaning in the form of quotations or excerpts. Under each an every general or unique theme, a number of

individual participant's coded quotations were then retained for illustrative purposes (See Chapter 5, study results). This marked the final stage of the data-explicitation process for this study. At this stage all the study objectives were clearly illuminated and the researcher was satisfied that they were scientifically explored and described.

4.7 Quality criteria

The quality of quantitative research projects is judged in terms of their reliability, validity, replicability, and generalizability. On the other hand, qualitative research projects are guided by the four quality criteria of dependability, credibility, confirmability, and transferability (Brown, 2004). In accordance with phenomenological principles, scientific investigation is valid when the knowledge sought is arrived at through descriptions that make possible an understanding of the meanings and essences of experience (Moustakas, 1994, pg. 84). As indicated earlier, the study's reliability and validity were achieved through suspending any presuppositions that could have potentially influenced the outcomes of the study during the data-collection and explicitation phases by the researcher. In essence, the researcher invalidated, inhibited, and disqualified all commitments with reference to previous knowledge and experience (Moustakas, 1994). Secondly, during the data-explicitation process, all the descriptions, meanings extracted and interpretations made from all the interviews were done so by purely being informed by participant's lived experiences and without any undue influence by the researcher. Furthermore, the researcher took all the summaries obtained from the interviews and returned to the participants for 'validity-checks'. The fact that all the participants in the present study acknowledged that their individual summaries reflected the true nature of the interviews conducted, could be deemed to suggest that the interview protocols were valid. What follows below is a brief outline of the four quality criteria that are often used to validate qualitative research:

4.7.1 Credibility

Research credibility relates to the confidence that can be placed in the truth of the research findings (Macnee & McCabe, 2008). Credibility strategies such as prolonged and varied field experience, time-sampling, reflexivity, triangulation, member checking, peer examination, interview technique, the authority of the researcher and structural coherence helps the researcher strengthens the rigour of the study if adopted by the researcher (Anney, 2014). Of the interviews conducted the shortest was about 30-minutes, while the longest was about 2/1 hours long. The data-collection lasted for a period of 7-months, plus a one month period during which validity-checks were being conducted. Duration of the interviews, the 7-months period of data collection and the validity checks, suggests that the researcher developed rapport with the participants and also immersed himself in the participants' worlds (Bitsch, 2005). The researcher also made use of members of the academic staff and his supervisor to review this study at various phases prior to the formal submission of the completed project. Therefore, these processes are considered to have added credibility to the study.

4.7.2 Confirmability

This principle refers to the degree to which the results of the study could be confirmed or corroborated by other researchers. The present chapter detailed the step-by-step guidelines that were employed in this study. The paradigm, methodology, and methods employed by the researcher for this study were elaborated in detail. Some of the protocols are appended in the appendices section of this study. These measures taken by the researcher in the present study suggest that some degree of confirmability of the findings of the present study can be established should another researcher want to validate the findings. The researcher also highlighted that during the data-collection he took field-notes. The field notes were revisited during each interview's explication and they served as a basis for reflections and a source of reminder to the researcher's 'ah' moments during the interviews (Anney, 2014). This also serves as a base for the confirmability of this study.

4.7.3 Transferability

It should be noted that since this study comprised members of one South African ethnic group, the study results may not necessarily be generalisable outside this ethnic group. However, considering the scientific nature of this study and all the relevant procedures and methods employed, it can be suggested that the findings of the study can be useful in other settings.

4.8 Ethical considerations

Research ethics deal primarily with the interaction between researchers and the people they study (Mack et al., 2005, p. 9). Researching human experience as sensitive as bereavement requires greater care and sensitivity during such interaction between the researcher and the participants. The bereavement literature also emphasises that greater care is needed when approaching study participants who are or have gone through a bereavement experience (Stroebe, Stroebe & Schut, 2003; Beck & Konnert, 2007). In this section, ethical considerations that were central in conducting this study are highlighted.

4.8.1 Permission to conduct the study

Prior to undertaking the study, the researcher obtained ethical clearance from the University's Ethics Committee (*See Appendix 1: Ethical clearance letter*).

4.8.2 Informed consent

One of the mechanisms for ensuring that people understand what it means to participate in a research project is through informed consent. In this study, the researcher openly discussed with the participants the nature of this study, the potential benefits, and risks associated with participating in the study. Upon which they signed the informed consent letters (*see Appendices 4 and 5 for English and Northern Sotho versions of the informed consent letter and form*).

4.8.3 Confidentiality, privacy and anonymity

Maintaining study participant's privacy and confidentiality protect the access, control and dissemination of participant's personal information; such standards also help to protect their mental or psychological integrity of study participants (Canterbury Christ Church University, 2006). In this study, participants were assured of their confidentiality, during and after the interviews. Information that the researcher deemed private, and possibly damaging, was removed and where necessary, was disguised to protect the identity of the co-researcher. Where the limits of confidentiality and privacy were envisaged, such as with supervisions, this was also discussed with participants.

4.8.4 Minimising harm (Non-maleficence)

Due to the nature of the topic under investigation, it was possible that some participants might have had some psychological reactions. Such participants were to be referred for psychological support in the local hospitals. Upon completion of this project none of the participants needed any form of interventions. Remarkably, during validity-checks all participants remarked that it was a learning process for them and some found meaning and healing through their participation in this study.

4.9 Concluding remarks

In this chapter the philosophical basis for adopting phenomenology as a research method was outlined. The steps in the research process, including the quality criteria followed in the study were outlined. The chapter is concluded by highlighting the ethical issues that guided the researcher in conducting this study.

CHAPTER 5

RESULTS

5.1 Introduction

This chapter will be organised in three parts. In the first part, the researcher will present the demographic profile of participants. The second part will be summaries of individual interviews with the participants, comprising the themes that emerged during data explicitation. The third part will comprise the composite summary reflecting major and unique themes that emerged during the phenomenological data explicitation.

5.2 Demographic profile of participants

Table 2: Demographic details

Participant No.	Gender	Age	Religion	Residential Area	Years of Education	Occupation
A.	F	48 yrs.	ZCC	Ga-Molepo	11	Cleaner
B.	F	70 yrs.	Anglican Church & ATR	Seshego	00	Pensioner
C.	F	34 yrs.	Catholic Church & ATR	Lebowakgomo	15	Traditional Healer
D.	F	65 yrs.	Lutheran Church & ATR	Moletši	08	Traditional Healer
E.	M	54 yrs.	IPHC	Mankweng	10	Boiler Maker
F.	M	59 yrs.	Born again Christian	Seshego	16	Educator
G.	M	85 yrs.	ZCC & ATR	Ga-Molepo	03	Pensioner
H.	F	45 yrs.	Born again Christian	Polokwane	18+	Psychologist
I.	M	57 yrs.	Born again Christian	Seshego	11	Unemployed
J.	M	66 yrs.	ATR	Ga-Molepo	08	Pensioner
K.	F	69yrs.	Born again Christian	Ga-Molepo	10	Pensioner
L.	M	43 yrs.	ATR	Ga-Mothiba	12	Administrator
M.	M	62yrs.	ZCC + ATR	Boyne	08	Bus-Driver
N.	F	75yrs.	Catholic Church	Polokwane	08	Pensioner

This study comprised 14 participants who suffered loss of their family members. Most of the participants, at the time of the study were bereaved of more than one family member in their lifetime. Table 2, reveals that the sample comprised 14 participants, with equal distribution of gender (male = 50%; females = 50%). The distribution by age reveals that there were an equal number of participants in the age categories 35 years – 50 years (35.7 %) and 50 – 65 years (35.7% %), while 21% of the participants were within the 65-80 years age category. Their mean age was 59 years (S.D:13.7). The majority of participants were ‘born-again’ Christians (28.6%), followed by those subscribing to both the ‘non-born-again’ Christian Churches and the African traditional religion (ATR) (21.4%) and, lastly those subscribing to both the Zion Christian Church (ZCC) and ATR (14.3%).

Furthermore, the distribution by place of residence shows that most participants were from the rural areas (28.6%), followed by those from townships (21.4 %) and metropolitan areas (14.3%). The descriptive statistics also reveal that of all the participants at least most had 7 - 12 years (57%), and 12 – 20 years (28.6%) of formal schooling. The majority of the participants (52.7%) indicated that they were pensioners whilst 43% considered themselves to be employed. Two of the study participants were self-employed female traditional healers (14.3%).

5.3 Summary of interviews with the participants

Participant A

Demographic Information:

Age: 48 yrs.

Gender: female

Religion: Zion Christian Church (ZCC)

Years of Education: 11

Occupation: Cleaner (Dept. Of Health)

Area: Ga-Molepo

SUMMARY OF INTERVIEW

Theme 1: Circumstance surrounding the death

Participant A, experienced the death of her 1st born son, who it was alleged that he was crushed by a train while on night duty on the 23rd of July 2014.

Theme 2: Grief reactions, bereavement rituals performed and their embedded psychological meanings

The circumstances surrounding the death left her unsatisfied with the death, not understanding what really happened, having multiple unanswered questions and still not believing that her son was crushed by a train. She was left preoccupied with the circumstances surrounding the death, in doubt, worried and mentally confused about what could have killed her son. Seemingly, she was left suspicious that her son might have had a fight with someone at work and ended up being killed. She described her experience of the death as having been very emotionally painful and to an extent that she was crying almost every day. On the day she was informed of the death, on arrival home she found everyone at home crying.

In light of the family suspicions about the death, they consulted with A Zion Christian Church (ZCC, St. Engenas) prophet who declared that her son was indeed murdered, but not crushed by a train at work. The participant added that they were then given some instructions (*ditaelo*) to follow when burying her son by the prophet. She described herself as having buried her son with a painful heart, because she had no answers to the many questions she was asking herself. She also felt that she was failed by the police, who she was opinionated that they failed to handle her son's death case appropriately. In her quest to find answers to what could have killed her son, she ended-up having a conflict with one of her son's previous colleagues.

The participant highlighted that, on the day of the burial, someone informed her that he saw his deceased son. The individual came for the second time insisting that he saw him coming out of a neighbour's household, with a chain hanging on his neck like a bull. This information shocked and frightened her. According to her, this

implied that her son was not resting in peace and it got her worried. Furthermore, the revelation, frightened and startled her children, to an extent that during the night if someone knocked on the door, they stormed out of the house running and thinking that it could have been their deceased brother. This badly affected all at home, and worse, her last born son. She recalled that her son was sending people text messages, in which he was expressing his wish to die. The reason being that he was longing for his deceased brother. He would at times fall involuntarily, starts kicking uncontrollably and he attempted suicide. Subsequently, she took him to a social worker who did help him. To further help her children, she was advised to take the deceased's clothes, especially his hat and put it under the pillows for her children to rest their heads on while they were sleeping. She acknowledged that this ritual helped her children, especially the one who was severely affected to forget about his deceased brother and to ease the pain.

Upon the declaration of her son being seen, they consulted with a Sepedi traditional healer, who also declared that her son was murdered and now being used. The traditional healer gave them some herbs, and instructed them to go and put them on the grave and speak out at the graveside that people who had caused her son's death should follow him suit. Upon performing the ritual, they were ordered to walk straight home and not look back at the graveside until they reached home. She highlighted that these rituals were to free his son from those who kept him, for him to rest in peace and for those who kept him to stop using him to work and earn money for them. She also added that they were aimed at revenging through seeing his murderous also dying. Seemingly, they were told that his murderous will die mysteriously. To this effect she highlighted that about five people died mysteriously, who she believed were responsible for her son's death. She attested that this implies that those rituals are working, and they brought her a sense of relief plus now that her son is now resting in peace. And as a result the accused's families were also feeling the same pain she felt due to having lost her son. She credited her healing to the medication prescribed for her by the doctor and the rituals performed following consulting with a traditional healer.

Theme 3: Physical manifestations of grief and the use of professional services

Participant A, added that the revelation about her son still being alive was overwhelming and affected her physical health. She described herself as having been sick; her blood pressure (B/P) had risen, her head was always hot, but not because of headaches, and she couldn't sleep or eat at the time. She then consulted with a psychologist, and a medical doctor who prescribed her medication and sleeping tablets. She expressed that the medication the medical doctor prescribed helped her sleep, eat and stabilized her B/P. However, she remarked that the psychologist's sessions were of little help. She questioned the psychologist's approach to healing, and remarked that they asked her a lot of questions, instead, counselling, advising and reading scriptures for her. She acknowledged that some psychologist might be better, but the one she consulted with was unbeneficial. She added that the social worker that her son consulted with was even far much better compared to the psychologist.

Theme 4: The restrictions that are imposed on the bereaved

Due to the death, she stated that they were prohibited for 3-months from attending church. She was of the opinion that, after this period had lapsed they were to be directed by the prophet of what else needed to be done by the family.

PARTICIPANT B

Demographic Information:

Age: 70 yrs.

Gender: female

Religion: Anglican Christian Church and African Traditional Religion

Years of Education: 00

Occupation: Pensioner

Area: Seshego

SUMMARY OF INTERVIEW

Theme 1: Circumstance surrounding the death

Participant B, lost her husband in 2009 to a short illness and also her daughter many years back. She hypothesised that the illness could have been due to either the painful upbringing he had had or the acid from coke, since her husband was working at Coca Cola. Immediately after the death she phoned her daughter to inform her about her father's passing. However, his son blamed her for informing her over the phone, since this could have affected her badly. She maintained that she saw it fit to inform her daughter about the death, since she did know that her father was ill.

Theme 2: Bereavement and grief reactions

She described her experience of the death as having been very painful and also for her children. The pain of experiencing the death made her and her children cry. She questioned as to why God or Satan could take his husband just after retirement, while it was his time to rest at home. This was because they both worked tirelessly and painfully to raise their children. Since his death, she constantly wishes her husband was still alive, especially when she sees her children and grandchildren achieving good things in life. She added that she constantly wished that he was alive so that he could also witness their achievements. A few weeks after the funeral, she found herself constantly crying, struggling to sleep and appealing to God to ease the pain and also to give her some sleep. She expressed her difficulties to her cousin, who consoled her by telling her that she was not the first and the last to go through such an experience. With time the pain eased out and she became better, though she would not forget about the less and the painful experience. The death of her husband left her feeling lonely, missing him and finding it difficult to deal with life challenges, since the person who was helping her to deal with such challenges was no more.

Theme 3: Traditional Northern Sotho rituals performed and their embedded psychological meanings

Participant B, revealed that a day after the burial his family arranged for her to put on black mourning clothes (*motoiši*), which signalled that she was bereaved. On the same day, the family proposed a date for her cleansing ceremony, which was to be over 12-months. She added that she was expected to put on the mourning clothes daily for a period of 12-months. However, in her case since she was working, her sister-in-law recommended to the family that she puts on them for a period of 6-months. She added that, she had to obey and put on the mourning clothes, because culturally it was expected of her to mourn for her husband. She added that after 12-months of mourning her family organised a celebratory cleansing ceremony, in which both her and her last born daughter went through a healing process. She described the process as having been administered by her sister-in-law, who mixed traditional herbs, poured them into a bath tub of hot water and added heated stones and then they were steamed up. This procedure was prescribed for them by a traditional healer. After cleansing they were ordered to go throw away the mixture far-away. This cleansing process meant that she was healed and could now lead an ordinary life.

The participant, highlighted that nowadays some people are no longer observing this traditional mourning practices. She stated that the ZCC widows partly observe some of these cultural practices of the *Basotho* people (they put on a cloth, on top of their dresses), while the 'born-again' Christians totally don't adhere to them. She hinted out that irrespective of religious orientation, those living in rural communities ruled by the Chiefs, it is compulsory for them to observe the traditional mourning practices. Some of the reasons for this to be made compulsory is that both the traditional *Bapedi* and Zionists members believe that the bereaved are afflicted by *makgoma*, which are contagious. She recalled that one day she went to the ploughed fields and Zionists, people were afraid of her, shouted at her and called her a widow. Upon consultations, she was informed that those people were afraid that she was going to infect them with *makgoma* and that she was going to infect their crops and as a result they would not grow. She was then advised that during ploughing, she should

leave out a portion unplugged which signalled that she was bereaved. Seemingly, she was ordered that when she goes to the ploughing fields, she should drop-off a multi-coloured Aloe Tree's (*sekgophana*) leaves next to people's fields. This was intended to protect those people's crops from being infected with *makgoma*. She added that her sister was also bereaved of her husband and was not allowed to plough. In her sister's case, she was also ordered to get a multi-coloured aloe (*sekgophana*) leaves and drop them at each and every crossroad in the community and also towards the royal palace. She also dropped them at the royal palace and also when she was passing sheep and goat kraals in the community. This was done so as to prevent their goats and cows from miscarrying.

The participant was convinced that all these practices are informed by *Bapedi* people's beliefs, which is the one that makes things right. She was of the opinion that, one may not see problems immediately due to failure to adhere to these practices, but later in life one might meet the challenges. She added that with widows, irrespective of religious orientation, there seem to be a problem, if one fails to adhere to the mourning practices. She recounted that one woman, who was an IPHC affiliate once approached her being hysterical and crying. She claimed that she was sick and in pain due to her failure to undergo the cleansing ceremony after having lost her husband.

Theme 4: Belief systems and the conception of death

Participant B remarked that in the *SeSotho* culture death has taboos (*moilo*) and some restrictions that are imposed on the bereaved. In her case, she was not expected to go plough in the fields, socialise and mix with people as she wished. She was also ordered to stop visiting people, and not call people by shouting at them. She recalled that she was not allowed to go too far away from home and that had it happened that she wanted to go somewhere, by 5 or 6pm she was expected to be back home. Some of these restrictions were uplifted after the 6-months period of mourning, but she was only freed from what she called a 'sentence' after 12-months after having been officially cleansed and freed from death taboos.

The participant noted that according to the *Bapedi/Basotho* belief the deceased are called *badimo* (ancestors), and rebuked what they are called by the 'born-again' Christians, that is Demons. She dismissed the assertion that the deceased spirit fades away, and stated that the human spirit gets resurrected and enters those people who become prophets. She recounted that people of yore would often say 'if the ancestors and God can help me I will do this and that the following year. She added that the human spirit goes somewhere (in her case, when she dies like her sister, she will go home, Ga-Rangata) after death, hence people are encouraged to do justice while still on earth.

PARTICIPANT C

Demographic Information:

Age: 34 yrs.

Gender: female

Religion: Catholic Christian Church and African Traditional Religion

Years of Education: 15

Occupation: Traditional Healer

Area: Lebowakgomo

SUMMARY OF INTERVIEW

Theme 1: Circumstance surrounding the death

Participant C, lost her 3 - years old nephew following having battled with asthma since birth.

Theme 2: Bereavement and grief reactions

The participant stated that the death left her sad, worried and questioning why would God or ancestors take such a young child. The death also led her to constantly worry about whom of the remaining child was next, especially when they get sick. She was

of the opinion that when they get sick, it could be that their niece is calling them to join him. She added that time and again when she sees her son, she remembers the deceased. She continuously asked herself as to whether asthma could really kill a child and that the death was very difficult for her and the family to accept. She hinted out that the death left them in suspense and unsatisfied. Seemingly, she would often cry alone because of the pain and when her son finds her crying she would lie about it. She added that even children at home always talk about him and his son was once heard saying he sees the deceased in the sky and in the wardrobe.

The participant went on to mention that the family blamed the hospital and also blamed themselves for the death. She recalled that since she is a traditional healer, she did not agree to perform corpse preparation rituals because she was too attached to the deceased and was afraid that she would have committed mistakes. The death almost caused her mental blockage and made her experience mixed emotions. Seemingly, when they were burying her paternal grandfather, she recalled that she fainted when the coffin descended into the grave and regained consciousness around late in the afternoons.

Theme 3: Belief systems and the conception of death

The participant maintained that in the *Bapedi* culture, one can die and the family thinks the person is dead, only to find that some people {those practicing witchcraft} took him and made to work for them. The participant added that in her culture they don't believe that the deceased go to heaven or hell, because they are not sure about them. The deceased is said to go and join their deceased relatives {their ancestors}. Hence, culturally people when they are burying someone they often mention to the deceased that they should go and get them some luck from so and so, wherever the deceased is going.

Theme 4: Traditional Northern Sotho rituals performed and their embedded psychological meanings

Participant C, highlighted that in her culture, it's very common for various bereavement rituals to be performed. Some of the rituals they perform for preparing the corpse, like in the case with his nephew. This is meant to prevent those with sinister intentions from turning the deceased into a *zombie (tokološe)* and to make the deceased to rest in peace. She recalled that her nephew was also prepared. She stated that they use a mixture of herbs and smear them on the corpse. She maintained that culturally a traditional healer prepares a herb called *bolebatša* and gives to the bereaved family to drink after the burial. The herb cannot be given before the burial, since it may interfere with people crying prior to the burial, which she stated that it's the beginning of the healing process. The herb eases the pain of loss, and makes the memories of the deceased to be less painful. However, in their case they were not given the herb, since the deceased was still young. To this effect the persistent pain she has been experiencing, she claimed it could be because they were not allowed to drink *bolebatša*. The participant added that *bolebatša* is made from a soft stone found by river banks. She maintained that another of it is made from a shrub tree. Both the stone and tree form of *bolebatša* are crushed into powder when prepared.

The participant stated that the bereaved parents undergo a healing process, in which they will be bathed, steamed up and inhale some herbs. Some of the herbs they drink for varying periods to almost three months, depending on an individual's strength of their blood, since people have different blood groups. The most emphasised herbs are those for drinking and inhaling; the drinking ones cleanses the blood. This healing process' purpose is to heal the bereaved of *makgoma*, so that they can be normal again. Even the bereaved widow or widower has to go through this healing process.

Culturally, if someone died somewhere (i.e. in hospital) or died a surprising death, such as through accidents or being murdered the bereaved family are expected to perform some rituals. The rituals are intended to take the deceased's spirit from the place where the individual died so that the deceased doesn't become a ghost. In cases of traumatic death, such as MVA death, it is important that both the deceased's corpse, the family house and everybody in the family be protected with herbs. The deceased's spirit is also taken from the area where they met their untimely death. In the process of taking the deceased spirit, it is important to talk to the deceased that he must not cause death for other people. On arrival home, the deceased is not allowed to enter the family yard, they are only brought into the tent for the mourning ceremony and from there they are taken straight to the graveyard.

Furthermore, in case the deceased died far-away from home (i.e. in Nigeria), the participant highlighted that it would be expensive to go there, rather they perform some rituals at a piece of land in the bush where no vegetation grows (*sebatlaolong*). The process is that the family together with the traditional healer go there, propitiate the ancestors, call the deceased in all his names, and tell him that they came to fetch him and take him home {his grave}. But, should they have to cross a river on their way home, they have to talk to the deceased's spirit and ask it not to remain on the other side of the river. This is done, since culturally it is believed that the deceased's spirit is unable to cross a river. Even if it's years somebody has died far away from home, they can still go to the spot where he died and propitiate using a goat, snuff and unsieved traditional beer (*maphoroma*). On arrival home, they inform the spirit to go and join the flesh which is in the grave.

Failure to perform such rituals by the bereaved's family, will lead to the deceased's spirit hovering around the place (*ghost land/phekathori*) where the person died. Unlike the person who died a natural death elsewhere, the spirit of someone who experienced a traumatic death is problematic and will torment the area and torture the family. She sighted that such spirits are the ones responsible for causing accidents on the roads. Accordingly, it is imperative that the bereaved appropriately perform the bereavement rituals for the deceased. Should these rituals not be

adhered to, the bereaved will have some bad-lucks and experience very strange things, like children failing at school and those employed can be expelled from work and such a curse can be generational. She cited that her Roman Catholic Christian aunt (who also believed in the African culture and healing) was buried without such rituals being performed, since her children claimed that they were 'born-again' Christians. To this effect they started to have family conflicts and consulted with a traditional healer. It was declared that their mother was not resting in peace due to the family having failed to perform the culturally expected rituals. Two months later, they then had to go and exhume the body, performed some rituals and reburied the body. Post the rituals all the family conflicts ceased.

According to the participant bereavement rituals for a married person, a child and unmarried persons are different. Culturally, the cow that is slaughtered for the deceased married person is different from that slaughtered for children and unmarried persons. For the deceased married person a cow called *mogoga* will be slaughtered for them. In essence, this signals that they were married. Pieces of meat from the cow are prepared with herbs and buried together with the deceased. While for children and any other person, they can kill any cow for feasting. In the past, its skin was used to cover the corpse.

Theme 5: Makgoma and the prohibitions that are imposed on the bereaved

The participant highlighted that there are prohibitions that are imposed on the bereaved, since death has some taboos (*meilelo*). The participant mentioned that the bereaved parents should abstain from sex for a period of 3-months, while a widow/widower it is for 6-months. She added that in the past the prohibitions were for 12-months. The reason for abstaining from sex is that, their blood is still impure due to having experienced death and also having *makgoma*. She noted that *makgoma* are infectious and if one was to make love within the prohibited period, their tummy and stomach will swell. She went on further to cite that in English the symptoms (water in the head, some cold & cold in the spine & some funny diseases) resembles those of meningitis, but it is not responsive to the western medical treatments. Hence, it is important that people restrict themselves from having sex while bereaved. The restrictions will be uplifted after having been officially cleansed.

Seemingly, her uncle once suffered from *makgoma* following his string of relationships with women who were bereaved and he had all these symptoms. She attested that *makgoma* are dangerous and can potentially kill an individual as fast as cancer, especially if one doesn't get treatment or default. However, she noted that nowadays people don't obey these instructions.

Theme 6: The old and new culture of bereavement

Participant C, maintained that bereavement rituals performed for traditional healers and Kings differ in many respect from those of the general population. In her case, as a traditional healer, she cited that her body is privately prepared by other traditional healers, who will perform appropriate rituals fit for a traditional healer. Equally, she would not be buried with her divination bones; rather some rituals have to be performed. Failure to do so will lead to strange things happening in the lives of her surviving family members. The participant was of the view that, these days young people are negligent of traditional bereavement expectations because of western religions. She however was strongly convicted that in future, such omissions is likely to become bothersome and troublesome for great grandchildren.

PARTICIPANT D

Demographic Information:

Age: 65 yrs.

Gender: female

Religion: Lutheran Christian Church and African Traditional Religion

Years of Education: 08

Occupation: Traditional Healer

Area: Moletši

SUMMARY OF INTERVIEW

Theme 1: Circumstance surrounding the death

Participant D, lost her husband to an illness in 2013 and also her daughter in 2000.

Theme 2: Bereavement and grief reactions

The participant maintained that the two deaths pained her, though that of her daughter was the most painful to experience. She reported that the pain was unbearable and it's unforgettable. Time and time again the deceased would reappear in her mind, and she would start picturing her and thinking about what they did together in the past. On the one hand, the sight of her daughter's friends makes her to continuously have reflections of her images in her mind. The death also made her not to sleep, of which she felt better when people were around. In the absence of people, she highlighted that she felt in danger. The pain of loss subsided after a very long time. She added that the pain is not removed by a person, but by God, who over time, gradually helps the bereaved to forget about the deceased.

Theme 3: Traditional Northern Sotho rituals performed and their embedded psychological meanings

According to the participant, when women are bereaved they go through a mourning period (*go roula*) and must be healed. She stated that even if they don't observe the mourning, they should be healed. The bereaved widow must be steamed up, knocked on the joints and be cleansed because she has *lekgoma*. She described *lekgoma* as a serious illness that kills and that people must be healed from it.

In her case, she invited a traditional healer who cleansed her and made her to sniff some herbs. She remarked that rituals for *makgoma* are like those of children, they have traditional healers who are knowledgeable and specialises in performing them. She state that she had to mourn for her husband for 3-months, before she was cleansed. However, she hinted out that when one does a job (of being a traditional

healer) like she is doing, one can mourn for a month or several weeks and then get a traditional healer to cleans and heal the individual so that the individual can start working. However, this does not imply that the mourning has been completed, it will only be so on the day they cleanse the whole household and the chief mourner takes off the dark mourning clothes. In her case she recalled that she was restricted from going to work outside her home, she was only attending patients at her house. In essence, she had boundaries and could not cross rivers and go beyond her community surrounding. She added that even the Zion Christian Church affiliates undergo their church specific healing processes such as being steamed up, water sprinkled all over the house to remove the darkness in the family. Culturally the darkness means that the household is impure and has bad-luck. Hence, it is important that it also be cleansed.

The participant remarked that if it's her healing the bereaved, she uses various herbs for *makgoma*. She cleanses them by steaming them up with *ditshemo* and make them sniff some of the herbs. Thereafter, she knocks them on all their joints and on their back. After knocking them, she takes herbs and rub them into their bodies. She would then give them some herbs to drink for a particular period of time. The knocking, is intended to strengthen the deceased's bones. She added that this healing, should be done for every person bereaved, failure to do so will make one to get sick and also infect other people with *makgoma*. If it's those sexually active they will infect their partners with *makgoma*. Hence, both the widow and widower are expected to abstain from sexual intercourse for a year.

Theme 4: Prohibitions imposed on the bereaved.

The participant maintained that in the African culture, death that occurs outside or in cases of those who commit suicide or those murdered, their bodies are not supposed to spend a night at home. The reason being that their spirit went out in the wilderness wherever he was killed or died. The deceased should be left at the mortuary and in the morning s/he may be brought home, but should stay outside the yard for viewing. Should the deceased be brought into the yard or the house, the family is likely to experience similar deaths, since in *Sepedi* such deaths are taboos. With such deaths, usually people consult with traditional healers who will diagnose

the cause of the death. If the death is man-made, rather than a natural one, the family will decide if they want to revenge or not. If the family want to revenge, she added that she would then prepare the deceased's body, while still in the mortuary with herbs prior to it being buried. When the rituals retaliate they will go and attack those who inflicted the death. She maintained that this is the African belief, but with the Western cultures, people pray to go God to avenge on their behalf.

PARTICIPANT E

Demographic Information:

Age: 54 yrs.

Gender: M

Religion: International Pentecostal Holiness Christian Church (IPHC)

Years of Education: 10

Occupation: Boiler Maker

Area: Ga-Thoka, Mankweng

SUMMARY OF INTERVIEW

Theme 1: Circumstance surrounding the death

Participant E, lost his father to an illness following having been hospitalised for a short period. He recalled that he was surprised that his father was hospitalised, because he was not a sickly person.

Theme 2: Bereavement and grief reactions

The participant recalled that his family was not informed on time by the hospital personnel about the deceased's death, which aggrieved him. He was left questioning himself as to why were they not informed about the death on time. The participant expressed that he didn't appreciate the manner in which the hospital managed his

father's death case. In response to the situation, he recalled that he was negatively affected as a result. He added that the death was shocking and unexpected because his father was not a sickly person. What saddened him worst was because they had not long spoken prior learning about the death. The participant maintained that the death was painful, but since he has learned about God, he had to accept that it is a way of life.

Theme 3: 'born-again' Christians' bereavement process

The participant, hinted out that the *Bapedi's* cultural ways of burying a person is costly and a waste of money as compared to his church's burial processes. He mentioned that in his IPHC church they bury during the week and don't spend too much on a burial. In most cases burying the deceased doesn't directly cost the family more than five thousand rands. The participant stated that much of the burial costs are catered for by the church, especially because the church affiliates pay a burial fee in church. In contrast, his father was buried traditionally from his second wife's household. His suggestion that he be buried by his church's was turned down. The family felt that he should be buried traditionally, because that was the right way to send him off. The participant, though unsatisfied, he reported that felt he couldn't oppose it, since it is what they believed in. He recalled that they spent approximately twenty thousand rands, of which, if they had buried him in line with his church's principles they could have saved at-least fifteen thousand rands. He recalled that they bought a coffin, a cow which was slaughtered, and hired catering to prepare appropriate food that suited them. Since his father was a member of the traditional dancers, they also called the group to come perform during his burial. This was meant to bid him farewell the traditional way through dancing.

In contrast, the participant cited that in his church, once the church is informed of the deceased's death, they offer prayer services for the deceased's household before the burial date. He maintained that the church visit the family twice before the burial offering prayers. During the prayer sessions, they only reflect on the deceased's ways that he was following while still alive and show those remaining that the deceased was living a better life. Once, the deceased is buried they are done with all

bereavement processes and can attend a church or assume any other duties. He added that there is nothing like putting on mourning clothes or organising cleansing ceremonies, like it was the case with his father's second wife.

Theme 4: Traditional Northern Sotho rituals performed and their embedded psychological meanings

He recounted that in his father's second house there were ten days of mourning (*Matshidišo*) for children, while her bereaved father's wife was for a year. She maintained that his father's widow was due for cleansing and taking off the mourning clothes on the 30th of December 2014. The ten days they observe, he claimed are for looking at other things so that the bereaved can be allowed to assume their daily duties such as ploughing and traditional repairing of their houses. He added that death is associated with taboos culturally; hence people are prohibited from doing certain things while still affected by the darkness of mourning. Seemingly, it is common to hear people talk about people having bad lucks and experiencing all associated bad things (*Senyama*).

Theme 5: Belief systems and the conception of death

Participant E mentioned that culturally witches are capable of taking the deceased person's spirit. The witches were said to use an item from the deceased's house and call the deceased by his/her name and they usually collaborate with a relative. He remarked that people might think he is dead while he is not. To prove that the deceased's spirit has been taken, the participant highlighted that when you touch the deceased's corpse before the burial their body is often soft, instead of being hard and cold. This is an indication that the deceased is not literally dead. In such cases the family only buries, what he described as a picture rather than the deceased in person. According to the participant, those naughty people (referring to the witches), take the deceased's spirit, use the person for their own ends and the deceased will often be wondering around the community. He stated that the deceased's tongue is cut-out, can't communicate appropriately and they are other things they do to them. The participant was opinionated that, should the family wish to bring such a person

back home, God assesses the family's emotional state and decide whether to bring the person back home or to take the spirit forever.

On the other hand, the participant maintained that according to the Christian religion, the deceased return to God in a form of spirit, depending on whether they had prepared themselves through good deeds and prayer while they were still on earth. In his belief system on the day of the burial, they only take the soil to the grave, because the deceased's spirit parted with the body on the day of their demise. Consequently, it is time for the deceased to go answer to God for his/her ill-principled deeds should they have failed to lead a good life.

Theme 6: The old and new culture of bereavement

The participant recalled that in the past, the *Bapedi's* were burying on Mondays to Fridays just like it is still the case with his church. He felt that nowadays' burials, which are during the weekends is only what the white people prefers. However, this is not in line with the traditional principles of burials, which is why in his church the practice of burying during weekdays is maintained.

PARTICIPANT F

Demographic Information:

Age: 59 yrs.

Gender: M

Religion: Nazareen Christian Church (born again Christian)

Years of Education: 16

Occupation: Educator

Area: Seshego

SUMMARY OF INTERVIEW

Theme 1: Circumstance surrounding the death

Participant F, lost his father aged 79 following an illness he battled with for a couple of months.

Theme 2: Bereavement and grief reactions

The participant described his experience of the death as having been painful for having lost a parent. On the other hand, he felt relieved that the pain his father endured has been lifted from him and therefore, he wasn't suffering anymore. He found himself constantly emotionally when he thought about the past memories of him and his father. Seemingly, as the first born son in the family the death of his father meant that he had to assume a fatherly role in the family. He remarked that since his father's death everyone in the family look up to him for guidance and support and as a result he wouldn't want to disappoint them. Equally, he started to count on his family members, in an attempt to identify individuals that he could share his problems with and get support from them. He added that he started to be worried about his bereaved mother, especially about how the death could have affected her. He also realised that there was no turning back for his father.

Theme 3: Zion Christian Church bereavement rituals

He recounted that his father belonged to the ZCC church, and the bereavement rituals were only directed to his mother. His mother had to be cleansed by being sprinkled with water, given different types of teas and coffees so that she could drink for about seven days. On the last day they punched her with a needle to led the blood flow out as part of the healing process. His mother had to spend a year mourning for her husband. He stated that he didn't under go any of the ZCC rituals since he is a born-again Christian.

Theme 4: traditional Northern Sotho rituals performed and their embedded psychological meanings

In the *Bapedi* culture, the participant highlighted that there are a number of mourning rituals that the bereaved have to perform. Rituals for the widow include being dressed in black-clothes after the burial for three months, but the widow will be formally relieved of the mourning period after twelve months. The black clothes are for signalling that she is a widow and she is protected with herbs by a traditional healer against man who might wish to make advances on her. They are also intended to deter men from being in a relationship with her, so as to preserve the dignity of the family, because it would dent the image of the family should a widow immediately after her husband's death to start another relationship. After the twelve months period, the family invites the same traditional healer and other family members for the last cleansing ceremony. Through the use of herbs, another ritual is performed for the widow, which formally graduates her out of the twelve months period of mourning. They heal her, take off her mourning clothes and buy her new clothes. This ritual signals that she is now free and can lead an ordinary life like everybody. However, should any man engage with her sexually while she is still in mourning, he is likely to die. He recounted an incident in which a widow didn't undergo the ritual cleansing process and started a relationship with a man. Consequently, the man fell ill and within some time he died. His death was reasoned to be due to having been in a relationship with a widow.

On the other hand some members of the family, especially the kids have their hair shaven off and they are expected to put a piece of a black cloth on top of their clothing items on their upper arm. This is an indication that they are also bereaved. The participant added that, the corpse of an individual who died of an accident (i.e. suicide, murder or motor vehicle accident) is attended to by a traditional healer while still at the mortuary. The participant was not certain as to whether they rub the corpse with herbs or they just put them in the coffin before it is brought home.

Theme 5: 'born-again' Christians' bereavement processes

According to the participant since he is a 'born-again' Christian, they simply organise the funeral and after the burial they resume with their daily activities as usual. Both men, women and children do not undergo any of the traditional or ZCC bereavement rituals and nothing will happen to them. He maintained that the unveiling of a tombstone is somewhat the Christians' ritual, which is performed after 12-months.

Theme 6: The restrictions that are imposed on the bereaved and the deceased

Culturally, deaths caused by gun shots, accidents, murder or suicide are treated differently from naturally caused deaths. The participant stated that the body of the deceased who died traumatically their body is not brought home a day before the burial, but it is brought in the morning for viewing and it is not allowed to enter the house or the yard. The reason for this restriction is that, it is feared that more deaths of the same nature may be invited into the household.

Theme 7: The old and new culture of bereavement

According to this participant, culturally, the burial process of an adult and that of a child in the olden days were different. A child was buried a day later in the morning, while elderly people were buried late in the afternoons a few days later. The few days reserved for elderly persons were meant to ensure that the deceased is indeed dead, since there were cases in which the deceased could be believed to be dead, only to wake-up after a few days. In olden days the deceased were buried in cow skins, of which this days he cited that people use coffins. The participant added that by making use of coffins, mean that people should no longer slaughter a cow during burials. However, the slaughtering of a cow is still being practices today, thus it signifies loss of meaning.

The participant observed that nowadays there seem to be a competition about coffins, since families would not like to bury one of their own with a coffin worth less than eight thousand rands. He reasoned that relatives get angry if a family member is buried in a cheap coffin. He felt that somewhat this huge expenditure during burials; initiate the healing process for the bereaved. The bereaved wishes to bury the deceased with dignity, which in turn makes them feel satisfied.

Theme 8: Belief systems and the conception of death

The participant held that in their Christian belief system when someone dies they forget about him and it's over. However, culturally it is held that the deceased goes to join his/her ancestors. Such a person still has an influence on people's lives and if not well propitiated he might come for some of the family members. The people are said to be protected by their ancestors, only if the people comply with their demands. Should family members fail to appease their ancestors they are likely to be punished, such as through car accidents.

PARTICIPANT G

Demographic Information:

Age: 85 yrs.

Gender: Male

Religion: ZCC and African Traditional Religion

Years of Education: 03

Occupation: Pensioner

Area: Ga-Molepo (Laastehoop)

SUMMARY OF INTERVIEW

Theme 1: Circumstance surrounding the death

Participant G, lost 2-daughters in law occasioned by different factors. He expressed that death comes in many different forms. There is death occasioned by illness and some caused by worldly things like people who have jealous towards someone. The first daughter in law was a victim of death occasioned by people with jealousy, who bewitched her. The second died of a physical illness.

Theme 2: Bereavement and grief reactions

According to the participant, the experience of the two deaths was shocking to him. He added that, he was emotionally hurt and it was difficult for him to forget about them. He reckoned that the deceased constantly linger in his mind. Following the death of her first daughter in law, they interrogated the death with his wife and concluded that it was inflicted by people who hated them. They asked themselves as to whether the death could have been caused by their relatives or friends. He held that it is normal that when someone dies people suspect others, especially people who the deceased had a close relationship in the past. In their case, his family consulted with a traditional healer, who confirmed their suspiciousness but decided to hand over the matter to God. He maintained that some people advised them to revenge, but declined since in his family they are not witches. However, the death was a revelation as to how God starts and finishes with a person and for him to realize how death comes into one's life. What worried him most was that his son was left alone and confused, while his granddaughter could be seen to be thinking a lot about her deceased mother. On the one hand, their in-laws were blaming them for their daughter's death and this created hatred in their hearts. The in-laws also told his granddaughter that her father killed her mother. All these created difficulties, confusion and a rift between the two families. He maintained that the conflicts caused him so much pain, while he was still shocked and surprised by the death. He was disheartened by his son's in-laws for telling her granddaughter about her mother's death, and by so doing they contaminated the child.

The participant mentioned that disclosing to a child the events that lead to a parent's death is culturally prohibited. It was in this regard that he got worried that his grand-daughter was contaminated. Not disclosing to children about death intended to allow her to grow with a free heart and she will be able to have children. However, in her grand-daughter's case, he continued to worry that she was growing-up with hatred in her heart. Consequently, she might have dreams about her mother and blame people for her death. The participant remarked that the bereaved children often think about how they lived with the deceased and they don't enjoy sleeping anymore. He maintained God is able to create a bioscope in which a child is able to relieve all the memories of their deceased parent. The participant remarked that in times of death, those bereaved experience mental illness of some sort.

Theme 3: Restrictions imposed on the bereaved

The participant, highlighted that culturally still-borns are buried in the yard and in attendance are only elderly close relatives. The younger couples and even the parents of the deceased are not allowed to partake in the burial. Same as not telling a child about death this is a taboo and will contaminate the youth. The exclusion of the deceased infant's parents from the burial is intended to protect them from being hurt by the death. Seemingly the other youth are protected from being preoccupied with the details of the other couple's loss and grief, later in life when they are expecting a child of their own. The preoccupation and worry might contaminate the pregnant woman and lead to miscarriage. He reasoned that this is because the bad feelings cause problems for one's stomach and the womb. It is in this regard that, it is a taboo for the youth to attend funerals, especially of a still born. According to the participant the feeling of sympathy they feel for other couples is what could lead to they suffering the same fate in the future. However, the elderly people who are no longer sexually active will accept that it is God's will; by so saying they are consoled and healed.

Theme 4: Traditional Northern Sotho rituals performed and the embedded psychological meanings

The participant stated that be it the death of a child or an in-law, the family brings a traditional healer who will come and give them *metsimašiya*, to make their hearts to belch (*to ease their heart*). The water is poured into a calabash or even a plastic dish, then mixed with a herb and given to them to drink. This is meant to heal them so that they should not be shocked too much by the death. Even when they talk about the deceased, their heart doesn't feel pain anymore. They are also steamed up with stones and other mixture of herbs, thua they are bathed and healed from all bereavement related illnesses. This healing process is primarily for healing the bereaved and protecting them from being attacked by *mahwa*. *Mahwa* makes a person get sick whenever they think about the deceased. The healing processes also support their livelihoods. In his case his family (himself, his wife, son and granddaughter) went through the healing process. The healing process was also intended to counter the feelings of fear and being preoccupied with the deceased.

In cases of accidental deaths, murders, and other man made deaths the family consults with a traditional healer. The traditional healer will establish as to whether the death was orchestrated and if the death was orchestrated, the traditional healer will prescribe the necessary rituals to be performed by the bereaved family. The prescribed rituals are intended to help the deceased to rest in peace. Seemingly, they are for helping the bereaved to forget about the incident and heal from the pain of loss.

Theme 5: Belief systems and the conception of death

The participant strongly held that in his culture, the mourning process starts with a consultation with a traditional healer. Furthermore, culturally, a tombstone is not meant for a child, because their spirit has not lived and does not enter heaven. He added that even the bible states that they will come back and be reborn. Only the elderly people whose spirits are in heaven and still prevailing on earth are eligible for a tombstone. The tombstone is for remembrance for generations to come. People may visit the graveside and communicate with the deceased to take their request to God. In Sepedi, the deceased persons are called ancestors/badimo. The ancestors are means through which people can communicate with God.

Theme 6: The nature of support offered to the bereaved

Culturally, if a married woman dies without having given birth to a child, the two in-law families are expected to sit and agree that the deceased's family will provide the bereaved husband with another wife. The new wife should come from their family lineage and have the same surname. This is intended to maintain the family relationships, while she will also take care of her late sister's children and be a wife to the bereaved husband. However, with his son, their in-laws failed to sit with them as culturally expected and as a result this has caused a rift between the two families. He added that this made it difficult for them to forget about the death. Seemingly, it is expected that the bereaved family be consoled (*go-hlobošwa*) by the community, which is intended to show them that the death has affected the whole community. During the gathering they also encourage cooperation and unity in the family.

PARTICIPANT H

Demographic Information:

Age: 45 yrs.

Gender: F

Religion: Porters House Christian Church (born again Christian)

Years of Education: 18+

Occupation: Psychologist

Area: Polokwane

SUMMARY OF INTERVIEW

Theme 1: Circumstance surrounding the death

Participant H, lost her husband in 1999 following a shooting incident at his place of work. She also lost both her mother and brother in 2007. Her mother demised following battling with a chronic medical condition, while her brother died of a Motor Vehicle Accident.

Theme 2: Bereavement and grief reactions

Of the three deaths, that of her husband affected her more negatively since she was still young and very emotionally attached to him. She added that since the death was tragic and unexpected it was one of the most difficult to deal. Seemingly, at the time a lot of their plans were not yet in place. The participant added that, while she was still battling to deal with the loss, her in-laws took all of their belongings, which meant she had to deal with two loses at the same time. Young as she was, she had no knowledge of how to defend herself legally, she lacked physical strength to fight over her belongings (that is, her house, the furniture, & the car) and ended up giving up and having been left with nothing. Part of her having given up was that she thought if she kept silent, they would have considered their granddaughter. She also didn't want to tarnish her daughter's relationship with her in-laws because she was still young. The dispossession, literally meant that she was left with nothing to start on,

since she lost their property and assets, while at the same time she was bereaved of her husband who was supporting her financially. She described the experience as having been quite bad and crushing. To begin anew, she had to return to her family of origin. At the time she felt that she lacked support and that she was lonely. She recalled that she was always crying, couldn't cope with the losses and she was overwhelmed.

She recounted that a day before her husband's burial, she just crashed and had to be taken to the hospital. While on the burial day she was just numb, not tearful and she couldn't register any aspects of the procession. She described her experience of herself as having been like she was living in another world, she was just stirring at people and to date she does not remember how the burial went about. She was of the opinion that she possibly was frozen. With her mother, she recounted that the death wasn't as painful as that of her husband, because she somewhat anticipated it. To some extent she felt some sense of relief, since she was nursing her throughout the illness and she felt that it was too much for her. Upon her death, she accepted that it was okay. That of her brother was somewhat painful, because he was the only brother; she had in the blended family. And, to date she still misses him and at times feels lonely because she the only child left, out of the blended marriage between her mother and father.

Theme 3: The use of psychological services

The impact of the death lasted for several years, of which 4-5 years later, that's when she considered going for counselling. Her consideration of counselling was because 4 – 5 years later, she felt as if the death just happened yesterday and she was worried that by that time she should have recovered from the loss. She acknowledged that it took her longer to heal, but therapy did work wonders for her and helped her to cope.

Theme 4: Bereavement rituals performed and psychological meanings embedded in their performance

Participant C, reckoned that with the death of her brother, before his burial they had to go to the mortuary to fetch his body. Since he had died on the road, on their way back home, they had to via the location at which he met his untimely death and perform a ritual. She described it as follows; *“when we arrived on the accident scene we stopped and told him that we were collecting his spirit and were taking it home. We told him that he didn’t have to trouble people in that location; he was going home to rest with his mother, who, herself was not long buried”*. One other ritual they performed was that since he died in an accident and bled on the scene, they did not slaughter a cow during his funeral. She maintained that culturally it is believed that people who bled during their death, such as in motor vehicle accidents and murders the bereft are not supposed to slaughter a cow. This is meant to prevent their families from experiencing similar deaths sometime after the deceased has been buried. In essence, they are breaking the cycle of such deaths by not spilling blood again. Her half-sisters were also suspicious of the circumstances surrounding the death and went to consult with a traditional healer who diagnosed the cause of his death. She added that they were given something (herbs), though she wasn’t certain, whether they were rubbed on his brother’s body to make him sleep in peace or how exactly where they used. This ritual was meant to make him die and prevent him being used by other people. On the one hand, since she is a Christian she couldn’t partake in such consultations and rituals, plus she was convinced that his brother’s accident was caused by having been drunk while driving. As it was the case with her husband’s death, her brother’s body was not brought home a day before his burial. Likewise, should their bodies have been brought home; their families were likely to experience similar deaths.

During the burial preparations for her husband, she recalled that as a widow, she was surrounded and received support from elderly widowed women in the bedroom. More of their conversations were on how they survived life in the absence of their husbands. In the same bedroom, young couples are not allowed to enter. This was meant to protect her from desiring the other young couples, who still had their

partners, as this could have caused her more pain. After the burial, she recounted that she underwent both the Zion Christian Church (ZCC) and the *Bapedi* traditional cleansing ceremonies, partly because she had to satisfy her in-laws, who attended the ZCC. She maintained that she was cleansed with water and blown with fire from some newspapers. This was meant to remove bad lucks from her. Post the ritual, she was informed that she should come back to take off the mourning clothes, even though she was not dressed in them and also for the distributing of her husband's clothes. On the other hand, her daughter's paternal aunt prepared *bolokwane* and put on her daughter's neck. The *bolokwane* can either be of colours red and white or yellow and black. Hers was yellow and black, but immediately after it was put on her neck, she deliberately tore it apart. Of which it is held that once it is torn apart, it cannot be put back on. Her aunt also whispered in her ears that her father was deceased and was no longer coming back. She however was sceptical of the two rituals performed for her daughter; because she continued to ask about her father's whereabouts until she had to explain in such a way that she could understand. She assumed that maybe the two rituals failed to work, because her daughter broke one of the rituals.

Post the ZCC's cleansing rituals and on arrival to her family of origin, her sister and aunt who are both traditional healers cleansed her of *makgoma* traditionally. She was made to inhale some herbs, steamed up with some water mixed with herbs and hot stones. She was also bathed several times with herbs and thereafter knocked several times on the joints of her body to strengthen and stretch her. She was also given some to drink, which were intended to cleanse her on the inside. This ritual was also meant to remove bad-lucks for her, like those of the Zionists, and to relieve her body of tension since she slept on the mattress for some days. The ritual also removes the deceased's image from the bereaved and also to prepare her for life after the loss, so that she should be able to be integrated in daily relations harming people. She maintained that she did not put on the mourning clothes, because the two healers told her that the manner in which they had cleansed her it was not necessary for her to put on them.

The participant acknowledged that at the time she was already a born again Christian, but didn't want to experiment by not performing any of the culturally expected mourning rituals. She held that in Sepedi, it often held that one should not underestimate the danger of anything, as it may be greater than one may think. As a result, she sidelined her education and obeyed the elders' advises with regard to being cleansed. She also added that culturally it is expected of the youth to respect the elders and follow their advice. To this effect she wouldn't have managed to live with the guilt of having sickened people or killing someone because of her refusal to be cleansed. For her mother, they didn't perform any rituals or consult with a traditional healer on her orders before she died. Her burial was more of a celebration than a painful event.

PARTICIPANT I

Demographic Information:

Age: 57 yrs.

Gender: Male

Religion: 12-Apostole Christian Church (born again Christian)

Years of Education: 11

Occupation: Unemployed

Area: Seshego

SUMMARY OF INTERVIEW

Theme 1: Circumstance surrounding the death

Participant I, lost his daughter following being stabbed by her boyfriend during an argument. He also lost 2-nieces who were twins years back.

Theme 2: Bereavement and grief reactions

Of the 2-deaths, that of his daughter negatively affected him. The death disorganized him, affected his health and his work. He recalled that he became hopeless, he couldn't concentrate at work, and he became weak and got confused. As a result, he ended up resigning from work. He added that he became preoccupied with the deceased, had thoughts of revenge every time he saw the murderer, and was always crying. Since the death was unexpected he found himself not thinking as usual and severely mentally affected. He summed up his experience by stating that his mind was no longer normal.

The death also affected all in the family. The twin sister to the deceased would often complain to him that she misses her sister and she was dreaming about her. His son complained of being unable to sleep, everyone in the family was always crying and all became disorganized. His wife was also badly affected because she was more intimate with the deceased. People advised them to revenge by killing the perpetrator through traditional healers, but disagreed since they are Christians. Being the father of the family, he became overwhelmed, but encouraged the family to persevere, so that they would not be affected by the pain until they were attacked by strokes. In light of the twins, he remarked that since they were still young it didn't affect and worry them that much.

Theme 3: 'born-again' Christians' bereavement processes

According to the participant, both deaths found them, already having converted to Christianity, and as a result, they didn't follow the *Bapedi* cultural ways of dealing with death. Their ways of dealing with death, was that priests from their church visited their family for a month, prayed for them and cleansed them through the word of God and as such they felt consoled by their words.

Theme 4: traditional Northern Sotho rituals performed and their embedded psychological meanings

He remarked that in *SeSotho* deaths are associated with taboos (*moilo*), of which a traditional healer has to be invited to come and cleans the bereaved after 6-months and take off their mourning clothes. If a family is bereaved by an infant, the cleansing rituals are only directed to the mother. The cleansing is intended to stop the bereaved from being frightened by the death and not to continuously think about the deceased. It also serves a function of removing bad-lucks for the bereaved. During the process a traditional healer mixes herbs and uses them to cleanse the bereaved. Seemingly, the community chief after 3-days of the burial organizes his traditional healer to cleanse the community. Even this ritual removes the darkness brought to the community by death and also strengthens the community. Failure to adhere to the needed rituals will lead to the community having bad-lucks.

Theme 5: The restrictions that are imposed on the bereaved and the deceased

According to the participant, traditionally when a family suffered from death there are prohibitions that are imposed on the bereaved and the community. The participant stated that the bereaved are restricted from going far places or taking long trips. During ploughing seasons, the bereaved are not allowed to plough for three days, or have to wait for the Chief to give them a go ahead. While the whole community also have to mourn for 3-days, upon which the chief of the community will blow a whistle declaring the mourning period over. During this mourning period the community is also not allowed to plough, organise parties or traditional dances or play music loud. The young adults (18 - 20yrs.) are not allowed to attend funerals or night vigils, especially those of their peers. The fear is that since at that age, they are already sexually active, some might have been sharing a partner with the deceased and as a result they might have *makgoma* and bad luck. This prohibition is for to protecting them from bad lucks and being infected with *makgoma*. On the one hand, if the bereaved died of suspicious causes he will only be viewed by the family. The participant maintained that these practices are informed by people's beliefs and some families from the community where he comes from still adhere to them.

Participant I also gave an account that culturally, deaths occasioned by murder, their corpses are not allowed entering the yard. Their coffin stays outside the yard until the funeral service is completed. On the one hand, deaths of children are also treated differently from those of adults; with children they are buried in the family yard in a corner or behind a house by elderly women. These types of burials are only attended to by elderly people, of which they were mourned for a day and thereafter the bereaved may start attending to their daily routines.

PARTICIPANT J

Demographic Information:

Age: 66 yrs.

Gender: Male

Religion: African Traditional Religion

Years of Education: 08

Occupation: Pensioner

Area: Ga-Molepo, Laastehoop

SUMMARY OF INTERVIEW

Theme 1: Circumstance surrounding the death

Participant J, lost his daughter following a traumatic incident in which she was murdered cold-bloodedly by her husband. The participant recalled that the two had marital problems which ended up with her husband showering her with bullets until she died. He added that he also lost his wife in 1981 following being knocked down by a motor vehicle.

Theme 2: Bereavement and grief reactions

Upon finding her daughter dead on the porch of their dwelling, he recalled that he just lost strength and stared at her. Before the burial there were some conflicts

between his family and their in-laws over where the deceased was to be buried. Part of the reason was that their in-laws claimed that she was married and culturally a married woman must be buried at her in-laws place. However, they disagreed and won the argument on the basis that their in-laws were responsible for her death. He described himself as having experienced compounding stress daily, preoccupied with many questions about the death and having experienced many unpleasant changes. Physically, he had many changes in his body, when he was walking it felt as if he was weightless and being blown away by the wind while he could feel that he lacked strength. He experienced himself as if he was sleeping, dreaming and yet to wake up. He was unsure of what was really happening and felt somewhat disoriented. When he was making arrangements for the burial he felt as if it was only a dream and felt that he was not his normal self. He wished to seek clarity from people who came to support and help with the burial, but felt that they would be surprised and think he is mad since the death was in his household.

He added that, it was only after the burial, especially after he had witnessed the whole burial process that he started to understand that her daughter was indeed late. It was till then that his mind came back to its normal senses and consoled himself that he saw what happened. What worried him most, which was similar during the death of his wife was when people came to him and advised him to consult with a traditional healer. This was meant to establish the causes of the two deaths, of which he was indifferent to the suggestions because for him that was just a waste of time and money. He was of the view that when one is dead is dead, and it is the will of God. For him a source of consolation was that he managed to win his grandson, who their in-laws initially were refusing to let him come and live with him. To date the two families are no longer in good terms. He reckoned that death is painful, but the cultural rituals can ease and heal the pain, and help one to stop thinking and forget about the deceased.

Theme 3: Traditional Northern Sotho rituals performed and the embedded psychological meanings

Post the burials, both of his wife and daughter, the family arranged a traditional healer who cleansed both him and his children. He recalled that they were made to drink some herbs. The herbs were for cleansing because in his culture they believe that the bereaved must be cleansed of *makgoma*. The participant highlighted that *makgoma* are very dangerous and can kill the infected person. Primarily, in the bereaved family *makgoma* attacks the parent, the 1st and the last born child. He described symptoms of *makgoma* as bulged tummy, lack of appetite, vomiting, diarrhoea and mainly constipation. He contrasted *makgoma* with being stressed and that when one get steamed up and made to inhale the herbs during the cleansing, they feel some pressure being released and even feel much lighter. He reckoned that *makgoma* in some cases can might manifest years later. In such cases its treatment is prolonged and can be challenging. He described his cleansing ceremonies as follows; the traditional healer burned a herb (*tšhidi*), covered them with a blanket to inhale the smoke of the herb and steamed them up with the same herb. The herb made them to sneeze. After that, they were given the same herb grinded and this time packaged in sachets. They were told to lick the herb daily at intervals, until they finished the whole sachet.

Three months later the family called the same traditional healer, who came to cleanse the children of *makgoma* and relieve them of the mourning clothes. He recalled that for his wife he was cleansed after a year. During the official cleaning ceremony, he underwent the same process of cleansing and he was given *tšhidi* again to lick until he finished it. With his daughter's death, together with his grandson they were officially cleansed and relieved of the mourning period after 3-months. The *tšhidi* eases the pain, and he remarked that it works like *bolebatša*. It makes the bereaved to forget about the bad feelings related to death. Post taking it, even if they were still dreaming and thinking about the deceased, it was no longer as painful as before. He added that one feels the blood coming back and things falling into place. The participant emphasised that the importance of performing all the rituals is to avoid being infected with *makgoma*.

He held that, culturally when one dies in the open field, like in the case of his wife the family is expected to go and fetch the deceased's spirit from the location where they died and bring it home. With his wife, the day they were coming home with her corpse, they passed via the location she was knocked down by a car, prayed, collected some soil and on the day of her burial poured that soil into her grave. They also spoke to the deceased that they were taking her from the location of her death to home. By so doing, they were collecting her spirit and taking it home. At first, should such a ritual not be performed, it might seem like there is no problem, until later when people start to have problems in the family and when they consult they might be told that the problems are caused by their relative who died elsewhere and must be fetched and brought home.

Theme 4: Belief systems and the conception of death

The participant reckoned that in the *Bapedi* culture it is believed that before the deceased is buried, he has not yet reached heaven. It is only after the burial that he will either go to heaven or hell. According to the traditional *Bapedi* belief system the deceased are called ancestors and they still have an influence on their living relatives. He maintained that the ancestors might make demands on their living relatives and when well propitiated they are able to protect the family. The ancestors are said to still be alive in their graves, unlike the Christians who their deceased go to God in heaven. He highlighted that, though they are not in a physical form they do visit the bereaved during the night in the form of dreams and make demands. In cases where an individual is troubled by such dreams they will consult with a traditional healer, who will then establish exactly what the ancestors are demanding from the bereaved. His conviction was that all this is undergirded by one's belief system. In essence, one might not believe in the ancestors and live a better life, while one who does might be troubled in life. He mentioned that those being troubled by ancestors consult with traditional healers, who will establish and prescribe rituals to appease the ancestors. Upon performing such rituals the troubled person or family may be relieved from being troubled by the ancestors.

The participant was sceptical of the existence of the ancestors, hell or heaven. He was also ambivalent of the the existential experiences that when people are dying they see a road that narrows when they are succumbing to death. He expressed that there is no one who has ever died and brought back evidence that support such claims. He questioned as to whether they are superstitions or what, which he will only prove when his turn comes.

PARTICIPANT K

Demographic Information:

Age: 69 yrs.

Gender: F

Religion: Assemblies of God Christian Church (born again Christian)

Years of Education: 06

Occupation: Pensioner

Area: Ga-Molepo (Laastehoop)

SUMMARY OF INTERVIEW

Theme 1: Circumstance surrounding the death

Participant K lost her husband in 1980 following being knocked down by a car. The participant also lost both her parents prior to her husband. She added that she lost a daughter in law and infant twins of her son.

Theme 2: Bereavement and grief reactions

The participant recalled that loosing her husband was a very painful experience. She mentioned that at the time she wished that his identity was mistaken but it became true with days that her husband died. She analogised the pain of having lost her husband with being trapped and locked in a small room filled with darkness and

without windows. She added that, she felt as if she was suffocating. The death made her feel lonely. She stated that death is painful; more so if one lacks support from the family and community. After the death of her husband, she highlighted that God gave her strange experiences in which whenever she saw a man, she saw death. She recounted that whenever she would see a short man, she would imagine his small coffin, whereas with a tall man she would also imagine his long coffin. The participant mentioned that when men would propose her, silently she would mention that this 'thing' doesn't know that it is death. Despite, having been comforted by other bereaved persons, she felt that the pain she felt was incomparable to that of theirs. She highlighted that the pain of death will only be relieved, only when the bereaved person meet her own death. She recalled that she was encouraged not cry but she failed to contain herself, cried and even rolled on the ground a few days after the loss. She highlighted that culturally the bereaved are discouraged from crying. Despite having lacked support, she found consolation in God, unlike widows who will quickly decide to be mistresses of married man. Much of her healing was through the word of God and his son Jesus Christ.

The death equally affected her children. The participant reckoned that, her eldest son would often complain about who was to take care of his study fees. She recounted that whenever her children achieve anything good or tend to be troublesome, she cries and wish her husband was still alive. Her daughter who was at a boarding school received counselling services from priests at school, because she was always complaining of being in pain. Seemingly, she was avoiding pictures of her father. She wasn't able to look at them until 30 years later, when she created a memorabilia of her father with photos and gave it to her mother as a gift. It was only then that she finally accepted that her father was deceased. What helped her to cope over the years was that the priests during her schooling days had informed her that Jesus Christ was a father to the bereaved.

Theme 3: Traditional Northern Sotho rituals performed and their embedded psychological meanings

Participant K recalled that when she went to fetch her grandson from his in-laws, she asked if her in-laws had planned to perform any traditional rituals for him. However, they remarked that they don't engage in such rituals. She recalled that she thought to herself that she would pray for him. She indicated that culturally, in *SeSotho* after the death of a family member the family is expected to perform some death rituals because of their belief. After the funeral they invite a traditional healer to come and cleanse the bereft with some herbs and knock them on their joints. She added that the Zionists also do it with water. In contrast, since she is a born again Christian after the death of her husband, she did not engage in any traditional bereavement rituals.

She gave an account that, traditionally after death, the bereaved are cleansed and healed through the use of herbs. The herbs are burned and the bereaved inhale the smoke they emit. She added that during the cleansing process the bereft are steamed up, cut with a razor and some herbs are rubbed into their skin. The household is also cleansed. With the Zionists, they sprinkle water in the yard and on the bereaved. This process is aimed at preventing the bereft from being sick of *makgoma*, also known as *mahwa*. *Mahwa* are said to be a curse. She reckoned that it is commonly held that *mahwa* could affect the bereaved and make their hands and feet curl around because of the pain experienced due to having been bereaved. On the other hand, failure to be cleansed is said to lead to the bereaved having bad lucks.

The participant reckoned that, the bereaved widow also puts on black mourning clothes, of which in the past, they would put on black mourning clothes and cover their faces partly with *sekopodi* and were smeared with herbs. Seemingly, the first and last born children in the bereaved family put on *bolokwane* on their necks. She described *bolokwane* as a bead work, with black and red mixture of beads and it is not supposed to be torn apart. Other members of the family will put on a piece of black cloth on top of their clothing items. This black piece of clothing is placed on the upper part of their upper limbs. All these rituals are intended to indicate that the family is bereaved and some are for cleansing purposes.

A family that suspect that the death suffered was inflicted by other people, in most instances will consult with a traditional healer who will cast a curse (*letswa*) on people who are responsible for the death. The *letswa* is for revenge purposes. However, if the death was a natural one inflicted by God, the spell reverses and to the detriment of killing bereaved's family members. Depending on how the spell was cast, it will kill the bereaved family in-line with how the spell was initially cast towards those suspected to have orchestrated it. In her case, she didn't consider consult with any traditional healers, despite having been advised to do so. She recalled that God had promised that he is a husband of widows and will cast a spell on those who have wronged her, by killing her husband.

Theme 4: 'born-again' Christians' bereavement process

Participant K, revealed that since she is a Christian, after the burial the priests visited her family a couple of times and prayed for her and her children. They were cleansed through the blood of Jesus Christ and steamed with heavenly fire. She highlighted that this doesn't literally mean fire and blood, but the holy spirit of God. This process strengthened them and gave them energy and as a result they were healed.

Theme 5: The old and new culture of bereavement

The participant noted that unlike nowadays, in the past not everyone was allowed to view the deceased's corpse. The viewing was only open to elderly people who knew the deceased better and it was for the family to confirm that in the coffin was indeed their deceased relative. The youth were also not allowed to attend funerals, especially those of their peers. The fear was that they could have been sharing a partner with the deceased and this culturally is a taboo called *dithale*. However, these restrictions nowadays are no longer adhered to and she was convinced that it is responsible for many of the deaths the youth suffer.

Furthermore, she hinted out that after the burial, the family place a dish with water by the gate. The water is mixed with some herbs and is believed to cleanse *makgoma*. However, in the past the water was mixed with some herb, so that if someone was responsible for the death he or she must be exposed. She reckoned that nowadays most people engage in some of the mourning rituals without sufficient knowledge. Equally, in the past after the burial the younger sister of the deceased took a calabash that the deceased was served food in and stands in the middle of the lapa and throw it against the ground to break it. In the process, she will scream out loud and cry, which signalled that it was over for the deceased and everything of his shall never be seen again. She hinted out that most of the bereavement rituals are also coded within the bible scriptures. The breaking of the calabash she paralleled it to Ecclesiastes Ch. 5., Verse 9. On the on hand, the room in which the deceased died in, was cleansed and decorated with cow down, which was intended to hide the mess that resulted when the deceased was experiencing death. She observed that nowadays this is done in the form of polishing the room, of which it has lost its true meaning.

Theme 6: The III-Treatment of widows and bereavement

The participant, vehemently disapproved some of the traditional mourning practices, especially those directed at widows. She expressed that culturally widows are oppressed, humiliated and treated as if they are animals when it comes to some of the bereavement rituals. She exemplified, that culturally while a widow is still grieving for her husband, the male relatives of the deceased often expect her to sleep with them, claiming that they wish to grow their deceased brother's family. On the one hand, men are allowed to marry again, while women are not allowed to marry again, of which the Bible state that even women can remarry. She added that generally a widow is neither respected nor protected and a widow becomes a pray to all men. Equally, women in the community will be gossiping about her and claiming that she killed her husband, so that she can share with them their husbands.

PARTICIPANT L

Demographic Information:

Age: 43 yrs.

Gender: Male

Religion: African Traditional Religion

Years of Education: 12

Occupation: Administrator

Area: Nobody-Ga-Mothiba

SUMMARY OF INTERVIEW

Theme 1: Circumstance surrounding the death

Participant L lost his wife to a short illness in 2013, following being admitted in a hospital for 2-weeks.

Theme 2: Bereavement and grief reactions

Thee participant described his experience of the death as having been overly stressful and very terrible, while it made him feel powerless and worrisome. The death was too heavy for him to handle and deal with. Even at work it was noted that something was wrong with him to an extend that the stress ended up affecting his occupational functioning. It was too painful and difficult to think about his wife, because she lived with her and he was very attached to her. He recounted that it was difficult to fall asleep, in a sense that he would arrive home at 17h00 from work and go straight to bed. However, he would be preoccupied with a lot of questions (i.e. why does this happen to me at this age? why me? what am I going to do with the kids?), to an extent that he would have to suffer before falling asleep sometime in the early morning hours of the next day. He was and is continuing to struggle with parenting his two kids in the absence of their mother. He acknowledged that this

experience almost caused him a nervous-breakdown. It wasn't easy to accept the loss until late in 2014. Upon which he felt that he had to accept the reality of the loss and told himself that life should go on and he must try to forget about his wife. The death also did affect his 2-sons, especially the young one. He recalled that he frequently asked a lot of questions (i.e. when was she coming back? why did they bury her?), about his mother and that he would at times look at his mother's photos in a worried manner. To which as a father he had no answers to and it worried him even worse.

Theme 3: Traditional Northern Sotho rituals performed and the embedded psychological meanings

The participant stated that for his son get better, it was after he consulted a traditional healer after having been advised to do so. His son was given a herb called *molebatša* to drink. He maintained that he would prepare it by boiling water, pouring the tip of a teaspoon of the herb into the water, wait for the mixture to cool down and thereafter give the mixture to his son to drink. His son took the herb for a month. The herb was for helping him forget about his mother. He expressed that following this treatment he stopped asking questions about his mother and he had since improved and gotten better. He expressed that culturally when one has lost a partner like himself, he is expected to go to a traditional healer for cleansing. Together with his two sons, 2-weeks after the burial they went to consult with a traditional healer to be treated for *sekgoma*. He recalled that they burned stones and put them in the water mixed with some herbs and covered him to inhale the vapour, while he was sweating. The procedure was repeated 3-times, while they kept on adding hot stones. After the steaming, he was cut and rubbed with herbs on the cut areas to put the herbs inside him and then he became ok. He was also given some herbs to drink, which cleansed him from the inside. The procedure could not be completed in one day; he had already gone there twice and had to go for the last time. His 2-sons after he was treated, they also took their turns. He expressed that this procedure helped the healing of *makgoma* and in forgetting about the painful incident. He added that they also helped them get cleansed so that they would not have bad lucks caused by the bad incident (the death).

He mentioned that, should he have not been treated for *makgoma* and had had sex with a woman, either him or the woman was going to get sick because of *makgoma*. The participant maintained that the situation could have been very dangerous. In addition, should he want to remarry, he and the new wife will have to go to a traditional healer and undergo some rituals of matching their blood. Should this not be done, *makgoma* will never go away. His experience of *makgoma* was that it felt as if his blood was hot. He related that the traditional healer he attended to told him that she once treated a man with advanced *makgoma* following not obeying the instructions after his wife died. He described the patient as having lost weight, while his stomach was bulging. The participant added that his household was also strengthened by a traditional healer after the funeral by some rituals.

Theme 4: The restrictions imposed on the bereaved

In his case, the participant revealed that he obeyed the instructions and spent 6-months in mourning clothes without engaging in any sexual activity. He was also restricted from visiting people. He recounted that he will go to work, and come back straight home. Failure to have done so, could have delayed his healing progress, since it is held that when one goes into other people's homes he collects their images. He added that with widows they are sentenced to a year, while dressed in black mourning clothes. The participant was of the view that, men at times overlook such cultural practices and end up getting sick or infecting other people.

Theme 5: Belief systems and the conception of death

He added that he still follows the traditional ways of doing things, while in his family of origin they are born again Christians. He recalled that after the death of his father years back, the family did not perform any rituals. However, he was advised by his uncle to go and get cleansed; of which he did consult.

PARTICIPANT M

Demographic Information:

Age: 62 yrs.

Gender: Male

Religion: ZCC and African Traditional Religion

Years of Education: 07

Occupation: Bus Driver

SUMMARY OF INTERVIEW

Theme 1: Circumstance surrounding the death

Participant M had multiple losses with the recent one being that of her daughter (2013). The previous loses were those of his stepmother and a nephew.

Theme 2: Bereavement and grief reactions

Participant M stated that the death of her daughter touched his heart and generally death is troubling. He maintained that death comes unexpectedly and it disorganises a person. He described his experience of the death as having been painful, made him to be absent minded and that he was no longer in his natural state of mind. He further described that at the time the experience made his mind feel as if it was circulating. He generally state that death make a person to do strange things, in a sense that one becomes abnormal. He analogized the experience of death to a driver over-raving a motor-vehicle; that is that death strains one's mind like when one is over-raving a vehicle and lead to a state of mental confusion. He added that one would often want to be alone and at times behaves like a child. When spoken to, he felt like people were bothersome because his mind was overwhelmed with sadness and he was weakened. Seemingly, he desired nothing and had difficulties with sleep. When he was trying to sleep, he would picture his daughter, especially the past moments that they have shared together as a child and all the troubles she went through in her life. He stated that the memories are what worried him, since there

was no decree or they were not forewarned that on such a day the person would die. In a nutshell, he maintained that experiencing death is so painful than being Sjambokked and that it is never easy to accept death. He recalled that his wife was also shocked by the death and often complained of dreams of being with her daughter. Accordingly, she was preoccupied with the death and wondered how the death came about.

Theme 3: The performed ZCC bereavement rituals and their embedded psychological meanings

According to the participant, when people are not satisfied with death, culturally they will consult with a traditional healer while the ZCC affiliates consult in church. The consultations are intended to satisfy their hearts about the circumstances of the death and to bring closure to the matter. Prior to the funeral they consulted with their Church (ZCC) in order to establish the cause/s of their daughter's death. Even with the death of his brother they did so. Subsequently, they were given instructions to carry out before the burial. The church priest came and sprinkled water in the designated places in the family and burned some papers. This process is carried out in order to ensure that the funeral proceeds smoothly. And also to prevent people fighting, poisoning and killing others while they themselves have a funeral. After the burial, when people return from the graveyard they are sprinkled with water and wash their hands in a dish that is placed by the family gate to cleanse *makgoma*. The cleansing is also aimed at removing the darkness suffered because of the death. Cleansing of their hands also prevent the attendees from infecting children with *makgoma* when they get home. The participant expressed that *makgoma* are contagious and must be treated, if not treated the infected person will complain about stomach problems not knowing that it is *makgoma*. He remarked that *makgoma* can kill a person, hence it must be treated. He was convinced that most youth nowadays are not necessarily killed by AIDS, but by *makgoma* because they do not get treatment for it. He added that in his church the bereaved are expected to be steamed-up, made to inhale teas and coffees only available in the church and punched with a needle to let the blood flow. This process is meant to cleanse their blood system and heal them from *makgoma*.

According to the participant three months later after the death of a family member a cleansing ceremony is organised for children. The ceremony formally ameliorates the children of the burden of mourning. Their hair is shaved off again and they are cleansed with some special herbs. During their ceremony the clothes of the deceased are laid on the floor, sprinkled with water by the priest or herbs by a traditional healer and all family members including relatives will pick those clothing items they desire. And, a year later they organise a formal bigger cleansing ceremony for the elders, so that they can be relieved of the mourning clothes. For the ZCC affiliates they organise a *mpoho* ceremony for the bereaved as they will be celebrating the end of the mourning period. He described that they will dance during the night till morning as they will be taking the bereaved person out of the house to the people. Part of this ceremony signals that the bereaved are now free to be like any other person and can freely start to attend church.

Theme 4: traditional Northern Sotho rituals performed and their embedded psychological meanings

The participant stated that both he and his wife post the death of their daughter, they were cleansed culturally by consulting with a traditional healer. He mentioned that they were steamed up, made to sniff some herbs and were given some herbs to drink at home. He added that in *Sepedi*, even if one is bereaved of a wife, husband or a child of a partner that they had separated they have to be cleansed. For married couples, if they fail to be cleansed 4 to 5 months later when the deceased's body starts to decompose in the grave, the bereaved might start to get sick and might die. The bereaved might also make other people sick should they engage with them sexually. On the one hand, those bereaved of a child while no longer in a relationship, it is important that upon discovering that their child is deceased that they consult with a traditional healer for cleansing. Failure at which, one will just see things not going well in his/her life. He added that, upon consulting with a traditional healer one might discover that their child is deceased and, therefore, cleansing is needed. Equally, failure of parents to be cleansed will lead to their children to be misled and their lives would be miserable. For children, when they are bereaved of a parent they are also cleansed through some special rituals, including the shaving off

their hair. For the *Bapedi*, culturally their ceremony is called '*gontšha setšhila*', literally meaning the cleansing ceremony. It is after this ceremony that one is free from bondage of mourning and if they wish to marry again they might freely do so.

The participant, hinted out that deaths caused by accidents or people being stabbed might be treated differently depending on people's beliefs. Traditionally, they consult with a traditional healer who together with the family will go to the accident scene and cleanse that place so that other people should not experience accidents at the same location. The reason for this ritual is that culturally the *Pedis* believe that the spirit of the deceased is still lingering around the location at which he died, because he died unexpectedly. The cleansing is also intended to free his spirit from that location so that it can go to his people. He added that human belief is in the spirit, thus a person is fond of the place where his spirit escaped from the body. Equally, that is why before people are buried they are taken through the path (i.e. their church, or their home) which when they were alive liked to follow. This also facilitates the human spirit to rest in peace or if they are going somewhere to go there happily.

Theme 5: Restriction imposed on the bereaved ZCC members

Prohibitions that are imposed on the bereaved for the ZCC affiliates include not attending church if bereaved (for twelve months) or if one attended a funeral (for seven days). After the seven days, the attendees will be sprinkled with water by a priest, and therefore are free to attend the church. The bereaved will only start attending church after the *mpoho* cleansing ceremony. He added that the bereaved are prohibited from engaging sexually for as long as they are within the mourning period, as they will make other people sick or infect them with *makgoma*.

Participant N

Demographic Information:

Age: 75 yrs.

Gender: F

Religion: Roman Catholic Church

Years of Education: 08

Occupation: Retired domestic worker

Area: Polokwane (Westernburg)

SUMMARY OF INTERVIEW

Theme 1: Circumstance surrounding the death

Participant N lost her daughter about 7-months ago following a long illness. She stated that she nursed her until she died.

Theme 2: Bereavement and grief reactions

The participant recalled that the death made her to experience an intense pain and her head was running amok. The participant recalled that she couldn't stay in the house, and whenever she was called back in, she just wanted to be left alone. She recounted that she couldn't sleep, eat and felt like the deceased was still alive. On the other hand, to date when in bed during the night she feels as if the deceased is still in bed with her. She was of the opinion that the cause of these strange experiences could be the fact that she was sharing her bed with the deceased a few weeks before she died.

She acknowledged that her daughter was constantly in her mind and every time she heard footsteps approaching her house she would think that it is her daughter coming back. Furthermore, she added that she was avoiding the deceased's husband, since he reminded her of the deceased and she would cry upon seeing

him. She was also anxious about the interview and remarked that she thought that she might have been unable to talk about the death. The participant added that she often gets worried about her granddaughter, since she is now an orphan.

Theme 3: Traditional Northern Sotho rituals performed and their embedded psychological meanings

She maintained that culturally, if one loses a partner the surviving spouse is made to put on black mourning clothes. The bereaved widow will put on mourning clothes for 12 - months, upon which they will be taken off, burned or thrown away. Even widowers put on the mourning clothes. She reported that widowers put on a black hat and insert cotton in their ears. This is meant to prevent them from getting some cold in their ears, that could get them sick. Even widows do get the cold; hence they cover their heads and ears with a black cloth. She added that the evening after the burial the bereaved walk around the community dropping *sebabi* (aloe leaves) at each and every crossroad. This is intended to cleanse the community, enable the bereaved to be able to walk in their yard and be able to visit their neighbours.

Participant N highlighted that the bereaved will after the mourning period be cleansed either by the church priest or a traditional healer. The Zionists are steamed up for a week with stones, they sweat and thereafter bathed. While culturally the *Bapedi*, are cleansed by a traditional healer who uses burned stones and herbs to steam them up and thereafter gives them *molebatša*. *molebatša* is mixed with water before it can be taken orally. During the ritual the bereaved are also strengthened by the traditional healer. Both these processes according to the Zionists and in the *Bapedi* beliefs, cures *makgoma* and the process is called healing for *sekgoma*. She recalled that her son in law went through the Zionists healing process and asked her to release her granddaughter so that they could undergo the process together. The rituals are also meant to help the bereaved to forget about the deceased. She maintained that *makgoma* is an illness that is contagious and can kill a person if not treated.

She held that culturally, after the elders have attended a funeral it is believed that they have *makgoma* and can infect children. Children infected with *makgoma* will rollover, feel constipated and their stomach will be aching. To prevent children from being infected with *makgoma* they take water, add some ash and blow some air into the mixture and give to a child to drink. They may as well go and pinch some soil from the crossroad, add in a glass of water for the child to drink. These rituals help when children are constipated and are unable to defecate due to having been infected with *makgoma*. She added that they also use *Mošinkwane* leaves or *serokolo*, which they chew, spit it and rub on the child's tummy when they are constipated because of *makgoma*. Upon rubbing the child's tummy they will fart and will be okay and even start to play. She recalled that for her granddaughter to forget about her mother, she whispered into her ears that her mother was deceased, while she was fast asleep at night. The participant stated that all these rituals are informed by the belief that death has some taboos and the prescribed rituals have to be performed as instructed. She was of the opinion that people's failure to comply with the taboos is associated with the experience of bad things in their lives.

Theme 4: 'non-born-again' Christians' bereavement processes

The participant maintained that she didn't undergo the traditional ritual cleansing process herself. She recalled that even when she was still in her maiden family, they never performed any rituals because her father was a minister of the Dutch Reformed Church. She added that the 'born-again' Christians also use what they prefer.

Theme 5: The prohibitions that are imposed on the bereaved

Accordingly, culturally the bereaved are prohibited from getting out of the yard before the burial, because it is a taboo to do so. Even after the burial they are not allowed to visit other people or go far away from home, because they could potentially infect other people with *makgoma*. Those who are working are expected to be home before sunset. The bereaved have to wait for twelve months until they are officially cleansed. It is after the cleansing ceremony has been conducted that people are freed to resume with their ordinary daily activities.

5.4 Composite summary of all emerging themes from the interviews

In this section I will present the composite summary of all the emerging themes from the interviews with the participants. All the themes presented will incorporate the units of relevant meanings that were isolated during each interviews' explication.

Table 3: Themes and subtheme

Theme number	Main themes	Subthemes
1.	Circumstances surrounding death	Death is caused by various physical illnesses
		Death is caused by various accidents
2.	Belief systems and the conception of death	Death is caused by God or those practicing witchcraft
		The deceased transcend into the ancestral spiritual world and are called ancestors
		The deceased either go to heaven or hell
		Death is associated with taboos
		Death is associated with darkness, and contaminations/pollution
		Death is associated with a contagious physical illness called <i>makgoma</i>
3.	Bereavement and grief reactions	Emotional reactions
		Cognitive reactions
		Physical reactions
		Behavioural reactions
		Existential reactions
4.	Bereavement rituals performed and the embedded psychological meanings	Bereavement rituals of the traditional Northern Sotho members
		Bereavement rituals of the ZCC
		Bereavement rituals of the 'born-again' Christians
5.	The prohibitions that are imposed on the bereaved	Prohibitions imposed on the bereaved traditional Northern Sotho community members
		Prohibitions imposed on the bereaved Northern Sotho ZCC members

6.	Associated themes related to bereavement, grief and mourning	Circumstances leading to a negotiated mourning process
		The nature of support offered to the bereaved by the community
		Western oriented consultations
		Ill treatment of widows and bereavement
		The old and new culture of bereavement

There were five major categories of themes that emerged. These are: a). Circumstances surrounding death; b). The influence of belief systems on people's conception of death and the afterlife; c). Bereavement and its associated grief reactions in adults and children; d). Bereavement rituals performed by the Northern Sotho community members based on their religious orientation; and, e). Prohibitions imposed on the bereaved. In addition to the five major categories of themes, there was an additional category that the researcher refers to as associated themes related to bereavement, grief and mourning (see Table 3 above).

THEME 1: CIRCUMSTANCES SURROUNDING DEATH

The first and perhaps the most common theme to emerge from all study participants is their description of how they were bereaved of their loved ones. It has emerged from the results that death is caused by varying physical illnesses and accidents (that is, murder, motor vehicle and train accidents). Irrespective of participants' descriptions of how their beloved experienced death, the deaths were caused by either one of the highlighted causes. The following excerpts exemplify this particular theme:

Death comes in many different forms... (Participant G).

In this household the person we buried from here was my husband... 9. He fell ill and became really ill. During his illness he had swollen legs... (Participant B)

He {her nephew} was three years old, he had asthma and he passed on... (Participant C)

He {her husband} met an accident... 5. Eh!!! In 1999... 6. He was shot {gunshot}... (Participant H)

She (his daughter) was killed by her boyfriend, but we don't know the cause, but it seems like, they lacked interest in each other, because the boyfriend, according to her, was troublesome... (Participant I)

In fact he was showering her with bullets all over in the house... showering her with bullets, until she tried to run out of the house, but she fell and died on the porch of the shack they were living in... (Participant J)

My wife died in 1981... 139. My wife was knocked-down by a police car... (Participant J)

I lost my son, it was reported that he was crushed by a train; it was on the 23rd of July... (Participant A)

I changed, my health changed and I found myself becoming weak, not thinking as usual, because it {the death} came unexpectedly... (Participant I)

The above excerpts also reveal that death may be experienced unexpectedly or it may be a gradual process. This theme highlights that death for the study participants was caused by varied factors, which in turn influenced how they personally experienced, expressed and dealt with their bereavement.

THEME 2: BELIEF SYSTEMS AND THE CONCEPTION OF DEATH

In addition to death being caused by various physical illnesses and traumatic accidents, study participants revealed that death can also be caused by God or those practicing witchcraft. The witches have the power to orchestrate death through a spell that will lead to death of a family member. This subtheme was more prevalent among those subscribing to the traditional Northern Sotho religion, while some few Christians held the same belief. This is captured by the extracts below:

There is death occasioned by illness and some caused by worldly things, like jealous of people who don't want one to be married by Makgahlela, and when the illness come you try to diagnose {consult with a traditional healer}, as to what is it that is troubling the patient. One could discover that the illness is man-made and,

is caused by friends who give you something to bewitch you and ultimately kill you... (Participant G).

There are certain ways that they {witches} use to call them. Sometimes they use an item from your house and call you by your name. They usually collaborate with a relative and call him to their side .You will think he is dead, while he is not... (Participant H)

In cases of deaths of this nature, the witches take the deceased and turn them into *setloutlwana* (zombies). Zombies are in then used for sinister purposes or work for the witches. The bereaved may believe that their family member is dead, only to discover later that the deceased is actually not dead, but wondering around the community as a *zombie*. These *zombies* are believed to be controlled and used by the witches.

In our culture one can die and you think he is dead but some people {those practicing witchcraft} can take him to Makgahlela. You will hear that he is working for Makgahlela... Isn't it you take people and turn them into zombies? (Participant C)

They happen those things; these naughty people {witches} do them. To identify that the person is not really dead, when you get to the mortuary, when you hold his body parts....when a person is dead his flesh must be hard. When the spirit is out of the flesh.....but, when you touch him and feel he is still soft, it means that, what you are going to bury, is just a picture and not the deceased person... They take the deceased's spirit, and you will find the deceased person just wondering (a tinta tinta). However, the person is not a person who knows how to communicate appropriately. There are things that they do to him. They say they cut their tongues and do other things... Witches can take the deceased person and use him for their own ends. You find that when you knock off, he starts work and when we start work, he knocks off... (Participant H)

*On the burial day someone arrived and claimed that he saw *Madimetja* {the deceased} walking down the street... He insisted that he saw him coming out of a household just next-door, with a chain hanging on his neck like a bull... (Participant A)*

The traditional Northern Sotho believers held that, according to their traditional religion upon death, the deceased transcend into a spiritual living entity. The spiritually living entities are called ancestors and they have an influence on the living. To this effect, it is expected from the deceased's family that, in some cases, they perform special bereavement rituals which will assist the deceased's spirit to transcend into the ancestral community. Once the deceased's spirit is integrated into the ancestral community they are capable of communicating with God on behalf of their living families for good fortune, and protection. The data set revealed that, even years after the deceased has passed on, it is believed that they still have an influence on the living. In cases, where such rituals are not performed the deceased's spirit will not rest in peace, and will torment the family. Equally, If a person died a painful traumatic death (i.e. motor vehicle accident), should the family fail to conduct the special rituals for such a person their spirits will be trapped and continue to wonder around the location in which they met their untimely death. And, such spirits are said to be troublesome and are responsible for many motor vehicle accidents happening in the very same location the deceased died at. The quotations herein capture this essence:

Culturally it is held that the deceased goes to join 'ancestors'... (Participant F)

Even the Bible says we should go and visit them {ancestors} and pray to them to take our requests to God. In Sepedi they are our 'thokgola/ancestors' and they are the means through which we reach God... (Participant G)

That's your Badimo {the deceased}, we call them badimo/ancestors, but Bazalwane say its demons, but that's how they claim... Ancestors are the deceased. But these days, we say that when you die your spirit fades away. But they say the spirit gets resurrected... The ancestors, that's what we heard when we were growing up...a person's spirit does not die... It is Basotho's cultural belief... Yes, the spirit is alive and that's why we are told to try by any means possible to do justice while on earth. Truly the spirit is going somewhere!! The spirit is alive my son... (Participant B)

The ancestors don't die, they live in the graves. That's your belief... (Participant J)

Just where the death occurred that's where the spirit escaped from the body... Human belief is in the spirit. A person loves the place where his spirit left him... (Participant M)

I am also protected by the ancestors. Your ancestors are those who lived sometime in the past... Our faith is based on the ancestors and we are all protected by them. And for them to protect you, you have to satisfy them... That's why you will hear that a cow is needed to appease the ancestors or a sheep is needed and so on... (Participant F)

Ehh, recently, was it last year; we buried my mother's aunt who was a Roman Catholic member neh... But with her since, she knew that her brother was a traditional healer she also believed in African healing, her children adopted the foreign religion and said that they don't prepare the corpse. It took them only two months and they had to exhume the body... They did and then prepared it (through rituals) anew and things became normal because they were fighting seriously... (Participant C)

Most of the accidents occur in places where many people died and truly the place will be dangerous because is infested with ghosts... Sometime recently somewhere in Groblersdal, priests and healers and everybody went to Moloto Road... Ehee, they performed...everyone performed their different rituals... They performed the rituals to cleanse the road... These ghosts, maybe their families did not perform rituals appropriately (Participant C)

That's why we sometimes say go and get luck {to the deceased on the burial day} for us from so and so, wherever you are going... In our culture we don't say we are going to heaven or hell because we are not sure about them.... You go to your relatives {the deceased's deceased relatives}. On arrival you will find the likes of Lesitja and Matome and tell them that Sendi is suffering at home, can you devise a plan for her, can you give her children, or employment and in deed when they discuss the way they do it you become successful. That's how we believe... We can be negligent because of these western religions but somewhere in the future it might be bothersome... (Participant C)

One participant held that the 'born-again' Christians (*bazalwane*) derogatorily call ancestors, demons.

hahahaha.....eh, they (bazalwane) say they are demons... In the Bapedi or Basotho belief, In SeSotho they are ancestors... No, not the demons....people of yore used to say 'if the ancestors and God can help me I will do this and that the following year.... (Participant B)

In contrast, the 'born-again' Christians, in particular expressed that death in the Christian religion is caused by God and in this belief system, the deceased either go to heaven or hell. This is dependent on the good or bad life one was living during their tenancy on earth. The excerpts to follow expresses this essence and also highlight that in this belief system they do not venerate the ancestors.

The difference {the traditional religion & Christian religion} is that you know that when a person is dead, he is dead, but in the tradition it is not like that... When someone dies we {Christians} forget about him and it's over... With us {Christians} there is no belief in the ancestors... There won't be a time when you will hear that the deceased is not resting in peace and so on....No... (Participant F)

The dead are those for Christians who believe that God is alive... He died {the deceased} and went to heaven... (Participant J)

7. It was a revelation, as to how God starts and finishes with a person, also realizing how death comes in one's life... (Participant G)

Furthermore, the results revealed that traditional Northern Sotho, ZCC and the 'non-born-again' Christian participants associated death with '*meilo*' (taboos), darkness, bad-luck, pollution and a contagious illness called '*makgoma*'. It is therefore important that the bereaved families and the community follow and respect cultural practices (such as ritual cleansing) in times of death. Should the bereaved, especially the bereaved spouse fail to undergo ritual cleansing, with time they will suffer from *makgoma*. However, *makgoma* were denounced and ridiculed by the 'born again' Christians. Prime examples of this particular theme are expressed in the following excerpts:

And in my culture, we have taboos, when you have experienced death... (Participant C)

In SeSotho there are things called taboos (Participant I)

There are somethings they call taboos. Meaning, you can't do certain things while you still affected by the darkness of mourning. That's why you will hear them saying, you have bad luck, and you have all associated bad things. In that case you have to consult with traditional healers to heal you (Participant E)...

When you don't comply with taboos, they say many bad things can happen to you... It's our culture and we comply with the orders and don't say taboos are no more... (Participant, N)

The darkness means that there is still bad luck in the household... (Participant, D)

Ehhhh, we just found Basotho doing that {performing rituals} and they have some taboos.

Makgoma!!! In our culture makgoma kills... You go around consulting with various healers who will all tell you the same thing. They will ask you if you lost someone, and if you tell them you lost your child they ask about your wife, mother or father. You know that's how makgoma works... (Participant J)

The *makgoma* or '*mahwa*' can kill the bereaved or those infected if not treated on time. This is one reason which makes the bereaved to be feared in the community, especially a widow or widower. In the nuclear family, children affected by *makgoma* are the first and the last born, while other children in the community may also be infected by *makgoma* from a bereaved community member. One participant remarked that those attending funerals have the potential of being infected with *makgoma* and also infecting children with the illness. The illness is associated with physical symptoms such as the blood being hot, swollen stomach and lower limbs, losing weight, constipation, and water inside the head. The following quotations depict the nature of this condition and the participants' own experiences:

*Let's say if my mother dies makgoma will attack me {1st born} and Thabo {last born}... The likes of *Thato*'s mother (2nd born), it doesn't come nearer them,*

makgoma are meant for the first and the last born, the middle ones are forever safe... Actually, even the cleansing of makgoma is done to the first and last born only... You will find that your tummy, you don't have appetite for food, you vomit, diarrhoea and the main problem is constipation... And too much constipation can kill... With the whites we are different and they don't have things like makgoma... (Participant J)

So within that process, I mean that period, if you make love, your tummy will swell, or legs swelling and when you consult a medical doctor they will tell you that you have too much water in your legs or you have meningitis... His {her uncle} stomach was bulging, that's a sign for 'makgoma', water in the head, some cold on the spine, some pain in the spine as if something is crawling on your back, you have all this funny diseases, that's 'makgoma'... Makgoma are dangerous. Makgoma can kill you straight., it can be as fast as cancer, very fast. It kills you like HIV when you don't get any treatment... (Participant C)

Eh, the way I heard and the way I also experienced it, it seems as if, eh, let me say you will find that my blood is hot... She was explaining that woman {the traditional healer}... She was explaining about somebody who came to her and she realised that he was losing weight, because after the death of his wife he did not obey those instructions... She said that the tummy bulges and you become very thin... it has serious problems... (Participant L)

Properly one must be healed to be free of 'makgoma'... 'Lekgoma' is a serious disease and it kills... Once you meet someone and you share your blood then you infect them. It is like this 'fashionable disease (HIV)...hahaha (Participant D)

They say that if you have children you can infect them with makgoma and their stomachs will bulge because of the infection of the illness... They say the child will roll over because the stomach is constipated and aching... The issue is because makgoma are contagious... (Participant N)

The other area where I plough with Zionists, Ga-Makudu, when I was coming towards them, they said...jooo...jooo, those people don't understand; they started shouting 'a widow...a widow... Yes they were afraid of me because they thought I

was going to infect them with death... More so that they are Zionists, they think I will infect them with 'Makgoma'... (Participant A)

One participant indicated that, as much as it is commonly held that most deaths are caused by HIV/AIDS, some of them, especially those of the youth are due to *makgoma*, because people nowadays take cultural rituals for granted. One other participant revealed that *makgoma* are often mistaken for meningitis and are resistant to western oriented treatments. This is captured in the quotations below;

Yes it is contagious, it does affect in Sepedi, and it's just that people nowadays take things for granted... This illness you call 'AIDS', it doesn't mean other deaths it's because of it, It is just that lekgoma should be treated, it must be treated... Yes, it kills (high intonation), if you are observant most youth nowadays, are killed by lekgoma mostly... (Participant M)

So within that process, I mean that period, if you make love your tummy will swell, or legs swelling and when you consult a medical doctor they will tell you that you have too much water in your legs or you have meningitis... Meningitis for many people...eh, they say in English meningitis, when it comes to our culture it is called 'makgoma', we have a case in the family where my uncle slept with widows while still hot... He fell ill and was diagnosed with meningitis, he had too much water in the head and his legs got swollen... (Participant C)

The results further reveal that the family and the community put in place measures that seek to make it easier for the community to identify the bereaved and to also quarantine the infected person. Most significantly, the bereaved widow or widower is prohibited from engaging in any sexual activity for 12 - months, and 6 - months respectively. Hence, it is held that it is a taboo, especially for the bereaved widow and widower to engage sexually while still mourning. Failure to do so, the participants maintained that the bereaved will infect their new sexual partners with *makgoma*. Should they not be treated, their health will gradually deteriorate until they die. Seemingly, the bereaved can infect the community's livestock with *makgoma*, and also negatively affect the vegetation in the ploughing fields.

Eh, like, if I {the widower} sleep with one lady when I have makgoma... I can get sick or that lady may get sick... (Participant L)

*Traditionally if a man makes love to a widow he may die... I once saw something when I was at Mentz, when I worked at Boyne. One man died and no rituals were performed. His wife was in love with one man within four months and that man got ill and within some time he died... It was discussed that he was in love with so and so whose husband died (**Participant F**).*

*If you rush for sexual intercourse you will infect the man with whom you are having sexual intercourse with, even men should do the same when their wives past on, because they will infect the women with whom they have sexual intercourse with... You are a gun, you are hot... (**Participant D**)*

*They claim that their goats and cattle can miscarry (**Participant B**)*

*The say it is done {cleansing} so that you should not have makgoma. Others call it mahwa, they say someone's hands and feet will get crooked... like myself, I have lost my husband, they say if they do not knock me the way they do, I may frequently curl around in pain and this may also affect the children... (**Participant K**)*

Accordingly, it is not advisable to delay the cleansing of *makgoma*, because if it's done late, it can be a lengthy difficult process.

*If you can have makgoma after burial, it may come back after a year... It comes back and wherever you go to consult they will tell you go and get healed of makgoma... When you were never steamed up, nothing was done to you... See, now they are going to start from scratch, and that one is heavy... (**Participant J**)*

*Treatment {for those infected & sick because of makgoma} depends on the individual, since we have different blood groups... There are those who their blood are slow for treatment, unlike those with strong blood but the weaker ones may take three months, drinking, inhaling, and bathing... But mainly they inhale... Then you cover with a blanket, to inhale the smoke... They must sneeze, and drink... Primarily inhaling and drinking. Drinking ones cleanses the blood inside, then you go back to your complexion and get fatter, then you are alright... (**Participant C**)*

Since death is associated with taboos, darkness, pollution and *makgoma* which are feared and contagious, many of the participants stated that immediately after the

burial the family invites a traditional healer or a church prophet or priests to come and treat (through cleansing rituals) the bereaved family. These claims will be expanded and supported by the study results in theme 4 below.

THEME 3: BEREAVEMENT AND GRIEF REACTIONS

All the study participants, irrespective of gender, age, social status or religious orientation experienced death as emotionally painful, difficult to accept and an unforgettable event.

It is just painful to lose a parent. Even if you saw him sick and you could not do a thing, it is still painful when he leaves... (Participant F)

It was too painful to me, very painful indeed... You know I did not understand {sad confused emotional tone}, wishing that someone would come and say that he was not well identified but it was true... It was painful Mr Makgahlela, even today it is still painful... The pain that one experiences, let me say, the way I have experienced the pain, it was like I was trapped in a small room filled with darkness... Like you are locked up in a dark room with no windows... I am suffocating and I am not free to see men as they are, I instead see death. Death made me feel like I don't know anybody on earth and nobody knows me. (Participant K).

It's actually still heavy for me. I have not yet accepted it. I claim that I have accepted it but it is not easy to accept that a baby should die... (Participant C)

The two are unforgettable; experiencing them was such a great shock (Participant G)

Jooo... Death can be very painful more than a Sjambok (Participant M).

But my son is confused now and he can't forget it. And when you look at it, the child also thinks of her mother {the deceased}... (Participant G)

Based on the participants' accounts, their grief was experienced and expressed both emotionally, cognitively, physically, behaviourally, and existentially (Love, 2007).

Upon the discovery of the death, most of the participants reacted with shock and disbelief, of-which they continuously interrogated the circumstances surrounding the death. Significantly, participants found themselves having multiple questions about the death and having been overwhelmed by not finding the answers. Participants' experienced emotional symptoms include sadness, loneliness, frustration, suspiciousness, doubt, worry, hopelessness and being unsatisfied with the death and blaming others. Some of the participants added that they also experienced anxiety and fear when they were left alone, anger and worried about who in the family was next to die.

Cognitive symptoms experienced by the participants included the following: being absent minded; poor concentration; being mentally confused; wishing the deceased was still alive; and, having constant memories and dreams about the deceased. For most of the participants, the memories and reminders of the deceased were the most painful to bare and often, they would avoid the memories. Existentially, some of the participants questioned the existence of God and asked why God or ancestors would bring death to the family, especially with the death of a child. Seemingly, some of the participants experienced changes in their physical health, difficulties with sleep, poor appetite and would intermittently cry uncontrollably. On the one hand, behavioural symptoms included being disorganized, having to inform family members and relatives about the death, initiating funeral arrangements, seeking to be alone at times and consulting with traditional healers or church prophets to establish the cause/s death. Grief experience affected some of the participants' daily functioning and one of the participants ended up resigning from work due to failure to cope with the death of her daughter. Almost all of the participants acknowledged that the pain of death is ever-lasting and it takes time to heal. The excerpts below capture the various grief reactions participants experienced as reflected in the above paragraphs:

Death is a visitor who comes unexpected and it makes you get disorganized... Your head becomes somehow and you get absent-minded, you become somehow and you are no more in your natural state of mind... When death comes it is like you over-raving a car (demonstrating the pressure by clapping his hands

together), your head is confused and you behave like a child and when people speak to you is like they are bothering you.... Your mind is overwhelmed with sadness... That's what make you seem like you are stressed... That's' what worries a person... You lose your concentration. Even when people come to you they bother, all you need is silent and being alone, and to take a rest... **(Participant M)**

Sometimes those old memories come back. The time you were young and he was in charge. You think of those times and they are so touchy... **(Participant F)**

I could not even eat... When I try to eat I suddenly just stop eating... No appetite... **(Participant N)**

I was {his head} just light, light, light and felt as if it is not true that she died... **(Participant J)**

I did not believe him {when she was initially told of the death}, but I went to mom's place to meet my younger son and to find out, how he was told of the incident... On arrival people were crying since they got the bad news... I buried him but with a painful heart, because I had no answers of the many questions I asked myself... I have questions without answers, as I am worried about what killed *Madimetja*... I am asking myself and don't have an answer. My mind is so confused that I ask myself what actually happened... **(Participant A)**

And, then, when the children came out, Kgethi's grandfather cried, even the aunt cried... She was told not to cry since she was the eldest and could also make the young ones to cry as well... His departure never went down well in me and I was asking myself about how God or Satan would take this man when it was his time to come and rest at home... HUUUUUUUU.....You will try to cover yourself, you will sit, sleep, wake-up, and appeal with God to help you ease the pain and also ask him to give you some sleep... **(Participant B)**

After my husband's death God gave me strange dreams that whenever I see a man I see death... **(Participant K)**

Ehee, it felt like I was sleeping. It was like I was only dreaming and yet to wake up... **(Participant J)**

Joooooo (high intonation) ...I could not even stay in the house. I was called to come back into the house and I felt like if I can do something I can maybe see her sitting with me... This pain eyyy (high intonation), it makes me feel like standing and..., she liked saying lets go to the back friend and sit there. So I go there and sit by myself at the back not knowing what to do, then I come back into the house... (Participant N)

One gets mixed emotions, like since he was ill, he has now rested and you come back and say not at that age. I sometimes cry alone. When the child finds me crying I lie and say my eyes are painful... One may have hatred for God. You can also hate ancestors for taking such a small child, at a tender age of three. What wrong has he done at that age, as the Bible says the wages of sin is death! What sin has the baby committed to deserve dying? He has not yet satisfied us to tell the truth... Yes, so he left us in suspense, it's still painful... We still blame the hospital as usual, that should they have helped that child, we will still be having him... When a family member has died I can faint for the whole day... Honestly, when we buried my paternal grandpa I fainted when the coffin descended and woke up at four in the afternoon (Participant C)

I was just having it tough even at work they used to ask me what was wrong (deep breathing and a sigh), you know I am not able to handle this man, it's too heavy for me... I was powerless and unable to eat... Just like that and when you feel like sleeping you also have to suffer before you fall asleep.... (hoooo...sigh), you start thinking, why? Why me? Until the early hours of the morning... All this time I was asking myself questions with no answers. Then later I accepted the reality... Why do this happen to me at my age. What am I going to answer and say!! These kids, what am I going to do with them and you can also see {expressing difficulties of taking care of the children non-verbally}... (Participant L)

My mind was preoccupied with my child... I had too many things in my mind and even got confused... When we saw that person we felt like we can kill him. All of us did not like to see him... Even my work was affected by that... for some time I couldn't go to work and I decided to quit... (Participant I)

One participant described her experience of the loss of her husband as having been traumatic, crushing, having collapsed and at one point having felt numb. She added that to date, she seems to have no memory of most of the aspects related to the burial of her husband.

*So yah it was a little bit traumatic because I wasn't expecting it and there were so many things still not yet in place... So it was a little bit traumatic because I was still young... I was 27-years old at that time... Agg with my husband's burial I didn't see anything, it's like I was in another world. If you ask me anything about what happened that day I don't know. It would be sad for me to tell you that I don't know... Yah I can't...I don't know whether it's my mind that's closing it or what... but I can't. I don't know what happened, the only thing that I remember was that, the day before the funeral, I think I crushed... And then I had to be taken to the hospital... Yah, but after that... on the day of the funeral I was numb. I was just sitting there, I just saw myself looking at people... hmm, no tears, nothing... Yah, I was... I think I was frozen... If you ask me to tell you... the colour of his coffin, I saw it only the day I chose it... That day you know I was not there, my mind was not there... **(Participant H)***

On the one hand, those grieving and, suspicious of the death, often blame it on others, especially those who they have been having bad relationships with, even the deceased's previous-lovers are questioned. Seemingly, family relatives are questioned.

*We sat me and my wife and interrogated the deaths and came to the conclusion that it is people who hate us... Could I be hated by my relatives? Could I be hated by my friend? That thing is painful, when someone dies we suspect the other person that you were once in a relationship with... **(Participant G)***

*It's just that at some point my sisters were saying that they wanted to find out whether this was orchestrated by people, or was it God's act... Agg the point was... it was pointed to my aunt... **(Participant H)***

It has also emerged that, death affects everyone in the family, including children. With children, they seem to be more preoccupied with the deceased and often talk about him/her as if he/she is still alive. One participant's son was severely affected

by the death of his brother, to the extent that he contemplated suicide. In some cases, the elderly bereaved family members make attempts to be strong for the children, while consoling them. In some cases, they hide their own pain and tears away from children.

*Yes they still talk about him... Sometimes you hear them saying this is for *Sello* {the deceased}. When you take out two apples they ask where *Sello*'s apple is? Mine (her son) was reported that he was lying on the tarred road with a friend telling him to look up in the sky and he said there is *Sello*... (**Participant C**)*

*Yes. He is ok now. He would sometimes fall and start kicking out but since I gave him his brother's T-shirt he is ok... It was because he was sending messages to people telling them that, he wanted to commit suicide because he was longing for his brother *Madimetja*... (**Participant A**)*

*The whole family was confused because we did not expect this as she was never sick... We always cried both me and my children... As for me I was always crying but hiding it from the children... we were all in the same state, but because I am a parent I kept telling them that they must endure, while I also had the same problem... (**Participant I**)*

In contrast, a death that was preceded by a long illness was experienced as less painful, with a sense of relief and a feeling that the deceased has been relieved of the pain of suffering.

*In my case the way daddy ailed, when I got the news I felt relieved... That at least that pain he felt has been lifted from him, that is that suffering, he is out of that suffering... (**Participant F**)*

*So I was sort of waiting for it to happen, it wasn't as painful as the other two... There was some sense of relief...A lot...a lot. Because everything was on me... you know when somebody is very sick to an extent that you have to bath her, you have to change nappies and all these...I felt that it was too much... (**Participant H**)*

The participants, especially the 'non-born-again' Christians acknowledged that, culturally it is expected that after the death of a family member, the bereaved family

should go and consult with a traditional healer (Makatu et al., 2008), a church prophet or both of them, in order to establish what the cause/s of death is/are. Such consultations are common, especially, with deaths that the bereaved question their nature of occurrence. Of noteworthy, was that some of the participants, through consultations with traditional healers and church prophets established that the deceased deaths were premediated by other people (*those practicing witchcraft*).

When you are not satisfied with the cause of death you can go out to enquire on what has caused the death so that you can bring the matter to a rest... People can either go the Sepedi way {consult with traditional healers} or the church's {consult with prophets} way... (Participant M)

When my husband dies I go to healers to determine as to who killed him, so that we could revenge... (Participant K)

We also consulted and discovered that talks are there but we decided to give them to God... Ultimately, others said we should revenge and we said we can't because we are not witches (Participant G)

Yes, they (Zion Christian Church prophets) also explained that he was murdered... And then, when this one claims he saw him (the deceased) it implies that he is not restful! hmmm... and I felt that this one was too heavy for me... Hmm, then we went to traditional healers and not at church this time around... (Participant A)

The consultations are deemed necessary as they are the first step, in establishing the cause of death and in guiding how the burial should be conducted. Once the traditional healer diagnoses the cause of death, he will give instructions and orders to the family as to how the burial should be undertaken (Kgatla, 2014). The instructions and orders are related to how the deceased's corpse, the family members and the household should be prepared and treated. Seemingly, those consulting with prophets are also given instructions on how to proceed with the funeral processions. The following quotations capture this essence:

And then they (ZCC prophets) gave us some instructions, for us to do this and that...ehhh...and we did... (Participant A)

In our culture it {the bereavement process} starts with the healer, one who knows the problems you may face and remember thereafter... (Participant G)

Furthermore, the findings suggest that children from the participants' families, who were either bereaved by a sibling, a cousin or a parent were also grieving for their beloved family member. Younger children (>5years) were obsessed and preoccupied with the deceased, the death and the meaning of the death. Others were repetitively looking at the photos of the deceased and constantly remarking that they see the deceased. While elderly siblings complained of sleeping problems, sadness, longing for the deceased, anxiety and fear. One of the participant's son was severely affected by the death of his brother and ended up being suicidal. The results also highlight that the grief symptoms, especially fear, anxiety, hypervigilance and sleeping problems for one of the participants' children were intensified following the discovery that their brother was captured and being used as a Zombie. The quotation herein reflects on the participant's observations of their children during their bereavement;

On arrival people were crying since they got the bad news... Even my children at home are scared... Once the sun set they are afraid that anything may happen... But if someone can knock at the door they will storm out of the house scared that it may be their brother Lekgowa...eh... He was so seriously affected, to an extent, that I even brought him here to Dineo...he was worse than the others... He even tried to commit suicide and he was saying nonsensical things to himself... Yes. He is ok now. He would sometimes fall and start kicking out but since I gave him his brother's T-shirt he is ok... It was because he was sending messages to people telling that he wants to commit suicide because he was longing for his brother Lekgowa... (Participant A)

Yes they still talk about him... Sometimes you hear them saying this is for Junior. When you take out two apples they ask where Junior's apple is... You tell them that Junior is in heaven he won't come back and they reply that will he come back... Mine was reported that he was lying on the tarred road with a friend telling him to look up in the sky and he said there is Junior. (Participant C)

That's why I had to explain to her... when she asked me whether her father has gone to heaven? She said when we are going to heaven. I had to explain that your

father has died like an ant, you know an ant? Then I said you know what we use to kill an ant? She said we use a finger to kill it. I was like if dead will it come back? She said what and then she cried, that's where I realised that it started to sink. She said truly he died like an ant? I said hmm, then she never asked me anything about the father till now... (Participant H)

Mmm, to an extent that...ehh, and, all my children got affected and became disorganized... The whole family was confused because we did not expect this as she was never sick... When we saw that person we felt like we can kill him. All of us did not like to see him... We didn't like him... We always cried, both me and my children... Even during the funeral we spent a lot. Since then we were never right, my other daughter kept on coming to me saying she is missing her younger sister... The other one was coming too and saying she remembers her sister and she even dreamt about her, and the other one too... I had it tough man, they were all asking me, isn't it she is their sister... Even myself I used to see her in my sleep, in fact my family was affected and disorganized, on the other hand, people were coming and telling us about this and that, My son was also complaining that he was not sleeping... Can you see how difficult it was? (Participant I)

**Maria* was counselled by some men from where she was studying in Vereeniging. She said that different priests came to pray for her, since her heart was always sore... When other children received calls or presents from their fathers, she was reminded that she does not even know her father well... *Maria* was refusing to look at our album and said that she cannot look at her father, whom she has never seen... Only recently in 2012 on mother's day, *Maria* collected all the photos and put them in a particular order and said to me that she has now admitted what happened with her father... She then accepted it. She said the priest once mentioned that Jesus is your father and the other father you think of will never come back... (Participant K)*

The eldest was ok but the young one was touched. He frequently asked when her mother was coming back? Why did you bury mama and so on and so on and I could not answer to that... (Deep breathing and exhalation)... But he sometimes takes her photos and look at them in a worried manner... But he asks me nothing now. He just keeps quite... (Participant L)

THEME 4: BEREAVEMENT RITUALS PERFORMED

From the data presented in the previous sections, it has emerged that central to treating bereavement, grief and *makgoma* is the performance of various bereavement rituals. It has also emerged that bereavement rituals are undergirded by participant's religious orientation or belief systems. Under this theme, I will start first, by presenting the traditional Northern Sotho bereavement rituals. Thereafter, I will present study findings of the bereavement rituals performed by the Zion Christian Church (ZCC) members. Subsequent to that, I will present study findings of the bereavement rituals relevant to the 'born again' Christian and International Pentecostal Holiness (IPHC) churches. It should be noted that the 'non-born again' Christians participants performed bereavement rituals similar to those of the traditional Northern Sotho study participants. A subsection (theme 4.1), will be devoted to the psychological meanings embedded in the performed bereavement rituals.

A.) TRADITIONAL NORTHERN SOTHO BEREAVEMENT RITUALS

In this study almost all the traditional Northern Sotho participants and 'non-born again' Christian Northern Sotho participants revealed that their families performed bereavement rituals after the death of a family member. Some of the rituals performed are for healing, which is achieved through the cleansing process. A traditional healer is central to this process. In some cases, the traditional healer only prescribes the rituals and they are then performed by an elderly family member in the bereaved family.

The family traditional healer should cleanse the bereaved individual... Whether it is a woman or a man of the house. Remember every household had their own healer to perform such rituals... (Participant I)

*After death in SeSotho there are some rituals performed because of their belief... You use herbs from the likes of *Morena* (traditional healer)... (Participant K)*

We buried and after the burial, there must be someone who comes to heal {through cleansing} us, isn't it... It's performed by a traditional healer... (Participant D)

In my culture, like when I had lost my partner in that way...I also go to a traditional healer... (Participant L)

In SeSotho they say you must be cleansed... Yes, you are healed through cleansing... (Participant B)

My eldest sister-in-law cleansed me off being a widow with those things. Thereafter they were thrown very far... (Participant B)

Furthermore, the results revealed that bereavement rituals are diverse and serve various functions. I categorised the bereavement rituals performed as follows:

- **Bereavement rituals for cleansing the bereaved (the widow, the widower, or parents):** Preferably, these rituals are performed immediately after the burial and during the official cleansing ceremony that marks the end of the mourning period for the bereaved widow or widower and children. The last cleansing ceremony is called '*go ntšha setšhila*', literally meaning the cleansing ceremony. On the one hand, for the bereaved parents, their rituals are performed once, that is immediately after the burial of their deceased child.
- **Bereavement rituals for cleansing the household:** These rituals as well, are performed immediately after the burial and again after 12-months during the official cleansing ceremony that marks the end of the mourning period for the bereaved.
- **Bereavement rituals for preparing the corpse:** These rituals are dictated by the nature of death the deceased experienced. If the family suspect that the death, especially an unexpected traumatic one, was inflicted by sinister forces (acts of witchcraft), they consult with a traditional healer who will ascertain their suspiciousness. To this effect the deceased's body and grave will be prepared with special rituals. On the one hand, those who died of natural causes, their families sometimes do perform corpse preparation rituals.
- **Bereavement rituals for fetching the deceased's spirit:** These rituals are specially performed for people who meet their deaths while away from home. For instance deaths caused by motor vehicle accidents on the roads or those of

people dying, while far away from home (i.e. a distance places away from home nationally or internationally). If the individual was not far away from home, the family will go to the location where the deceased died and perform the necessary rituals. In cases, where the deceased died far away from home, one participant stated that there is a way in which such rituals are performed and, such a ritual is also for fetching the deceased's spirit and bring it back home.

- **Bereavement rituals for cleansing the community:** These rituals are carried out, following the community Chief's orders by his traditional healer. The rituals are for the benefit of the community members, livestock and for vegetation purposes.
- **Bereavement rituals for children:** In this category as evidenced by participant's accounts are various rituals that are directed to children. Six rituals emerged from the data-set and were clustered under this category.
- **Bereavement rituals for revenge:** As reflected in the responses of a number of study participants, these category rituals are intended to revenge, especially for deaths orchestrated by other people.

Detailed descriptions of each of the above rituals are hereunder provided in the same order. They will also be corroborated with study participants' descriptive accounts of each of the rituals:

- **Bereavement rituals for cleansing the bereaved (the widow, the widower, & parents):** For the widow and the widower, the traditional healer, firstly burns traditional herbs which they will be made to inhale or sniff. Thereafter, they are steamed up with water mixed with traditional herbs and hot stones, of which the stones are continuously added to the mixture. Some participants highlighted, that they were then bathed with water mixed with herbs. After the steaming, they are parsed/incised with a razor on various areas of their bodies and traditional herbs are then rubbed into the incisions. The rubbing is meant for the herbs to enter their bodies. One traditional healer, described that after she steamed the bereaved with a herb called *ditshemo*, she knocks the bereaved on their joints before she incise them. To complete the cleansing, they are also given some

prepared herbs to drink and lick for a certain period. The common herb that almost all participants were given is called *bolebatša* (see appendix 6). *Bolebatša* is mixed with water and given to the bereaved to drink. There is another herb called *tšhidi*, which also works like *bolebatša*. According to one participant, *tšhidi* was grinded, packed in sachets and handed over to them to lick at various intervals until they completed the whole sachet. He was of the opinion that it was used in the mixture of herbs, that they were inhaled and bathed with. Furthermore, one participant, hinted out that in their case, they were given water called *metsimašiya* to drink, which was mixed with a herb as part of the healing process. Within the same cleansing ceremony, the bereaved widow, is then made to put on black mourning clothes, which she will wear for the entire 12-months of mourning. One participant highlighted that with widowers; they put on a black hat and insert cotton-wool (*mawisi*) in their ears during their six months of mourning. The bereaved family's hair is also shaven off. This theme is supported by the following quotations:

Even if you don't mourn normally you must be healed... You must be steamed, you must be knocked on your joints and be cleansed because you have 'lekgoma' from that woman {the deceased}... If it's me healing someone, I simply take herbs that I know that they are for makgoma and make him sniff them, thereafter I steam him up with 'ditshemo' and thereafter I knock him on all his joints. I also knock him on the back of his body; by so doing I am strengthening his bones... I knock him first, and then parse him, thereafter, I take the herbs and rub into his body and that is all. We also give him some to drink to take for a particular period... But it's not gone, to completely {makgoma} take it away, it will be on the day they cleanse the whole household and the chief mourner takes of the dark mourning clothes. (Participant D)

Outside as a healer, what we do, eh, as a family, there's a herb called 'bolebatša', you drink it as a family... You drink, yes, after funeral... The family drinks it and we can't give it before the burial because you won't be able to cry, and crying is therapeutic... And then after 'bolebatša', there are some that parents (in this case) will inhale-up and bath with... And you put on black clothes... We heal them and they become normal... (Participant C)

A ritual when someone has died; be it of a child or an in-law. Remember we spoke about two people here {the deceased}... Ok... then we bring in a traditional healer, to come and give us 'metsimašiya,' so that we can belch... Yes, we are made to drink water referred to as 'metsimašiya', to make our hearts belch, even the children... We are made to drink this water. It is poured into a calabash or even a plastic dish, then... they mix with the herb for us to drink... (Participant G)

The Zionists do it in their own way, and we do it our own way in our culture, we use herbs and get a traditional healer to come and steam you up and you are also given what they call 'molebatša'... Molebatša can be bought from some shops if no one can get it for you... It is sold at the traditional chemist belonging to Mokgekolwana {the old-lady}... They use that with water to drink... They burn stones and put something in there for you to inhale... When they cut the hair and put the mourning clothes off, it is still a ritual... You still have to inhale and get bathed. That's another ritual... When they give you those clothes they don't just do it without a ritual... They need someone from outside who must come and strengthen you. That's why they organise a ceremony of being given the clothes... That healer is the one who do perform those rituals... (Participant N)

After the burial, usually on Sunday, because we bury on Saturdays, you gather again in the family and elderly men will be eating the remnants of the previous day... The family members call eh, eh, the traditional healer to cleanse you and make you drink some herbs... They burn herbs... Then we take a blanket and cover ourselves to inhale while we sneeze and that's all. When that is done, they take 'tšhidi' and give it to us... which is the same thing we inhaled.... The herb he used to steam us up will be grinded and they call it 'tšhidi'... Then he makes sachets for each one of us and we lick it at intervals... Yes, we lick every day until it is finished... When he (traditional healer) comes to relieve children of their mourning clothes, he will do the same with steaming me, he burns some herbs and I sneeze, then he takes the 'tšhidi' for me to lick and that's all... (Participant J)

Ok, they relieve the body of tension in a way and then they knock you several times on the joints because they say you have been sitting for long. They stretch you out. So then... yah... even bathing in a bath with their herbs in the water. They are healers who know what they mix... They bathed me and bathed me remember they are true traditional healers, then there were those that I had to drink... Yes, some we drink, that's cleansing in and out... Now, what they pour in, there is a herb that heals. They also steam you up with stones and other mixtures; they bathe you and heal all possible illnesses that come to your mind. You will still remember but find that no (high intonation)...it's ok... (Participant H)

We went through the process, myself, my wife, their father and her children and this one {husband to the deceased} at home, the one she {the deceased} was with at the beginning of the ordeal... (Participant G)

When you are bereaved, after the burial you put on clothes that signify that you are mourning... "Black".....on the head and other even cover here... The whole face except the eyes... And you put it off after 3 - months... The one, which you cover your face and remain with the dress... I put on a 'motoiši', they sew a 'Motoiši' and this thing they put across... They heat stones but I don't know what else they put in there...I am not a traditional healer... They pour in whatever they have and steam you up with your first and last born child... (Participant B)

They steam me up for what we call 'sekgoma'... That's why they steam us up and parse you to put the medicine inside you and you become ok... They did sekgoma for me and it could not be done on the same day... They give another date to come back for the second time... They also clean from inside. That's how I was treated... (Participant L)

The family traditional healer should cleanse the bereaved individual... Whether it is the woman or the man of the house. Remember every household had their own healer to perform such rituals... (Participant I)

*After the funeral they invite *Morena* {traditional healer} to come and cleanse you as well as knock your knees the way he knows... They cleanse you and heal*

*you. They take traditional herbs, as I explained about *Morena* {traditional healer}. They burn them so that you inhale the smoke and they steam you up. They also do it in the whole household... Even *Morena* { traditional healer}, I will refer to him, since he is the nearest traditional healer, he brings his herbs which he burns in the lapa and all inhale the smoke, thereafter you are pricked with a razor and some herbs are rubbed and rubbed into your skin... (Participant K)*

Eh, in our culture one common ritual is for members of the bereaved family to be shaven off their hair...I know that the whole family should do that... And then, in the process, some cut the hair and we also have those who put on mourning clothes... They usually put on black clothes, if it's a widow she puts on black clothes and pieces of a black cloth for the rest of the family... (Participant F)

You either do culturally or according to a particular church. If you do it in Sepedi you go to a healer who will make you sneeze and inhale herbs. They may also give you herb that you will have to use... (Participant M)

Since you lost a partner they give you black clothes to put on... They are burned after a year... Even with men is the same, they put on the black hat and put this things in their ears, a white cotton wool, and insert it in his ears... Cotton wool... We say it is 'Mawise', they insert it in here {pointing to the ears}, and so that cold should not enter your ears... (Participant N)

One of the traditional healers in this study revealed that *bolebatša* is prepared from either a soft stone found close to rivers or a shrub. She hinted that, just like with the stone, they crush the shrub's leaves and roots into powder when they prepare *bolebatša*.

Bolebatša is made out of a very soft stone found close to rivers. The stone is very soft like chewing gum. We crush it into powder... Another form is made out of a shrub tree, which we crush into powder... I don't know it's {the shrub} name, but we just call it bolebatša. We use both its roots and leaves... (Participant C)

The cleansing process is repeated after six months for the widower and 12-months for the widow. The 6 and 12-months periods, respectively signify the end of mourning. In this case an eventful ceremony will be organised for the bereaved. During this cleansing ceremony, the bereaved will undergo the same cleansing process, but this time, the black mourning clothes will be taken off, burned or thrown away. This is captured in the following quotations:

Those clothes are worn for three months... And, the widow takes 12-months to get out of the mourning period... After the 12-months there is another ritual... Before that ritual is performed a man who sleeps with that widow may die... Ah, no but I heard that when they give the widow those black clothes they are not just black clothes {they are prepared with traditional medicine}... But, when they give her the clothes there must be a healer, no it is after the funeral... (Participant H)

Those SeSotho traditional healers come and cleanse you {widower} After 6-months they cleanse you (Participant I)

*Adults in most cases, only because she was young, but if it was my wife, I would put off the mourning clothes after one year. Since she was young (her deceased daughter) I simply did that with the children... With my wife, the same process happened...hmm in the same way they cleansed the children on a Sunday... And people like *Lerato* and *Mmapula* (daughters) after three months, were cleansed, they put off the mourning clothes to remove the... what you call...eh...bad luck, I mean makgoma... I was cleansed after one year and that is the end of the story (Participant J)*

At her {her bereaved elder sister} place they organised a big ceremony in September, in which she was taking off the clothes formally in September, they bought meat and beer and people enjoyed. That's how we conclude on widows... (Participant B)

I invited people and cleansed too. (Participant C)

Yah, for twelve months even with the Zionists... When you put off the black clothes it is another ceremony... They heal her and buy her new clothes.
(Participant F)

*In my father's second house there will be ten days for condolences for children, and actually you must spend a year after the death of an old man in the family, while the wife is mourning. She will then take off the mourning clothes after a year. Let's say it is October around the 30th, they will cleanse and take off the mourning clothes on the 30th again. 58. in that case {end of mourning ceremony} you have to consult with a traditional healer to heal you. They cleansed them and take off their mourning clothes... **(Participant E)***

*In that ceremony they take off the hat and cleanse him {her bereaved son in law}... Then we take the deceased's clothes and spread them outside for anyone to pick what they need... In 12 - months, they put off the mourning clothes and burn them... They can throw them away or burn them... **(Participant N)***

On the other hand, for the bereaved parents, they also undergo the same process of cleansing. However, they undergo the cleansing only once after the burial, unlike with the death of a spouse.

*You undergo the same process, because she is your daughter. You perform in that same manner, but the healing does not resemble when you are widowed. In that case they only steam you up and bathe you. That's all... **(Participant D)***

*Even with your child you must be cleansed; you and your wife must be cleansed at the same place... I don't know the herbs, but the fact is that they do it that way... Like with the death of *Jane*, I took my wife to her Sepedi healers who cleansed us in her cultural way... **(Participant M)***

Seemingly, they are parsed, rubbed with medication and given some herbs to drink and lick. The bereaved parents are not expected to put on any black mourning clothes. One participant remarked that irrespective of parents still being together in a relationship or not, they both have to under-go cleansing as soon as they discover that their child is deceased.

Let me tell you something: if you have a child anywhere and you later learn that he/she is dead, you must get a healer to cleanse you... If you know somewhere where you can go or you have a church that you attend you can go and they will tell you what to do... (Participant M)

- **Bereavement rituals for cleansing the household:** The bereaved's family house and yard are also cleansed. The traditional healer will be invited again after the burial to cleanse the yard and the house.

That same healer who healed them should come again {during the official cleansing ceremony marking the end of the mourning period} and cleanse them... Then he bathes the chief mourner and cleanses the household... (Participant D)

When such things have happened the healer must come and strengthen the house... (Participant L)

- **Bereavement rituals for preparing the corpse:** The data-set reflects that, death can be man-made or due to natural causes. Hence, after death the bereaved family consult with a traditional healer to establish the cause of the death. Following the diagnosis of the cause of death, for instance, if it's 'man-made', the deceased's corpse is prepared with traditional herbs while still at the mortuary by a traditional healer. One of the traditional healers, highlighted that the corpses are prepared (smearing, washing, or incising or rubbing the corpse with a mixture of herbs) differently. The method of ritual performance depends on the attending traditional healer's mode of treatment:

You shall have diagnosed it and seen the cause... And you do what you should... But mostly it should be before the deceased gets buried, before you perform such rituals... Before burial, while the corpse is still there {at the mortuary} you diagnose the cause and if it is man-made you prepare the body with your herbs before he is buried... The healer does everything there... From there you come home and the family will view the body as if nothing has happened, but they know that you have your own traps... (Participant D)

*There are ways in which corpses are prepared, ehh...there are zombies... After dying the corpse come home and get prepared... It's a mixture of herbs; we smear the corpse. There are different ways of doing it {preparing the corpse}. Some wash the body and some bury the corpse with herbs, some put the medicine in the flesh through incising and rubbing...Just like that, a mixture of medicines... I can say they take some portions on the cow... They prepare them and they are buried with the corpse... (**Participant C**)*

*They went to diagnose and the other thing is that on arrival there {at the traditional healer}, I don't know what they were told... but at the same time they gave them something to let him sleep {rest in peace}... (**Participant H**)*

*There is one other thing; I said such corpses are not allowed at home, there are some rituals performed at the mortuary... Yes, they go to the healer who gives them herbs that they take with them to the mortuary... I am not sure whether they rub the corpse or they simply put them in there {in the coffin}, before they bring him home (**Participant F**)*

- **Bereavement rituals for fetching the deceased's spirit:** The participants highlighted that in cases where the deceased died away from home (that is, in hospital or on the road through an accident), the bereaved family have to go to the same location and cleans it with rituals and fetch the deceased's spirit. While, if the location is unreachable, the family will go to *sebatlaolong* - a piece of land in the bush where no vegetation grows -, and call the deceased's spirit to follow them home. While at the *sebatlaolong*, they will use various herbs as part of the ritual. Even years later, the deceased's spirit can still be fetched from the location of death. In this case they will use various herbs, snuff, unsieved traditional beer and slaughter a goat as part of the ritual and for propitiating the ancestors. On their way home, should they have to cross a river, they talk to the spirit not to remain on the other side of the river, as it is believed that a human spirit is unable to cross the river. They do so and help the spirit to cross the river. On arrival at home, they tell the deceased's spirit to go and join its body in the grave. This ritual is captured in this quotation by a traditional healer, who was one of the participants and a few others:

*If he died somewhere we go and take his spirit so that he can't become a ghost. You go and work around the place where he died if it's an accident, if he died in hospital ultimately you go there and they won't refuse. You get to the Ward and do as you wish but if someone dies, let's say Nigeria... We cannot fly over there, and take twenty thousand rands to go to TB Joshua, we go to 'sebatlaolong'.... 'sebatlaolong', a piece of land in the bush where no vegetation grows... you go and propitiate the ancestors, you call the deceased in all his names, you tell him/her that we have come to take him home and you perform all the rituals there, but if you cross a river on your way you must ask him to not remain there... You talk to him until you reach home. You have taken his spirit... Even in few years, after a person has died, you go to the spot where he died and propitiate using a goat and unsieved traditional beer... You go there and even use 'snuff', you take him there and bring him home. By home they mean his grave... It {the spirit} can't cross a river, you have to speak and ask for it to cross... You may be deceived that you are carrying the spirit only to find that it remained on the other side of Lepelle River. On arrival at home you inform the spirit to join the flesh which is in the grave. But when you later propitiate you perform your rituals there {at the grave}... **(Participant C)***

*If you belong to the traditional ones you will call a healer to go to the scene of the accident and cleanse that place so that other people should not experience accidents at the same location... What we think is that the spirit of the dead person is still there as he died unexpectedly... **(Participant D)***

*Uhm... with my brother... because he died on the road so when we came back behind the hearse that took him, so we had to stop with him on the scene. We had to tell him that we are collecting his spirit, we are going home. Yah and you don't have to disturb people here, you don't have to kill people... you are going home and rest with your mom, because my mom had not long died... **(Participant H)***

Like if you can be killed in a car crash, in the past, before there were mortuaries we had to pass by the place where the accident occurred... We would also talk

to him and tell him that we are taking you from here to your home... In a car accident, but now I am not sure how they do it because if they stab you to death in Alexander, the burial society will send you home... There are two ways of taking you there but it is no more done the way it was... Just where you died your relatives must come and collect some soil... By collecting that soil it implies they have taken you from that place to your home... The soil we collect will be kept at home and when we burry you we also pour that soil in there {the grave}... That means it is over between us and him... (Participant J)

Those caused by accidents and knives may be treated differently depending on your belief... If you belong to the traditional ones you will call a traditional healer to go to the scene of the accident and cleanse that place so that other people should not experience accidents at the same location... (Participant M)

- **Bereavement rituals for cleansing the community:** The community is cleansed through the use of a multi-coloured aloe tree's leaves called *sekgophana*. The bereaved take the leaves and drop them around the community when they pass by kraals for livestock and also drop them heading towards the chief's royal home. When they reach the royal palace, they also drop them in the chief's yard and in the kraals. Seemingly, when the bereaved are going to the ploughing fields they carry the leaves with them and drop them around the ploughing fields. The chief is also expected to call his traditional healer, who will also perform community cleansing rituals.

In SeSotho, there is something they call 'sekgophana'... This multi-coloured one...I even planted it here... Then you take it along and drop it when you pass a kraal... Even when you go to the ploughing fields you cut it and take it along, and then drop it next to those people's fields ... (Participant B)

He {her sister's husband} was buried and my sister was given those 'dikgopha' (aloe leaves) to drop all the way to the royal kraal... The pot was carried by another woman and they dropped as they walked, on their way to the royal kraal... On arrival at the royal place they also dropped some... (Participant B)

Later in the evening of the funeral, they take you to your home. They say you drop what...what which I don't know, but we hear them saying on the way you drop 'sebabi' {aloe leaves}... You drop them on the road at different spots... (Participant N)

After three days there is some process that they perform in Sepedi... The area {the community} will be cleansed by the chief in his own way. Every tribe does that... They cleanse it after such things happens... They are all related to mourning... (Participant I)

- **Bereavement rituals for revenge:** The results suggest that in cases whereby the death is believed to be orchestrated, the bereaved family would either revenge or decide not to do so. Should the family choose to do so, they will inform their traditional healer who will then perform some rituals for revenge. One participant highlighted that one of the rituals performed is culturally called 'Letswa'. This ritual is primarily a spell made out of a concoction of traditional herbs, which is directed at those who orchestrated the death:

*But my God who promised to be a husband to widows will cast a spell ('Letswa')... Is like (Letswa) when you go to *Morena* {traditional healer} and ask him to cast a curse on people who killed someone in your family... But today things are much better because people know God. In the past it was worse. Do you see *Lesiba*, in his family of *Maja*, we overheard that his siblings who were born by *Maja* are all gone. *Lesiba* is not a biological son of *Maja*. They were killed by such a curse even though their parents were not guilty of anything... (Participant K)*

*On the burial day {of her son} someone arrived and claimed that he saw *Madimetja* (her son's name) walking down the street... He came back and repeated that he saw him...eh...hmmm...that day... But we have enquired even though they said {ZCC church prophets} his colleagues killed him... Hmm, then we went to traditional healers and not at church this time around... He {the traditional healer} told us that he is not peaceful, but he has been taken and is being used... Hmmm...Then we were taken aback but he gave us something {traditional herbs} to use at the grave... We have seen that they are working*

*because since *Madimetja* died, five of his colleagues were shot dead... Some committed murders even here at home, we see them, they are dying without suffering any illness, and some are just murdered... It's reported that he shot himself... But one healer said it. He said they won't get sick...they will just be mysterious deaths... It was said by him...yes he said they will be unique deaths... And that side there are already five of them here at home they are two who already died. That means it works... They simply gave us herbs... We were given herbs and instructed to go and put them on the grave and speak out that people who caused this death should also follow suit... Then you perform those rituals and depart from the cemetery without looking back until you reach home... (Participant A)*

We also consulted and discovered that talks {daughter in law was murdered} are there but we decided to give them to God... Ultimately others said we should revenge and we said we can't because we are not witches... God would see what to give us but we thanked the child she left us with, and it was only that one. (Participant, G)

On return from the graveside one of the participant highlighted that the attendees will find water to wash their hands prepared for them by the gate. She held that most people believe the water is meant for cleansing of *makgoma*. However, the water culturally has a specific function as elaborated by this quotation:

When we come back from the graveyard there will be water at the main entrance. That water is not meant to cleanse 'makgoma'... I was briefed by one man from Ga-Mphahlele with whom we pray in town but even in the Bible this water is mentioned... The water at the entrance... Even in the tradition, one old lady once explained to me... Some people think that, that water is for cleansing 'makgoma' {with a sarcastic expression}, some even mix with 'mešinkwana', some even drink that dirty water believing that, that water will cleanse them of 'makgoma'. No, traditionally, that water...how the water was prepared culturally... that water was prepared somehow... They mix that water with herbs, so that if someone killed the deceased he must be exposed. That washing

symbolises that 'I am not responsible for the deceased's death', just like the way King Pilato did... So, most of us do these things without understanding... (Participant K)

- **Bereavement rituals for children:** This category is comprised of 5-rituals performed for children, that emerged from the data-set:

The results revealed that children are also healed through cleansing rituals, which is the 1st ritual in this category. During their cleansing ritual, they are also parsed, rubbed with herbs and given some (i.e. *bolebatša*) to drink and lick. However, children are not expected to put on black mourning clothes, rather they put a piece of a black cloth on the upper part of their clothing items. Their official cleansing ceremony that marks the end of their mourning period is held after 3-months. The very same cleansing process will also be repeated and their hair will also be shaven off again, as highlighted herein:

I went with them (his 2-sons), and they did that to all of us. I was steamed up and inhaled first, and then the elder one, then the other one and they were also parsed... (Participant L)

After that {having been cleansed immediately after the burial}, some three months will pass, you call the same healer to relieve the children of the mourning clothes... We do it after three months if it is a youth, but if it's your wife you wait for a full year... (Participant J)

When children are bereaved of a parent there is a special ritual to be performed. With them they may not be made to inhale but there are special rituals done for them, including shaving of their hair... They are some of the things that make children be cleansed. After consulting they will be told what rituals to perform and when everything else is done they will arrange a ceremony called 'setšhila' in which the children's hair will then be shaved... (Participant M)

In our culture after burial we wait for three months before we hold a function to ameliorate the children of the burden of mourning. This is done after three months and the children are then free to associate at will. (Participant M)

I boiled water and then poured the herb into that water, wait for it to cool down before I gave him {younger son} to drink... For a month {his son was made to drink the herb for a month} and only taking a teaspoon tip... (Participant L)

The second ritual is *bolokwane*. The *bolokwane* is described as a beaded necklace, made out of yellow and black or red and white or red and black beads. After it has been prepared, the child will wear it on his or her neck. The *bolokwane* should be worn until one's death and should not be torn apart intentionally. Should it be torn apart, it may not be fixed or replaced.

They put a bolokwane ...on her neck... Uh uh, not dung, bolokwane is...eh is a special beaded necklace... So bolokwane can be red and white or yellow and black... So hers was yellow and black. So she cut it and they say if she cuts it... it implies that, that thing should be on her up until she gets old and dies, but if it can get torn apart or damaged, you don't have to put it again... Yes, and with her she just...I think it was very much uncomfortable on her, the beaded necklace. She deliberately tore it apart... There are specific people...it is prepared by my paternal aunt... When I was bathing the other side, being bathed... she was given the bolokwane... It's a ritual...hmm... hmm spiritual. So she said...the very same...just after they fitted it she tore it... No, it is finished; it cannot be put back... (Participant H)

Hmm... hmm, all including children and the first born also puts on' bolokwane ', even the second one... That bead work with black and red mixture of beads... And it should not be cut... Always here (pointing to the neck), it is used by the first and the last born children... (Participant K)

The third ritual identified is *whispering in the child's ear*, that his or her family member is deceased. This can be done by any elderly member of the family.

Culturally we whisper in the children's ears, while they are fast asleep... (Participant N)

They whispered to her after the burial that her father was dead... So that is why I say the whispering... the whispering was not working for me because I did not know that it is linked to bolokwane which she tore... The only process they told me of was, because my daughter was very close to my husband, I had to whisper in her ear that her father was dead... He is no more coming back, but for me I didn't see it working or not because I did not believe in it. And she continued to ask where her father was up until I explained in such a way that she could understand. She was three by then.... (Participant H)

The third ritual that emerged is the placing of the deceased's clothes, preferably a hat under children's pillows. Every night, the children will rest their heads on the pillows.

For them to be able to forget about their brother I took his clothes, specifically the hat and put it under their pillow so that they should lie their heads on it every evening... It was me after hearing people say that if children do not forget you should take something like a T-shirt and put under their pillows... (Participant A)

The fourth ritual is in the form of a 'mixture of water and ash from burned woods or a mixture of water with soil collected from a cross road. An elderly, family member will prepare this mixture, and blow some air into the mixture, before giving it to a child to drink. Seemingly, the fifth ritual is the use of *Mošinkwane* or a herb called *serokolo*. The leaves of *Mošinkwane* are chewed, while the herb is crushed, and thereafter rubbed on a child's tummy in a circular motion. These five rituals serve a similar function for children. These processes are captured in the following quotations:

Let's say it's me like this, and I go to a funeral, this kids... When I come from a funeral I take water and do this (blowing some air in the water), and give them to drink, I even put ash inside the water... I blow some air and then they drink that water... Ash, ordinary one from burned woods... (Participant N)

You can also collect soil on the road and do this {demonstrating sprinkling in the cup with her fingers}, and let them drink... You get any soil on the cross road... You mix with the water and let them drink... If you don't do that you can go and

get 'Mošinkwane' and chew it, then you press with it on his tummy and he will say pooooo! hahaha... **(Participant N)**

When their tummy is full you chew serokolo and it works like Mošinkwane **(Participant N)**

All the rituals identified, categorized and described so far, suggest some varying significances for the bereaved traditional Northern Sotho persons. From the findings, it is also highlighted that failure to adhere to these rituals, is associated with dire consequences for the bereaved, the deceased, and the community's livestock and vegetation. In such instances, some of these rituals can still be performed at a later stage, so as to deal with the repercussions of having failed perform them.

*But with her {her deceased aunt}, since she knew that her brother was a traditional healer she also believed in African healing, her children adopted the foreign religion and said that they don't prepare the corpse. It took them only two months and they had to exhume the body... They did and then prepared (through rituals) it anew and things became normal because they were fighting seriously... Healing processes differ. I don't exhume the corpse but I work on the grave... **(Participant C)***

*Usually we are told that if you have a death case and don't perform them as instructed, they claim that the deceased will hover around as a zombie (setlotloane) that is reared by other people {witches}, who make use of the Zombie... That is why we are forced to perform these rituals so that he must sleep peacefully and not be abused... This is done because witches perform some magic... You hear people saying they saw your child. You will wonder how they saw him, because you know he is buried... This would mean you have not performed the rituals as you were supposed to.... They simply gave us herbs... We were given herbs and instructed to go and put them on the grave and speak out that people who caused this death should also follow suit... Then you perform those rituals and depart from the cemetery without looking back until you reach home. **(Participant A)***

B). BEREAVEMENT RITUALS OF THE ZION CHRISTIAN CHURCH (ZCC)

Some of the participants described rituals performed by those affiliated to the ZCC. These rituals take on a different form, when compared to the traditional Northern Sotho bereavement rituals. The ZCC's bereavement rituals can be classified as follows;

- **Cleansing bereavement rituals for the bereaved (the widow, the widower, parents & children):** Some participants highlighted that the bereaved ZCC family members also perform cleansing rituals. Their cleansing rituals are conducted by a priest, depending on the '*ditaelo*' from church, literally meaning instructions from the church. Their bereavement rituals are in the form of prayers, sprinkling the bereaved with holy water. They are steamed up and also made to inhale various church teas and coffees. They also burn papers as part of the cleansing rituals. Seemingly, their rituals are performed immediately after the burial and during the official ceremony (*mpoho*) that marks the end of the mourning period.

We do even the Zionists do steam up the bereaved and thereafter, they sprinkle the water all over to remove the darkness... (Participant D)

If we do it the ZCC way then we call the priests... (Participant M)

After the burial as I explained that they are Zionists, their ritual was only directed to my mother (Participant, F)

They usually sprinkle the water in the designated places and also burn papers according to how the instruction came out... If we do it the ZCC way then we call the priests... On the day of the burial when we come back from the graveyard we sprinkle those in attendances with water so that when they go home they should not infect their children with 'makgoma' and others... That's why we avail a dish with water, so that you can cleanse your hands off... After washing they spray you with water to cleanse you, when we from the graveyard... Sometimes they steam us up or make us inhale or they prick us to spill blood or whatever... The church, the church sends priests to come and do it in your house... They make

us inhale and then prick us to spill the blood as a manner of cleaning the blood system... Then the instruction is over... (Participant M)

But these days, others like Zionists and Bazalwana they don't wear them. The Zionists have something they wear. They put on a cloth, on top of their dress... (Participant B)

He also requested me to release his daughter to come to him so that they {him & his daughter} could together be cleansed at once... But when you get married you meet this things (ritual performance)... They steam you up with stones, you sweat, thereafter you go and bath... The priest or whoever, but it can't be done by a non-church goer... You go spent a week steaming day and night... (Participant N)

She {his mother} is a widow, not so? So they had to sprinkle her with water, give her different types of teas and coffee so that she could drink, I can't remember but it seems like after seven days or so... Seven days in the ritual, Yah, doing them every day... I am not really that sure, why they do it that way! But on the last day they punch some blood out... They punch the blood out... They have their needle used to punch the blood... (Participant F)

The Zionists also do it with water... (Participant I)

They used water, fire, newspapers {rituals performed for her} to try and remove the bad luck from me (Participant H)

One of the participants gave an account that parents are also expected to be cleansed. He suggested that irrespective of whether they are still together or not, cleansing after the death of the child is important:

Even with your child you must be cleansed; you and you wife must be cleansed at the same place... Let me tell you something: if you have a child anywhere and you later learn that he/she is dead, you must get a healer to cleanse you... If you know somewhere, where you can go or you have a church that you attend you can go and they will tell you what to do... They will tell you to inhale for so many

days and you will be sprayed with water for so many days. This will be a way of releasing you from that trap you are not even aware of... (Participant M)

- **Cleansing bereavement rituals for the household:** The results revealed that during the *mpoho* ceremony, the bereaved's house and yard are also sprinkled with water, as part of the cleansing. The deceased's clothes will also be sprinkled with water and distributed to the relatives during the *Mpoho* ceremony. The church members will attend the ceremony, of which they will sing and dance overnight. In the morning they will officially take the bereaved, out of the house. This signals the end of their mourning period.

Eh, the rituals, my father belonged to the ZCC church, then they don't have, they don't do rituals {traditional rituals}... Ah, rituals, all they do is conduct prayers and so on, the ritual that they do is to use water, just to sprinkle in the yard. The whole yard and the house...everything. The ritual comes after the burial, but before the funeral there is really nothing, but after the funeral that's when I saw it... (Participant F)

Even the Zionists sprinkle in the yard and on the bereaved... (Participant K)

Okay, then from there they said I should come and shed the clothes even though they did not give them to me. They said there will be time to distribute his clothes... (Participant H)

In the ZCC we organise 'mpoho'. We do the 'mpoho' were we dance the whole night and in the morning they take the bereaved out of the house... 108. Hmm, after a year there will be a ceremony to celebrate the end of the mourning period and then you can go to church... (Participant M)

And then procedurally we also arrange to distribute the deceased's clothes... They are taken and the priest will be there to sprinkle them with water... In Sepedi we display the clothes to all invited relatives for them to pick at random... Whether is a jean or a shirt you choose what you want. Even in the ZCC practice

it is done... And then at the end of the year we organise a bigger ceremony to relieve the elders of the mourning clothes... (Participant M)

Ehh... they sprinkle with water from church, that's how they cleanse... They sprinkle with the water in the whole house and the yard. They also sprinkle everyone in the family... Yes. We too are sprinkled... Okay, when they are done sprinkle us and the yard, we are steamed-up, right after the funeral. We are all steamed-up right here at home after the funeral. They steam-up all of us in the family and, they say they are cleansing us off that death... They use water from church... (Participant A)

C.) BEREAVEMENT RITUALS OF THE 'BORN AGAIN' CHRISTIANS

The findings suggest that participants who are affiliated to various 'born again' Christian churches, do not perform any traditional Northern Sotho bereavement rituals. Seemingly, there are no restrictions imposed on them. The following quotations confirm this theme:

But, I did it with Lati {her daughter} only, because your father-in-law is a born again Christian, they don't perform the rituals. I was cleansed with Lati only... But then if you are a Mozalwana {born again Christians}, I didn't see anything wrong happening if they didn't perform the rituals... The people of IPHC also do not do rituals... (Participants B)

Ah, we {born again Christians} simply run the funeral.....ah, and then we bury the deceased. We don't have any procedures to follow, whether it's a man who died, we don't expect his wife to mourn through attire, ah nothing, totally nothing... (Participant F)

On my side {IPHC}, we just bury... Life continues, I even go to church... There is nothing like cleansing or whatever... No mourning clothes and no cleansing ceremony... (Participant, E)

Like with Bazalwana {born again Christians}, I don't know how they do it but I usually see some of them go to the royal place, to negotiate that they are Bazalwane {born again Christians}, because they don't put on this mourning

clothes or perform cleansing rituals..., I don't know if they are paying or what...
(Participant B)

If you want to stay away {from church} you can. At least you can, for three weeks if you still feel burdened, but after the burial you are not restricted from going to church **(Participant E)**

One participant argued that, despite the Christians saying they don't perform the cleansing rituals, it seems like with the widows it is imperative for them to be cleansed. She gave an account of one IPHC bereaved widow's experience as follows:

The people of IPHC also do not do rituals... But with widows I think there is a problem. One woman came crying and saying that she was ill. I think she had anxiety... When I enquired from her she said, she attends the IPHC church and we don't cleanse after death... She was complaining about that and she was in pain... She said she has a problem and I told her I don't know how to help her and I advised her to enquire from her household... She has lost a husband but I don't know how she felt... I only said to myself...it means these things are working...
(Participant B)

Furthermore, the results highlight that irrespective of denomination, the rituals that are carried out in the Christian religions are similar. Primarily their bereavement ritual performance is made in the form of prayers, and continued consolations by priests, through the word of God. The unveiling of a tombstone, emerged that it is a form of a death ritual. The quotations below capture the bereavement rituals associated with these churches:

. But myself since I am saved {born again Christian}, after the burial my church members pray for me and my children, in Jesus's name and bathe us with His blood, and steam us with the heavenly fire. When I speak of the fire and the blood of Jesus, I am referring to the holy spirit of God, I don't literally refer to them as such. When the Israelites left Egypt they were saved by the blood of Jesus and the fire showed them the way. That is our belief... I was not knocked on my knees,

neither did my children... Or with Sewašo, or water from Lekganyane {ZCC}, hmmm, it was only the church and its belief... (Participant K)

When these things {deaths} happened, we were already at the 12-Apostle church and everything was done according to the church... This is how we did that through the church... When there is a death case, our priests keep coming to our house... They come to console us through Words... All of us including the children come together in the house for a month. The priests continue to console us with the Word {referring to the word of God}... (Participant I)

And one other thing is that Christians, as different as we are, we perform the rituals but without this African herbs'... And one other thing is that, as Christians are different, some perform that ritual but without using these herbs, or using anything... Eh, it is just eh, the way I realised it is that they do it as if they unveil a tombstone... That's how they perform the ritual in a way... They bury a person and do not erect a tombstone for them and then do it after 12-months... So in a way it is also a ritual but without involving traditional healers... (Participant F)

Once the church is informed of the death, there will be two days of prayer service in the deceased's family before the burial. Let's say we hear of the death on Saturday, on Sunday we do go to the deceased's family and have a prayer service, and if they are going to bury on Friday, on Thursday we do go for another prayer service... And, then we go for the burial... Once we do hold the prayer services, then it is the end. Everything has been done... When we are there we don't talk about the deceased. We talk to those who could still hear us. We can't talk about something that will never come back, it doesn't hear us and it will never bring any changes... We can only reflect and explain that we were fellows in prayer. We can also mention that the important thing that we came to do is this and that, and once we bury him, we are done... (Participant E)

They sometimes take the bereaved from home and via the church and then to the grave yard... They take them through the route that he chose and lived so that when in the grave if he needs to sleep he will sleep in peace and if there is somewhere to go he must go happily... (Participant M)

However, it has also emerged that some participants, irrespective of their church affiliation they performed either or both of the traditional Northern Sotho and ZCC bereavement rituals:

Hmm...Let me start with my brother. With my brother... look I am a Christian but some of the things {bereavement rituals} you just do for the sake of the family... And, then from there another ritual... when we are done... I think I went two different routes, because I had to satisfy my husbands' family because they go to ZCC... So when I went home because my sister and my aunt are traditional healers, again I had to undergo certain rituals {traditional Northern Sotho rituals} that the two of them did to me... (Participant H)

*Like with the death of *Jane* {her daughter} I took my wife to her Sepedi healers who cleansed us {participant is a ZCC member} in their cultural way... (Participant M)*

It has also emerged that, whether the rituals are performed or not, it is underpinned by one's belief system:

All this things come from the tradition... All those things depend on whether you believe in them or not, nothing will happen to you. If you believe them but pretend then, there might be a problem... Hmm, when you get an accident you start thinking that you have not performed rituals.... (Participant F)

Since, my family including my father, are saved {are Christians}, when my father died, no any rituals were performed, whatsoever. Isn't it this thing goes with beliefs! (Participant L)

Even in SeSotho they are walking side by side with the Bible. The difference is how you do it. Christians use priests and their procedure is to take you out of the house via the church to the grave yard. They use a particular system they claim they take from the Bible. It depends on how individuals prefer it. Some prefer to be cremated like Brenda, Brenda was cremated not so, and many others? (Participant M)

It depends on beliefs in families but if the oldest generation used herbs then the other should follow suite... (Participant B)

Your father-in-law didn't perform the rituals, because he is a Christian, but nothing is happening to him... But if you are a Christian, I didn't see anything wrong happening if they didn't perform the rituals... (Participant B)

These findings suggest that bereavement rituals are diverse, and their performance is influenced by the participant's religious orientation. All the rituals identified, categorised and described have varying levels of importance for the bereaved. The psychological essences of the performed bereavement rituals will be espoused in the theme below.

Theme 4.1: THE PSYCHOLOGICAL MEANINGS EMBEDDED IN THE PERFORMED BEREAVEMENT RITUALS

The rituals identified and described in the previous section have various embedded psychological functions or meanings for the bereaved. Same as with the previous section, I will start first, by presenting the psychological themes embedded in the performed bereavement rituals by the traditional Northern Sotho community. Subsequently, I will present the results of the psychological themes embedded in the bereavement rituals performed by the ZCC members. And lastly, the psychological themes embedded in the rituals performed by the 'born again' Christian and IPHC churches will be presented.

A.) PSYCHOLOGICAL THEMES EMBEDDED IN THE BEREAVEMENT RITUALS PERFORMED BY THE TRADITIONAL NORTHERN SOTHO COMMUNITY

- **Psychological themes embedded in the cleansing rituals for the bereaved (the widow, the widower, or parents):** The results reveal that all the cleansing rituals performed for the bereaved widow, widower or parents serve a function of cleansing them of bad-luck and, more importantly, healing them from the illness 'makgoma'. The rituals are understood to symbolically remove the darkness that befalls the bereaved as a result of experiencing death. The cleansing rituals also assist the bereaved in coping with the grief. Equally, they also help in the reintegration of the bereaved to the community and allow them to resume with their ordinary daily activities after the long mourning period. The following excerpts capture this essence:

To heal you as a wife... Even when you have a child with someone, after her death you know about it you must be healed... The mother to your child. Otherwise you may get sick and even infect the woman you stay with. In Sehananwa we say 'o a swatela' ...you also have to be 'healed'... Even if it can be a woman who has a child and the father of the child dies, while married to another woman that woman must also be 'healed'... If she won't be healed you will be surprised when she becomes ill... (Participant D)

. it's a formal traditional cleansing ceremony to prepare you for the life after the loss. So that you can be able to integrate with other people without harming them... Because the belief is that you are carrying the image of that person, so when you meet and greet people you make others sick. You are also carrying the heavy load...they say you are heavy... And the other aim is that I have been sleeping on the mattress so I needed a hot bath! so that's the traditional healing... (Participant H)

There are healers who must come and cleanse you. You are cleansed so that you should not be too frightened... In our SeSotho culture they cleanse you so that you are freed of fear, you forget about the deceased but with me it's different as I go to church... From there you can go anywhere... You are freed but after 6-months... Not to fear or to always think about the deceased... It was meant to suppress fear... Even to cleanse, they call it to remove the bad luck... To remove the darkness, you remove the bad luck inflicted by that death... If you fail you will have bad lucks... (Participant I)

Most of these (rituals) as, I explain help you to forget the painful incident... They also help you get healed and cleansed so that you don't have bad luck caused by the bad incident... My paternal uncle advised me to go and get healing for myself, so that I can be free, as my family were all born again Christians... That's why I am saying if you don't follow their instructions you may have problems. We men sometimes overlook such things and we end up infecting other people or we get sick ourselves... (Participant L)

The ten days they observe, is for looking at other things, that's why they say there are those for children, so that people would be able to plough and if you did... (Participant E)

As in our culture there is a belief that that they must cleanse us of 'Makgoma'... (Participant J)

They also say they {adults} may not get employment or they {children} will fail at school or all these bad things happen to them... Or you will always slumber because you have not been healed... (Participant K)

If you are not married you may one day come across an old lady you love but you are not forced to marry her, but if you are still young you are now freed from bondage and you can arrange marriage freely... After a year is then that you can arrange for things that other men do and get a woman. That's the way you heard me telling Mothiba {widower son in law}, did you hear that? When I said we will come and do this and that so that you become like all men... (Participant M)

Herbs to protect her... They heal her... Yah, now she is free... (Participant F)

Furthermore, the black mourning clothes worn by the bereaved widow makes her easily identifiable by the community that she is bereaved. They also protect her from the men who would make advances on her. Indirectly, the black mourning clothes also protect men, who might not know that the widow is bereaved. Should a man fail to avoid a widow and, end up engaging with her sexually, he is likely to die. On the one hand, the black hat and cotton wool inserted in the bereaved widowers' ears is for ensuring that they don't get cold in their ears, which would make them get sick.

Those clothes {the black mourning clothes} are worn for three months... And, the widow takes 12-months to get out of the mourning period. For the widow the black clothes are for protection... The widow takes 12 months to

get out of it. For the widow the black clothing is for protection... When they are in black everybody should see the sign that she is widowed.... It's a sign, it identifies her and wherever she goes people should give her space and those who need {in relationships} her should wait for 12 months... Before that ritual is performed a man who sleeps with that widow may die... (Participant F)

When you are bereaved, after the burial you put on clothes that signify that you are mourning... Signifies that you are bereaved... So that everybody should see from far that you are 'hot' even if you put on your make-up look impressive... It means {after the cleansing ceremony} you will now socialise and mix with people as you wish... hahahahaa...eee...yes, you can shout...hahahaha... If you don't perform them, there is no problem, you will see how to go about, but there is no problem..... hmhmmm...things may be difficult for you as you go forward, but I don't know how... (Participant C)

So that you must be able to walk around and visit people... But you cannot visit your home until you put off the mourning clothes... hahaha, they say his ears will get cold, even women do get the cold... That's how our belief is. You put on a hat and block your ears.... They say you will get sick... (Participant N)

One participant, was of the opinion that black mourning clothes, somewhat protects the dignity of the family. He maintained that it would not be in the best interest of the deceased's family that immediately after their death, their bereft spouses immediately initiate a sexual relationship with new partners:

Ay, I am not sure but I think is just a way of keeping the family status for a particular period... You see if a man dies and within a month his wife is already sleeping out, it is not a good thing for the family... It's to protect the family image, but since they believe it may happen at times... (Participant F)

The findings indicate that, the herbs *bolebatša*, *tšhidi* and the water '*metsimašiya*' given to the bereaved after the burial are important when it comes to healing the psychological pain inflicted by death. The herb eases the emotional pain and the painful memories of the deceased. It also alleviates fear, helps in forgetting the bereaved and helps with other grief reactions.

The 'tšhidi' actually eases the pain... Yes that's how they explained it, it eases the pain and it works like 'molebatša' as well... It makes you forget the bad feeling of the news you heard and what you saw. Even though you will still dream and feel some pain, it won't be as painful as the first time... You forget the pains... You feel the blood coming back and things falling into place.... Death is painful but the cultural rituals can ease the pain. They actually heal the pain and help you forget so that you don't think of what happened regularly... They ease the pain and help you not to think deeply about the incident. So that you can spend time with other people... The importance of performing these rituals is to avoid makgoma. And also to ease the pain and make you forget... Constipation and the pressure you release, eases the constipation and the stress. That's how they work Mr Makgahlela... (Participant J)

Bolebatša 'doesn't mean you forget the person, but ehh, you forget that he is dead or something, which means it won't be that painful... After taking the herb even when you remember him you won't feel like crying... But when they had the herb remembering will just be like 'you know Wilson that day we were at such and such a place'... {Participant C}

*They (referring to the herb, *metsimašiya*) are meant to make you belch the pain... The healer comes here to heal us so that we should not be shocked too much... That's the healing sir... So that even when you speak about her you should not be tortured.... The healing is able to support our lives... (Participant G)*

They use {molebatša} that with water to drink... And they say you will forget that person... (Participant N)

- **Psychological themes embedded in the cleansing rituals for the household:** The findings reveal that the household cleansing rituals, cleanses the family household and yard of the darkness caused by the death. Failure to do so will make the bereaved family members to have bad luck.

It won't be right to bathe and cleanse the individual and leave the household in that darkness... The darkness means that there is still bad luck in the household... There is bad luck. Any black thing is not beautiful, not so? Bad things do have bad luck; as they are not pure... It is bad luck. It must be cleansed... (Participant D)

Traditional they support the household. Make it strong... When such things have happened the healer must come and strengthen the house... I also strengthened the house after the passing of my wife, following an advice from my elder who passed away recently... (Participant L)

So that you can be able to walk freely in your yard... (Participant N)

*Some bad luck. Children may fail at school those employed can be expelled, very strange things occur in the family and it is possible that, for example, in the case of *Sello*, neh, if his parents did not perform the rituals maybe nothing would happen to them for a generation or two but some other generations may, due to a problem that started from here... The curse may be generational, so if they performed as ordered and there won't be problems... (Participant C)*

- **Psychological themes embedded in the rituals for preparing the corpse:** The main purpose of corpse preparation rituals are two fold, 1.) is for protecting the deceased from being taken by those practicing witchcraft and turning him/her into a zombie, and 2.) Is for making sure that the deceased spirit rest in peace.

So we prevent {by performing rituals} the child from becoming a 'tokološe' (zombie)... So to prevent such things you prepare the body so that the child can rest in peace, you also prepare the grave, if anybody come with his own motives, you simply protect what is yours... To prevent zombie 'so that he must not be turned into a zombie... (Participant C)

So that the healer should let him sleep in peace. I don't know what they were given or what was rubbed on him... Going to a healer is to prevent him being used, hmm hmm...so that he should die... die, sleep... he must die... (Participant H)

153. If not, in our belief there will be some strange things in the lives of my family members... 168. In some cases you hear that 'kgoro' (the clan) is suffering or someone's children are suffering and their mother needs a cow... (Participant C)

- **Psychological themes embedded in rituals for fetching the deceased's spirit:** It has emerged that, these rituals are important for fetching and helping the deceased's spirit to transcend into the spiritual ancestral community. Failure of the family to perform them, will lead to the deceased's spirit not resting in peace or tormenting the family. In some cases, those who died traumatic deaths, their spirits will torment the location at which they died and their spirits will cause accidents (i.e. car accidents) in the same location.

If you don't take it {the deceased's spirit}, that's when you will hear people saying on such a road people die in accidents that will be the spirits of people who died there. You find a ghost that looks exactly like that person. When you try to avoid him you fall into a ditch... (Participant C)

What we think is that the spirit of the dead person is still there as he died unexpectedly... They cleanse that place to free him so that he can go to his people, if that's what he wants to do. But the place must be cleansed... (Participant K)

By collecting that soil it implies they have taken you from that place to your home... It means that is the place where you lost your life... We believe that when we collect the soil we take your life with us homeward and release it on arrival before taking you to the grave... That means it is over between us and him... (Participant J)

So that their {those who died on the road due to multiple accidents} spirits can rest, because they are not known to them {referring to the cleansing rituals for fetching the deceased spirits on one of the local road that was associated with many fatal accidents}... (Participant C)

- **Psychological themes embedded in the rituals for cleansing the community:** The rituals for cleansing the community, as evidenced by participants' lived experiences are for removing the darkness in the community and protecting the community's livestock and vegetation from being infected with *makgoma*. The community is also strengthened through ritual performance. Failure to perform these rituals, will lead to the community having bad-luck and their crops not thriving or their livestock dying.

Because this woman is a widow... They claim that their goats and cattle can miscarry... (Participant B)

They said you {the community} must mourn... The land is still in the dark... Every place of the Bapedi has somehow been strengthened through their own traditional ways... Traditional healers of that area strengthen the area as is expected... (Participant I)

- **Psychological themes embedded in the bereavement rituals for children:**
 - **Cleansing rituals:** Similarly, to the cleansing rituals for adults children's cleansing rituals serve multiple purposes. For the bereaved children, the rituals cleanse them of *makgoma* suffered, following the loss of a family member. The cleansing rituals also prevent the experience of bad-luck.

Children are also given *bolebatša*, *tšhidi* and *metsimašiya* which ease the pain of grief and other grief experiences.

They are some of the things that make children be cleansed...
(Participant M)

Yes, we are made to drink water referred to as ‘metsimašiya’, to make our hearts belch, even the children... **(Participant G)**

To see changes is after I asked one day from Moletji what one can do if a child keeps on asking such questions {about his deceased mother}? She said that she will take me to one traditional healer who must give me something {molebatša} to give to the child so that he must forget. That we did and gave it to the child. And as he took the herb he improved and after a while he became better. After finishing his treatment he never asked questions. But he sometimes takes her photos and look at them in a worried manner... **(Participant L)**

- **Bolokwane, whispering in the child’s ear and placing of the deceased’s clothes under the pillow:** It has emerged that together *bolokwane*, whispering in the child’s ear and putting the deceased’s clothes under the pillow helps the child in forgetting the deceased family member. One participant was of the opinion that her daughter’s continued preoccupation with her father, could have been because her daughter tore-apart her *bolokwane*. By so doing she has failed to comply with the ritual orders.

I don’t know whether my child...broke one of the rituals {tore bolokwane apart}... but for me I didn’t see it working or not because I was not believing in it. And she continued to ask where her father was up until I explained in such a way that she could understand. She was three by then... Yes, and with her she just...I think it was very much uncomfortable on her, the beaded necklace. She deliberately tore it apart... To make her forget... it’s sort of therapeutic... There are specific people...it was

prepared by my paternal aunt... No, it is finished {child tore it apart after it was put on her neck}, it cannot be put back. So that is why I say the whispering... the whispering was not working for me because I did not know that it is linked to bolokwane which she tore... (Participant H)

They say the child will not have a problem when remembering and asking about the deceased... We say they will not have problems as we whispered to them. We are not sure but we did it... (Participant N)

For them to be able to forget about their brother I took his clothes, specifically the hat and put it under their pillow so that they should lie their heads on it every evening... Then when asleep they may not think about him... They really improved, more especially the boy. Yes. He is ok now... (Participant N)

- **Mixture of water and ash from burned wood or a 'mixture of water with soil collected from a cross road:** These rituals prevent and heal children who have been infected with *makgoma*. They are especially, prescribed when children are constipated due to *makgoma*.

I let them drink so that their tummies must not be constipated... it's a cure... We call it healing for 'sekgoma'.... It means the intestines in the tummy are the ones making sound, and that will be all. You will even see them playing. With water and rub his tummy... Then he is cured (Participant N)...

- **Mošinkwane or a herb called serokolo:** The use of these herbs, also help to prevent and heal children infected with *makgoma*. The mechanism of their function is that, when children are constipated, it helps them to belch the air out.

hahaha...eh, yes I did, sometimes they say you should rub the child with Mošinkwane on the tummy, I chew that and rub the child (demonstrating

with a circular motion around the tummy). You will hear her belching... pooooooooo...hahaha (Participant N)

Their belief is that if you perform those rituals, it says you may not have problems... We did not do any except to take Mošinkwane and give to the children... When your tummy is full you chew serokolo and it works like Mošinkwane... It makes you belch... (Participant N)

- **Psychological themes embedded in the rituals for revenge purposes:** As the category name reflects, the study participants revealed that these category rituals are for revenging. A common revenge ritual is called 'letswa'. Letswa is said to be a spell, which its primary objective is to ensure that those who orchestrated the death, also experience multiple deaths in their families. However, one participant cautioned that, should the *letswa* find that the accused, are not responsible for the death, it will reverse the curse to the bereaved family who casted the spell. And as a result, it will kill as many people in their families as it was initially meant to kill the families of the accused families. This process is said to be irreversible, once the spell is casted it will continue until its set objectives are achieved. The description of how this curse works is capture in the quotations below:

*Letswa, is like when you go to *Morena* {traditional healer} and ask him to cast a curse on people who killed someone in your family... it's for revenge. Then *Morena* {traditional healer} will mix his things and those people will start to die... If it was a natural one by God, the curse will reverse and come to your family, and say psha psha psha psha {signaling deaths of family members}... It will reverse and come in your family and destroy according to your initial intention to destroy the other family when you casted it... That's why you hear of 'lelokwana rite', which implies that the whole generation of Makgahlela or children of the same womb will be wiped out... Everything, even included is other remote families... That's because they said, 'total destruction'... It can be I, my children, my cousin's children and everybody related to me... And such healers will tell you that we can start the process, but we don't know how to stop it... (Participant K)*

If they want to avenge, they will inform me the healer... When they retaliate they will go to those who initiated them... (Participant D)

That is why we are forced to perform these rituals so that he must sleep peacefully and not be abused... This is done because witches perform some magic... And also that he must sleep peacefully after escaping from the clutches of those who bewitched and kept him... It's difficult to reveal them. They are your secrets ...hahahahaa... (Participant A)

One participant, who in her family following the death of her son did cast the spell, revealed that when the accused died one by one, she felt relieved. She maintained that it helped her to heal from the pain of her son's death, as it meant that the accused's families also felt the same pain she experienced when her son died.

*Hmmmm...Its importance {referring to the letswa ritual} is to see the murderers also dying... And to release him from those who kept him and to let him rest peacefully, so that they are no more able to use him to work for them and earn them money... Their importance is thatsince *Madimetja* died....almost {raises a hand signalling number 5} are gone... Yes so that their relatives should also feel the pain I felt... They {rituals performed} also helped me. When I see those promised outcomes, happening I feel much better... They really helped as well... (Participant A)*

B). PSYCHOLOGICAL THEMES EMBEDDED IN THE RITUALS PERFORMED BY THE ZCC MEMBERS

- **Psychological themes embedded in the cleansing rituals for the bereaved (the widow, the widower, parents & children):** These category rituals, like those of the traditional Northern Sotho ones, cleanses and heals the bereaved from *makgoma*. They also helps healing the grief and in preventing the family from having bad-luck. The rituals performed also help to reintegrate the bereaved back into the society.

Yes because if they don't do it {the cleansing} after about 4, 5, 6 months you will get ill... Yes, you get sick and may die when the deceased person's body start to decompose in the grave... ahaaa, it implies that you are also dying, the rule is that one of the couple who remains must be cleansed... And If not that woman will make other men sick through sexual intercourse, but she will also get sick and die. You men will also eventually die... To cleanse your blood... When you make love to a woman, your blood mixes with hers... Yes, he prevents you from absorbing that woman's blood which will make you get sick, get darkened and die as a result... (Participant M)

You will only see things not going well in your life, and being somehow or becoming messed up... Even if you don't know about the child, it will affect you, as long as it's your blood... (Participant M)

This implies that you are now just like everyone and you are free to do everything they are doing... You are free (Participant M)

That's how we cleanse the bad luck, but underwear's and night dresses remain with the parent... Those clothes, it's as if he (referring to her widower son in law) used them for mourning... When you come back from work you steam up... To take out sekgoma... (Participant N)

That's why we avail a dish with water, so that you can cleanse your hands off... It is done to cleanse the darkness and 'makgoma' so that you don't take that to your children at home... (Participant M)

- **Psychological themes embedded in the cleansing rituals for the household:** Similarly, these rituals like those of the traditional Northern Sotho, seek to cleanse the family household and the yard from the darkness caused by the death. They also protect the family from experiencing bad-lucks.

They are saying that they are cleansing that death in the family, in essence they are cleansing, and they cleanse the bad-luck. They also cleanse the

darkness in the family... We just feel that the darkness has been taken away from us... You just feel that the darkness has been cleansed... (Participant A)

C.) PSYCHOLOGICAL THEMES EMBEDDED IN THE RITUALS PERFORMED BY THE 'BORN AGAIN' CHRISTIANS

Though the Christian churches in this category, do not perform the traditional Northern Sotho rituals, the study participants indicated that the manner in which their funerals are conducted serve a psychological function. For example, unveiling of a tombstone was understood as one of the death rituals for remembering the deceased. On the one hand, the priests' continued visitations to the bereaved families console them and assist in coping with the grief.

The prayer services are for showing those remaining, that the deceased was living a better life... (Participant E)

When we erect a tombstone the aim is not to forget them (the deceased)... (Participant G)

That's how they {the priests} did it and we felt very much consoled... It was done for the whole month by priests who only attend our church... They cleansed us through the Word of God and reminded us that such things happen daily and we should not feel so bad about it... (Participant I)

They {priests} cleansed the mother {referring to her daughter after having been bereaved by her twin infants} so that she must forget about the child and the incident... They cleanse her so that she must not have fear... (Participant I)

Nothing will happen to anybody in the family, the mother, children or anybody whether you perform rituals or not we {Christians} simply take it that's how life is... (Participant F)

When I work in my garden I always remember what they (priests) said the day they prayed for me. They said they were giving me 'double strength'. They gave me enough energy even to replace that of my husband so that I can be able to work, and if you can check in my garden you can't believe it's me who plough

there. I don't use a tractor... I was healed and was able to go everywhere including Polokwane {a neighbouring town} and my children grew, went to school and today some are working... (Participant K)

THEME 5: THE PROHIBITIONS THAT ARE IMPOSED ON THE BEREAVED

This theme captures restrictions that the bereaved are expected to adhere to in times of death as evidenced by the study results. I will firstly, present those that apply to the traditional Northern Sotho community members. Subsequently, I will present those that apply to the Northern Sotho Zion Christian Church members.

A. Prohibitions imposed on the bereaved traditional Northern Sotho community members

The results so far suggest that death is associated with taboos, darkness and a contagious illness called *makgoma*. To this effect, the results furthermore, seem to suggest that the community put in place measures that quarantine the bereaved from infecting other people in the community with this illness. Seemingly, some measures seem to protect the community's livestock and vegetation. For this community, the bereaved as revealed by the data-set, are expected to refrain from partaking in daily activities (i.e. ploughing, attending funerals or work). Both the bereaved widow and widower are sanctioned from engaging in sexual activities with other people. It is held that they are impure and, therefore need cleansing. The findings suggest that those who fail to abstain from sex run the risk of getting sick or sickening those who they would have had sex with. The bereaved are also prohibited from visiting relatives and other families. One of the participants maintained that, it is held that visiting other people's families will delay healing from *makgoma*. These sanctions will be uplifted after 6-months for widowers and 12- months for the widows. After this the bereaved would have been treated through cleansing and now ready to be reintegrated in the community. The quotations herein capture the essence of the sanctions put in place for the bereaved:

Then you have some restrictions which you are given... You stop visiting... You stay at home and you don't call anybody by shouting and they should also not shout at you... Those who know will come nearer and say hello... If you have

gone somewhere... six, five should not clock while you are still roaming around... But, still you don't go too far... You will continue that way until 12 - months expires... Then you are freed from your sentence... But with me when I was supposed to plough I was told that I should not plough the whole field but I had the 'whys' like you...why? These restrictions because of taboos are at home and even in the ploughing fields... **(Participant B)**

But if it's a widow or widower they spend a year without sexual intercourse... If you rush for sexual intercourse you will infect the man with whom you are having sexual intercourse with makgoma, even men should do the same when their wives past on, because they will infect the women with whom they have sexual intercourse with... You are a gun, you are hot... But you are not allowed to go out and work there. You only have to attend to people in your home as you are not allowed to move beyond valleys. You don't have to cross rivers... You have boundaries, like Seshego and Moletji {neighbouring communities}... **(Participant D)**

In our culture they are impure and must be cleansed and they should abstain from sex for about 3 - to - 6 months... This days, they make it for 3 - months, since life is too fast, because a man or woman might end up going to cheat and make other people sick... And you stay for 3 - months if it was a child, if it's your partner, in the past you would take 1-year plus... **(Participant C)**

The way I know it, there are things you must not do, like going far places. When it is time to plough... During cultivation time the bereaved had to wait either for three days or wait for the chief to give a word... People had to wait until the whistle is blown to indicate that you are now free to start with daily routines... **(Participant I)**

You must abstain from other things even if there are men who are proposing love to you, you have to abstain. You must wait for a year! Yah, before you can be in a relationship. Hmm... And then, no sex... **(Participant H)**

Roughly, I spent 6 - months. When a woman lost a husband, she must stay for the whole year... You are not supposed to make love... I spent six months in mourning clothes, while from work I was coming straight home... It goes that if you go into other people's homes, you collect their images and it delays your healing process... You are sentenced... work and back home... work and back home...

Not visit other people... With widows, they give them the whole year, and we {widowers} are given 6 - months... (Participant, L)

They got back and all is done, but, she {her bereaved elder sister} doesn't greet people, she can't go to collect firewood and she doesn't go anywhere... They say a widow does not chop the woods in the field, she does not greet people from a distance... She doesn't go anywhere just like the one I told you of me before... (Participant B)

When you don't comply with taboos, they say many bad things can happen to you... That's what it demands... These things have taboos... (Participant N)

The study findings also revealed that people who died traumatic deaths (that is, through murder, suicide or motor vehicle accident) are not allowed to be brought home the evening before their burials. Their coffins are prohibited from entering the family house or yard. They will be brought early in the morning of the burial. If blood has been shed during their deaths, the family is not allowed to shed blood again by slaughtering a cow during their funeral. The strong belief held in this regard is that, if this restriction is not adhered to, there might be similar deaths in the family. Therefore, not allowing their corpses to enter the house or the yard, is intended to break the cycle of similar deaths in the family.

In the SeSotho culture, say, when one is murdered. The culture says the coffin should not be brought into the home... The coffin remains outside... Until the funeral service is over... From there the coffin goes to the graveyard. That's how far I know it... (Participant I)

But with my husband the rituals which were there...the first thing was we didn't bring him home. His body was not brought home... He did not come home which is the same with my brother, they did not sleep home... Yah that was the only ritual that we did and then the other thing was we didn't...we did not slaughter, we just bought meat. They said that since he died on the road we should not slaughter anything... If he bled... it's like he was shot or murdered or was stabbed or dies in the jungle where he even bled, you are not supposed to slaughter a thing. Blood should not be spilled, so we didn't kill any animal... The reason was that the blood....because the

belief is that if we slaughter again... There will be blood again, another accident... Yah we are breaking {the cycle of such accidental deaths}... (Participant H)

The deceased {traumatic deaths} is not brought home a day before the burial as usual, instead he is brought in the morning of the funeral and doesn't get into any house... The fear is that more deaths of the same nature may be invited to the household... Yes, in the family, that's how they believe... We are scared because the death is not a natural one. The family fears that something of that sort may reappear in the family... Yes and some don't even allow the corpse to enter the yard... The coffin comes in the morning and goes directly into the tent where the body will be viewed from... (Participant F)

*Depending on how you die, if someone died in the open field we don't bring their body home on Friday before burial. They come on a Saturday morning and are taken directly to the tent and from there to the graveyard...Why? It is said, I will say so because I am still young, it is said if such a person is brought home they will take others with them. *Jack* can die or your child or anybody else and such a person will die in a mysterious way. You may find that a family is tortured by such death cases... (Participant C)*

B) Bereavement prohibitions for the Northern Sotho Zion Christian Church members

For some reason, the ZCC members are also prohibited from attending church and burial functions. It appears the church members are prohibited from attending church for 7-days after having attended other families' burials. Both the bereaved and those who attended burials will be cleansed first, after a certain period and thereafter, be allowed to attend church and engage in all daily activities. The ZCC participants in this study highlighted that they don't question what would happen should they attend church or not adhere to the prohibitions, but it is a rule that must be adhered to.

Yes, we (ZCC) spent three months {after the death} and thereafter you are sprinkled with cleansing water and go to church... Why will you be going there because you know the procedures...? Hahaha.....what will you be going for!! It should be adhered to, you have been ordered to do so... (Participant A)

*After the burial you don't even go to church... No, you must stay at home, until a certain time... It is against church rules... It will be a mistake because according to church rules, if I have a death case I should wait for the time to be cleansed with water before I can attend with other people... I should not touch anything that belongs to the church, tea included. I just should not touch anything... Ahhhhhh (high intonation), when I want to be cleansed I get someone I don't even go to church. Everything I need must be done by someone... You must spend seven days before you are sprayed in church... When I am bereaved, it's a year... It is not possible (high intonation), we don't say what can happen... You won't just don't go because it is prohibited... (**Participant K**)*

*After the burial you don't even go to church... No, you don't go... You must stay at home, until a certain time... (**Participant M**)*

THEME 6: ASSOCIATED THEMES RELATED TO BEREAVEMENT, GRIEF AND MOURNING

From the data analysed, a total of five unique themes emerged. These themes were common to a single interview or a minority of the interviews. Herein in they are presented:

A. CIRCUMSTANCES LEADING TO A NEGOTIATED MOURNING PROCESS

The findings suggest that there are occasions when the bereaved's mourning period can be shortened. For example, in cases whereby the bereaved has to go back to work, the family may arrange with a traditional healer to shorten the period of mourning from 12 to 6 months. However, some prohibitions are still put in place for the bereaved to comply with. The bereaved is still expected to put on the black mourning clothes and will officially be cleansed after the usual 6 or 12 months period.

One of the participants, a traditional healer, explains as follows and supported by a few other excerpts:

But when you do the job I do {traditional healing}, you can spend a month or several weeks and then you get someone to come and heal you so that you can start working... But you are not allowed to go out and work there. You only have to attend to people in your home as you are not allowed to move beyond valleys. You don't have to cross rivers... You have boundaries, like Sešhego and Moletji {neighbouring communities}... But it's not gone, to completely take it away, it will be on the day they cleanse the whole household and the chief mourner takes of the dark mourning clothes... (Participant D)

I was fortunate because my eldest sister-in-law said, since I am selling, she said I should only be dressed for six months... Usually it takes 12- months... They bailed me out because I am selling. If it wasn't for that... hahaha... For six months... hmmm...I took them off after six months and I did not do the other six months... But, still you don't go too far... You still come back home around 17h00 or 17h30... You will continue that way until 12- months expires... Then you are freed from your sentence... They will take off your mourning clothes by undertaking a ceremony in which 'rakgadi'/aunt can bring a blanket or dress and others may bring whatever... (Participant B)

Then came ploughing time and they all ploughed and a lady died in her in-laws' household... They asked that she {her bereaved sister} put off her mourning clothes... Those in Moletjie (area where her sister reside) said no, she can't do it because of the death case you recently just experienced... But, we are asking because she is a person of people and she must be able to work... With this one they agreed to... (Participant B)

One of the participants added that in her case, she was not made to put on the black-mourning clothes. She stated that she was cleansed by two traditional healers (her sister and aunt) and they informed her that the manner in which they had cleansed her, made it unnecessary for her to put on the black mourning clothes.

I was not given mourning clothes... The black clothes for mourning... I never put on those clothes...eh the two family healers just told me that, the way we have treated me its okay... (Participant H)

B. THE NATURE OF SUPPORT OFFERED TO THE BEREAVED BY THE COMMUNITY

Several strategies are put in place to offer support to the bereaved family by the community members. The bereaved widow gets support from elderly widowed women and she is not expected to leave the bedroom, in which she will be accommodated in. In the said bedroom, she will be resting on the sits on mattress put on the floor. In the very bedroom, younger couples are not allowed to enter.

I was in the bedroom with old ladies who will be supporting me... And then what I have noted is that they don't allow young ones to come into the room, in the widow's room... So the conversations in there are more about how did they make it in life without their husbands... (Participant H)

For the family of the deceased, the community and elderly relatives offer their support through a process called 'go-hloboša'. In this process, the community and elderly relatives sit and offer guidance to the bereaved, so as to console, show communal sense of loss and encourage unity of the family in the absence of the deceased.

*Like recently when we buried *Leome* this side, it is true that people should console (go-hloboša) each other... {Participant G}*

We try to show one another how we feel about the death and encourage cooperation and unity... (Participant G).

In cases, where the widower is still young, during go-hlobošana the two in-law families will make arrangements that the deceased wife's family provide the widower with another wife from their family lineage. This is meant to ensure that the established relationship between the two families continue. It is also held that the new wife will parent and nurture her late sister's children. In one of the participant's case, following the death of her daughter in law the two families failed to gather for go hlobošana. This resulted in poor relations between the two families.

The Legodi family {deceased daughter in law's family} should have given us a young lady to come and take care of the little baby and become my son's wife and their aunt, since she has the same blood with them... That would make us forget but it doesn't since the relationship is cut off by the death and they don't mend it... If a wife dies without giving birth we bury her, but after that the two families come together and discuss the way forward. We still need someone from the same family to come and continue the friendship that has become a relationship. We need someone of the same surname and blood... (Participant G)

The community also partakes in the funeral preparations and the burial of the deceased. This is another form of support the community avails to the bereaved family.

You don't even know who to seek clarity about what is happening from, because the death is yours... People are busy going up and down trying to support you in mourning, so I cannot ask you what exactly is happening, while you came to support me (Participant J)

C. WESTERN ORIENTED CONSULTATIONS

Two of the bereaved participants, revealed that they also had to make use of Western oriented medical and counselling services in dealing with their grief:

I only brought him {her son} to his sister {referring to a social worker}.... When I was going to Mankweng {Hospital} to see those psychologists... noooooo {high intonation}... (Participant A)

No I wasn't coping... I wasn't coping because I was always tearful. I think I went there after 5 - years. I think 3 or 5 years later after the death ... I can't remember well... But I realised that it was as if this thing just happened yesterday, I should have been better... I mean after years I should have been better... I think its 3 - or - 5 - yrs., I can't remember, so I went for counselling ... (Participant H)

The other participant consulted with a medical practitioner following uncontrollable blood pressure, insomnia, and poor appetite. The participant was of the view that her grief related complications were ameliorated by the medical practitioner's prescription and the bereavement rituals the family performed at home.

I was sick but since I went to Mankweng {Hospital}, and I went there four times... I was sick...just sick... I was just sick....I did not even know what to say...You know this head...eishhh...it was so hot, but not of a headache... It was hot and my blood pressure had also risen but the Doctor in Mankweng {Hospital} gave me some tablets and I improved... He (the medical doctor) even gave me sleeping tablets and I can sleep well... (Participant A)

They {bereavement rituals} also helped me. When I see those promised outcomes happening, I feel much better... They {bereavement rituals} really helped as well... (Participant A)

However, she was sceptical of psychologists and questioned their treatment approach. The participant reckoned that they were of no help and even social workers are far much better:

Me? I want to tell the truth... I don't see any help from psychologist... I was helped by Doctors who gave me tablets... 182. They {the psychologists} only ask you some questions, what happened? How do you feel now? Ahhh...183. In-fact, even Dineo (social worker) is better than them... (Participant A)

By the way, when I go to see a psychologist, should I be asked questions? Or, they should sit with me, counsel me, read letters for me and tell me this and that, instead of asking me what happened? How did you feel it? (Participant A)

In contrast, the other participant acknowledged that, approximately 4-years later, she was helped to cope with the death of her husband by a psychologist.

But the therapy did work wonders anyway... I didn't have any idea of what is going to happen, because I knew nothing about counselling... but I had a little bit background psychology because I was having psychology of level 2... And I had heard about counselling..., then I went there and it was the therapy actually that really helped me to cope

D. ILL-TREATMENT OF WIDOWS AND BEREAVEMENT

One minor theme that emerged from the study findings is that some of the bereavement related practices are oppressive of women. Widows are maltreated, humiliated, and are suspected of having killed their husbands by other women. This was narrated as follows:

Culturally women are oppressed... Culturally, she is not allowed to be married again (after the death of her husband)... Culturally a woman is treated like an animal that is used and can be beaten up at any time. They will show you someone called your children's uncle. When he gets tired of you, the other one will come and they will rotate like that in your life, meaning you are just something for... yaaaa, aggggg...I am against our culture, on the side of women only. A widow is not respected even in our public places.... Once you lose your husband you become prey to all men. Even women, you will hear them gossiping, saying 'I don't want to see her with my husband'. They claim that you have killed your husband so that you can come and share theirs. You are just a fowl (kgogwana)...
(Participant K)

99. *Just understand the name 'mohwana' (widow) you are a 'mohlologadi' it implies that you are just naked if you can go read the Sepedi books... (Participant K)*

Essentially, men are more privileged as compared to women during the bereavement process:

Unfortunately our culture is always on the side of men. Maybe is because God once said man is his image. Who knows? Once a man loses his wife, he will be advised to go and get someone to replace his wife because they claim that a man cannot stay alone. Why? (Participant A)

E. THE OLD AND NEW CULTURE OF BEREAVEMENT

The findings also suggest that there are traditional bereavement rituals that have been abandoned and are no longer adhered to in this age. On the other hand, some

bereavement rituals have been revised and modernised. Some participants were of the view that most deaths and illnesses these days are caused by failure to adhere to some of the olden bereavement practices and the imposed prohibitions. It is in this regard that they stated that people have lost the true sense of why some rituals were performed in the olden days:

Nowadays we don't obey these instructions. You bury a partner today and after burial you meet me and propose for love and I agree, then you are surprised when your head swells and you think you are bewitched. (Participant C)

You may even think she {those sick of makgoma} is bewitched because modern people speak about witchcraft, when they are afraid of performing rituals... (Participant D)

The other thing is nowadays we don't use cow dung to decorate the floor but we use polish in the house where the deceased was kept before the burial... In the past people died in houses where they slept and some vomited and other would even spill faeces in the house... Old women used to smear the cow dung as a way of hiding the mess and cleaning the house... That's how death cases were dealt with {in the past}, not these once which are just fashionable nowadays. That's why we buy new two piece suits for the funeral... We stand in the streets and sing and dance... (Participant K)

For a child they used goat skin and for an adult they used cattle skin and now they have changed... Since these days we use coffins, it means we are not supposed to slaughter a cow when one dies... The meaning is lost, because the cow was slaughtered for its skin to be used as a coffin... (Participant H)

A stillborn is buried in the yard by close relatives only. People are just informed that we had a child but could not survive... People were not allowed... Both you and your partner should not be involved... Today young people want to see everything and they even attend burials of stillborn babies for money. They investigate the cause of death and conditions around it... (Participant G)

In our culture a baby's death is treated differently from adult ones... In the first place they are not buried in the graveyard; they are buried in the yard, maybe at the corner or behind a house... And at their funeral only old people attended... Only old people and if the child was of the age of 3, 4, 5 months it will be buried by old women only. Old men will only dig the grave, and the old women will go into the house to console the young mother.... Yes, and then children were not organised functions. Old women just buried and that would be all... And with a child there were no long mourning periods. It could be done for a day only and from there we can attend to our daily routines... With young children, the rituals are only for the mother... The healer mixes his herbs and they use them to cleanse the mother... (Participant I)

In olden days, it was tough my child, people were given ropes to hang on their necks, putting a dress on and a piece of leather... (Participant B)

*In the past, they may slaughter a cow, but the cow slaughtered for them {married persons} is different, there's a cow called 'mogoga'. Such a cow is slaughtered for a married person. If it's I dead, the cow they slaughter is just for feasting, because I am not married... Even a boy who is not married, like *Sello*, it's just a cow, the one called 'mogoga' is slaughtered for married people and there is a way in which it is prepared... In the past they used its skin to cover the corpse... (Participant C)*

In the past when you were bereaved you would put on a black mourning dress and cover your face partly with 'sekopodi'. Haven't you seen them since you were born? 66. And they smear their body with herbs and even under their feet. Some cut their hair completely or they cut it in the shape of 'sekopodi'... (Participant K)

In the past, after the burial at home the sister to the deceased will take the deceased's calabash, and throw it against the ground to break it in the middle of the lapa. She will then screams and cry out 'my deceased brother', this implies that it is over, everything of that man is over. Even the bible somewhere (Mmoledi Ch. 5 verse. 9) mentions that the dead have nothing. All their belongings love,

hatred, jealousy are gone even the plate from which he ate shall never be seen, but still... (Participant K)

We don't do it anymore {perform rituals} but there will always be some old members who will keep on remind you that it should be performed and that they do it for 12 - months... You choose what you want. My granny used to tell us that whatever you choose is ok, but if you choose not to perform them you may sleep and sleep forever... You did not comply with the rule... It's our culture and we comply with the orders and don't say taboo are no more... If you abandon your customs, what will you fall back on the day you are stuck? (Participant N)

Some of the prohibitions in the olden days included the youth not being allowed to attend funerals, including those of their own peers. This prohibition was imposed, on the basis that at that age some of them could have already been sexually active and they might have been sharing a partner with the deceased. To this effect, it was held that people sharing a partner were not supposed to see each other's coffin, in the event that one of them died. This was meant to protect the youth from having bad luck or even dying as a result. On the one hand, the youth were also not allowed to attend infants' burials. This practice was meant to protect them from getting emotional heart by their peers' losses. It is believed that the emotional pain causes physical problems of the reproductive system, thus the youth might fail to conceive or miscarry in the future due to having been affected by the losses of their peers in the past.

When a person still has 18 or 20 years... ..they were not supposed to go to a funeral. They were not allowed to attend funerals or night vigils or come near to those people (the deceased)... They said if they attended they would have bad luck... Because you may find that at 18-22yrs. some of them are sexually active already.... Because the deceased, might have been sharing a girl with someone around... You know, they mainly considered the fact that when this young people attend such ceremonies they may have bad luck... See, they were afraid of such. (Participant I)

In the past not everybody was allowed to view the deceased person... They call them 'dithale'. One should not see the coffin of someone with whom they shared a lover... (Participant J)

It was to try and keep fear at a distance. If friends come and experience the ordeal, one of them may experience similar mishaps when they later fall pregnant... It is a taboo

*We hide it from young people so that their feelings should not be hurt... The bad feeling causes problems for one's stomach and womb... These people will grow up with the knowledge that, when we were growing-up, *Tema* and his wife experienced such and such a problem... It may happen that when your wife is pregnant you talk about bad things that happened to *Tema* and his wife... that is why the youth would not be allowed to attend such burials, only those who are no more sexually active were allowed. The old one will accept that it is God's will. And they are consoled... Their hearts doesn't feel pain anymore. This taboo, comes as a result of feeling sympathy for the other person, therefore you are also affected by the pain. This is what is called a taboo... (Participant G)*

One participant held that nowadays the youth despite being warned of not attending other youths' funerals they do so intentionally.

As a boy Makgahlela the street starts from Ga-Phahlamohlaka to Branere. All these girls are yours and that one at Ga-Branere dies, all those others come, knowingly, they know you were in love with that one and you may even have had a child together... They prepare and come to the burial. They even push people around because they want to see the coffin.....from there they die in succession... When we advise them they should not view that coffin because they shared a man, they refuse and insist on going there... They claim that she was not killed by them therefore they won't die. Even with boys it is the same. They share a girl and attend another's funeral thinking that they will remain with the girls. One may die the same day. (Participant J)

In the past, it was not allowed for anyone to view the deceased. Viewing was primarily done by close relatives to the deceased and it was meant to ensure that the corpse was truly of the bereaved family member. It was also a taboo to talk to children about death of a family member. This was meant to protect them from being contaminated. One participant stated that her grand-daughter was told about the circumstances of her mother's death, and as a result she has been contaminated. He added that, this has the potential of creating hatred in the child, leading her to fear visiting either one of the two families. The excerpts below state the reasons in full:

In the past not everybody was allowed to view the deceased person... The aim of viewing was to identify the deceased and it was done by elderly people who knew the deceased better... (Participant K)

She knows nothing about her late mother... To avoid creating hatred in the child we avoid telling her about her mother. When she is old enough we shall explain what has happened to her mother. She will grow with a free heart and when she grows she will be able to have her children but if we don't do that she will just be like her mother... If you do so, you are contaminating the child, she will one day have a dream about how her mother died and she will hate you and blame you for having killed her mother... When the child shall be grown into a woman she will be badly affected by the talks she got from these people. She will be contaminated... She likes going to visit them, but she goes there contaminated, because when they see her they also remember their daughter, so there is always a reminder... It will confuse the child. She loves going there and so do we, but they visit rarely here and they don't even invite us when they have functions and that creates a sour relationship... (Participant G)

It has also emerged that the bereavement rituals performed in the past varied on the basis of the social status accorded to people in the society. For married persons it was expected that the family slaughter a special cow called 'mogoga' in times of death. For children and those not married, any cow can be slaughtered. With traditional healers, they are treated differently. Kings were also organised special rituals and were buried in the cattle's kraal.

*In the past, they may slaughter a cow, but the cow they slaughtered for them is different, there's a cow called 'mogoga'. Such a cow is slaughtered for a married person. If it's I dead, the cow they slaughter is just for feasting, because I am not married... Even a boy who is not married, like *Sello*, it's just a cow, the one called 'mogoga' is slaughtered for married people and there is a way in which it is prepared... In the past they used its skin to cover the corpse... (Participant C)*

When I am {traditional healer} dead, I get buried but my corpse is prepared differently from yours, I am a chief, even when I get married...hahaha... You can't just say she is dead and we shall burry her on Saturday. No, my colleagues {traditional healers} should come and perform our specific appropriate rituals... (Participant C)

It's for this church of ours, just like when a chief has died you go after three weeks claiming that you are going to burry a chief when he has been long buried. I am talking about old ways and I am not sure how we do them today, but when a chief dies he is buried immediately... Only the family knows. Chiefs are buried in a kraal... Maybe the modern democratic ones are buried in the graveyard... Their rituals are also different, they are buried in the night while people are asleep, they prepare them in their own way and only the healer involved knows how. He is the one who knows what he mixed... In most cases such things are private, so even if I can be a healer to what extent, there is family healer... (Participant C)

The community members were not allowed to organise parties or play music loud when there was a funeral in the community. A traditional healer will cleanse the community first and thereafter, a whistle will be blown to inform the community that they can resume with their ordinary daily activities

This {cleansing of the community} allows you to go play your music, play kiba {traditional music/dinaka} and have parties... (Participant I)

You find that at Ga-Matlala when such things happen they don't do parties... In our old tradition some areas when there's death, people are not allowed to have

party celebrations and they don't play kiba (traditional music/dinaka)... There is no kiba until after three days... On the fourth day yes, you can play kiba and other musical instruments... After three days they allow everybody to arrange their festivities... (Participant I)

Furthermore, it emerged that nowadays, in the townships it is not compulsory for the bereaved 'born-again' Christians to perform the bereavement rituals, but for the traditional Northern Sotho and ZCC members it is important for them to perform them. However, with communities that are led by chiefs, it is still compulsory for everyone to perform bereavement rituals.

But with villages, in which there are chiefs, it is compulsory... With the chief's area you are forced... With chiefs it is a must, but not here {township area}, but those rituals you have to perform... If you not a Mozalwane you have to... And also Zionists have to... Bazalwane are saying they do not do those things, since they are in townships they are not compelled... Even us we don't have a chief here, but we still perform the rituals as Bapedi and that's how I went through the period... (Participant B)

One other participant noted that nowadays people heal from grief by spending huge amounts of money on burying the deceased, by buying expensive coffins and incurring huge costs on food catering. This is perceived as a way to show dignity and respect for the deceased. The participant also observed that there seems to be competition as in some communities expensive coffins are used to bury the deceased. This results in some family members getting angry when one of their family members is buried with what is considered a cheap coffin. In his words, the participant put it as follows:

The main thing was {in the past} the cow's skin was used to rap the corpse and now the concentration has shifted to a competition with coffins... No one needs a coffin worth R8000... Relatives get angry if you bury a relative in a cheap coffin. So the healing process starts with the coffin, when it is expensive the family feel that we have done something great for the deceased... We heal by spending... When people spend one might think that, they are showing off, but it is not always

the case... They want to do the best for the deceased, as if he sees them... When it's done they get satisfied... From far you may see it as show-off but people get healed by so... (Participant H)...

He summed it up, by stating that this is somewhat a death ritual also intended to please the deceased. Hence, if the deceased is not buried with dignity, he might trouble the family or the bereaved would be dissatisfied:

That's when they start going up and down saying the dead are not satisfied because something was not appropriately done... Yes, yes, that's the ritual. Even the deceased is satisfied. As if he saw the food, and thank those who worked for him... the deceased can see that they worked well for him... Then you are ever satisfied... (Participant H)

In essence, nowadays healing is somewhat characterised by burying the deceased with respect and dignity. Such is made in the form of organising an expensive funeral service. This last excerpt seems to suggest that this transition is somewhat influenced by various churches found today in the Northern Sotho communities:

Nowadays, because of the many different churches some people don't mourn the way we are used to. Others do things differently because they are Zionists, but we mourn every death and after the burial we steam the mourners and also cleanse the household... (Participant D)

5.5 Summary of results

This chapter presented the major findings of the study. It is evident that death is caused by a number of factors, with murder being one of them. The findings reveal that the conception of death, its experience and ways of dealing with it are strongly influenced by participants' belief systems (traditional Northern Sotho & Christian religions). Psychologically, the experience of grief, presents itself as a constellation of emotional, behavioural, cognitive, physical and existential symptoms. It also emerged that death is associated with taboos, darkness, bad luck and an infectious illness that require immediate treatment. The treatment, which is in the form of

bereavement rituals serve multiple functions. These bereavement rituals are for the deceased, the bereaved family and the community. It has also emerged that the bereavement rituals used are different for both the traditional Northern Sotho members, ZCC members and the born-again Christians. The 'non-born-again' Christian participants performed similar bereavement rituals to the traditional Northern Sotho participants. Furthermore, the bereaved traditional Northern Sotho, 'non-born-again' Christians and the ZCC members are quarantined from interacting with the general public and this is achieved through putting in place various prohibitions. Unique or minor themes that also emerged revealed that there are some bereavement rituals that are no longer practiced, especially by the traditional Northern Sotho members, while other traditional rituals have been modernised.

CHAPTER 6

DISCUSSION OF FINDINGS

6.1 INTRODUCTION

The previous chapter presented the findings of the present study. In this chapter the study findings will be discussed in relation to the literature review and other sources of information. The discussion will be informed by the themes that were presented in the previous chapter. The last part of the chapter will reflect on the implications of the findings to bereavement research, training and clinical practice based on the themes that emerged from the study.

6.2 Circumstances surrounding death

The study results revealed that death is occasioned by diverse physical illnesses and traumatic accidents that are often sudden and unexpected. These findings are in support of previous studies (WHO, 2007; Bradshaw et al., 2010), which also found that death is caused by various physical illnesses and traumatic accidents. Dying as a result of various physical illnesses happened to be a gradual prolonged process for some of the deceased. In some cases traumatic deaths were found to have been caused by motor vehicle accidents and interpersonal violence with the use of firearms (WHO, 2007; Bradshaw et al., 2010).

Unlike, in the studies by WHO and Bradshaw et al. (2010), death was also perceived by some participants in the present study to be caused by those practicing witchcraft. This finding lends support to previous studies that have identified witchcraft as one of the causes of death in some cultures (Cox, 1995; Petrus & Bogopa, 2007). The participants believed that the evidence of such deaths was gained through consultations with traditional healers (Makatu et al., 2008), who through divination were able to establish the cause of some of the deaths (Cox, 1995). This claim bears reference to the notion that traditional healers in the African belief system are not only able to diagnose and treat illness, but are also able to reveal the

biopsychosocial basis of people's illness and life-problems (Truter, 2007; Pretorius, 1999; Karim, Zigubu-Page & Arendse, 1994). The culprits (those practicing witchcraft), in most cases are believed to cast a spell that may result in the death of a family member. This finding is also in line with the view held by some researchers (Letsosa & Semanya, 2011; Niehaus, 2010; Cox, 1995), that in most African cultures, it is common to hear of deaths that are believed to have been caused by witches and, in some cases ancestors. As it will be indicated later, the belief in witchcraft seemed to have influenced some of the participants' bereavement experiences in terms of how they mourned and how they resolved their grief. Overall, the circumstances surrounding the death of a family member, be it an illness, a traumatic accident or the act of witchcraft has implications for how the bereaved process and deal with death.

6.3 Belief systems and the conception of death

People's conception of death and the afterlife are intrinsically related to their belief systems. This notion was supported by the findings of this study. It became clear that the conceptualisation and the meanings attached to death for the study participants varied on the basis of their differing worldviews. For instance, for the traditional Northern Sotho, the ZCC and the 'non-born-again' Christians, death was perceived to be caused by either God, or unhappy ancestors. Death was also believed to be premeditated by those practicing witchcraft. Furthermore, the witches are believed to be capable of turning the deceased into *zombies* through some tormenting processes. The *zombie* is then used for the benefit of the witches, especially for monetary and sinister purposes (Petrus & Bogopa, 2007; Niehaus, 2010). This finding is in line with the African worldview that tend to perceive life, death and the afterlife as strongly tied to the interplay of forces between God, ancestors and sinister forces such as witchcraft (Asuquo, 2011). According to Kgatla (2014), family members who fail to appease their ancestors run the risk of being left unprotected, and thus, becoming vulnerable to such sinister forces or evil spells that can inflict pain or even death.

Among the traditional Northern Sotho, 'non-born-again' Christian and ZCC community members, death is associated with darkness (Appel & Papaikonomou, 2013), contamination (Letsosa & Semanya, 2011), taboos, bad-luck and a contagious illness called '*makgoma*' (Molapata, 2005; Setiloane, 1975). Taboos literally mean that there are certain things that the bereaved cannot do while still affected by the darkness of mourning. The idea that death is a taboo is also common among the Chinese (Hsu, O'Connor & Lee, 2009). Hence, people who fail to honour such taboos will have bad luck in the form of bad things (i.e. not getting or losing employment, children failing in schools) happening to them and their families. Seemingly, the bereaved persons who undermine or fail to be ritually cleansed and adhere to the cultural prescriptions during the mourning period, with time will suffer from *makgoma*.

The notion of reincarnation and the continued interdependent relationship between the living and the deceased as held in many other cultural groups (Park, 2010; Gielen, 2006; Hsu, O'Connor & Lee, 2009; Bae & van der Merwe, 2008), was also evident in the present study. Death for the traditional Northern Sotho, 'non-born-again' Christian and ZCC members initiate the deceased's journey into the afterlife. In other words, it signals the deceased's journey to the invisible ancestral community whereby the deceased will join his family of ancestors (Baloyi & Makobe-Rabothata, 2014; Opuku, 1978). Once it transcends into the realm of ancestors, the spirit of the deceased also becomes one of the ancestors (Mkhize, 2004; Opuku, 1978), rather than a demon, a derogation held by the 'born-again' Christians (Anderson, 1993).

The deceased's spirit is assisted to transcend into the ancestral spiritual community by the deceased's family by performing special death rituals or funeral rites as stated by Mbiti (1975) and Yawa (2010). As Mkhize (2004) noted, failure to perform such rituals, or performing them inappropriately may lead to the deceased's spirit being trapped in the intermediate world as a wandering spirit. Such a spirit, especially of a person who died traumatically or who lived a bad life is very troublesome. Schimdt (2006) shares the same sentiment, and states that the spirit will torment the surviving family and community members (Schimdt, 2006). For example, such a spirit can

cause motor-vehicle accidents at the location where such a person lost his life. Seemingly, such a spirit is capable of making the bereaved family members to have bad-luck or continue to demand from the family that the death rituals be corrected or be performed anew.

Once the deceased's spirit is helped to be integrated into the ancestral spiritual community, even years later, the ancestral spirit is now capable of communicating with God on behalf of their living families for good fortune, protection, good health and so forth (Bae & van der Merwe, 2008; Cox, 1995). The ancestors communicate with their family members through dreams and visions (Anderson, 1993). Through this form of communication, information, instructions, or warnings are believed to be communicated (Opuku, 1978; Schimdt, 2006). Therefore, the ability to perform bereavement rituals benefit both the deceased and the bereaved family in this regard. In contrast, some of the 'born-again' Christian Northern Sotho participants conceive death as an act of God (Peach, 2000; Appel & Papaikonomou, 2013), or Satan. Unlike the traditional Northern Sotho participants, their deceased family member's spirit either goes to heaven or hell. Entry into heaven or hell is dependent on the good or bad life one was living on earth. Worshipping ancestors and performing bereavement rituals are denounced by the 'born-again' Christians (Schimdt, 2006; Bae & van der Merwe, 2008). The participants held that in their Christian belief, death doesn't pollute or contaminate them, thus, it is unnecessary to perform any of the bereavement rituals (Letsosa & Semanya, 2014).

Although the Pentecostal churches prohibit the congregants from partaking in traditional bereavement rituals, the present study, found that some 'born-again' Christian participants participated in either or both the traditional Northern Sotho and ZCC related bereavement practices (Anderson, 1993). This finding suggests that there is a strong cultural pull for the participants to continue to observe the traditional bereavement rituals despite the fact that they have converted to Christianity. For instance, one participant highlighted that she agreed to the traditional bereavement rituals, because she didn't want to disrespect her African culture's prescriptions and she was worried that she might make other people sick. The implication here is that

some members of the Northern Sotho community may have privately integrated the Christian and traditional bereavement rituals, whilst publicly they tend to project an impression that they only adhere to the Christian bereavement rituals. This is in line with Anderson's (1993) assertion that in practice, African Pentecostal rejection of the ancestor cult is ambivalent, thus making it difficult for its followers to be disentangled from social practices connected with ancestor cult or denying their Africaness. This finding, taken together with Anderson's assertion has implications on the bereaved's grief process. In the first place, they might become potential targets of ridicule from the more doctrine oriented Christians for performing such rituals, while in some cases they might be deprived of social support from the church community. On the contrary, they might be ridiculed by some members in their families for failing to honour and respect the traditional bereavement practices. Consequently, the grieving person might be left conflicted and the course of his/her grief can become complicated.

6.3.1 Bereavement associated physical illness: *Makgoma*

The study findings suggest that bereavement is also associated with *makgoma* – a condition also known as *mahwa*. *Makgoma* arise out of the bereaved, especially a widow or widow's failure to undergo the expected ritual cleansing and other prohibitions imposed on them during the mourning period. This condition has also been reported in previous studies. For example, Molopata & Setiloane (cited in Letsosa & Semanya, 2011) describe this condition as a contagious illness affecting the immediate bereaved family members. It is in this regard that the bereaved are said to be contaminated or polluted. In the nuclear family, upon the death of a parent the affected include the bereaved spouse, the bereaved's first and last born children. Seemingly, bereaved parents are also affected by *makgoma*. The affected have the potential of infecting other people, especially if the bereaved widow or widower engages in sexual intercourse with new partners prior to the official ritual cleansing ceremony (Letsosa & Semanya, 2011; Phatlane as cited in Bala, 2014). Furthermore, those attending funerals run the risk of being infected with *makgoma*, which in turn can also infect their children. The infected could also infect the community livestock and vegetation in the ploughed fields (Kgatla, 2014). Given its

contagious nature, *makgoma* victims are expected to undergo some traditional cleansing process (Tsiane, 2006). The *makgoma* treatment is administered by a traditional healer for the affected, whilst a priest is expected to perform a similar ritual in the case of the Zion Christian Church members. In some cases, after consultations with a traditional healer, the cleansing is administered by an elderly family member from the bereaved family.

The cleansing or healing process is systematically carried out in the form of cleansing rituals. To further contain *makgoma*, the bereaved widow or widower is expected to abstain from sex for the entire period of mourning. The bereaved will only be allowed to resume with sexual activities after having been cleansed after 6 (for the widower) or 12 (for the widows) months during the official cleansing ceremony. The last cleansing ceremony marks the end of mourning; meaning that the bereaved are now free from *makgoma* and can resume with their daily activities, including getting a new sexual partner if desired. While for the bereaved parents, immediately after the death they are also cleansed and thereafter resume with their daily duties. For the bereaved children, they also undergo cleansing immediately after death and later, after three-months. After three months they can resume with their ordinary life without fear of having any contaminations. These findings are consistent with the observation made by Letsosa and Semanya (2011) that mourning among *Basotho* people is associated with cleansing rituals and some restrictions that are imposed on the bereaved, of which the cleansing process is primarily for healing from grief and preventing the bereaved from being afflicted with *makgoma*.

The bereaved persons who fail to perform bereavement rituals or abstain from sex run the risk of getting sick of *makgoma*, especially 4-to-6 months after the burial. Unlike in the study by Letsosa & Semanya (2011) in which symptoms of *makgoma* were not described, this study revealed that symptoms of *makgoma* were described as physical symptoms such as the blood being hot, swollen lower limbs and the stomach, losing weight, constipation, and water inside the head. Should the sick person (the bereaved spouse or a new sexual partner) fail to get treatment on time their health will gradually deteriorate and they will demise.

The idea that people tend to confuse *makgoma* with HIV/AIDS (Tsiane, 2006; Malatji, 2007) also emerged in this study. One participant highlighted that people nowadays, especially the youth die as a result of *makgoma*, rather HIV/AIDS, which is confused with *makgoma* (Tsiane, 2006) . Furthermore, the results suggest that this condition is sometimes confused with meningitis within the western medical fraternity, and it is not curable by employing Western oriented medical treatments. In essence, *makgoma* in the context of medical sciences should then be viewed as a culture-bound bereavement associated physical illness requiring traditional healing approaches.

Psychologically, this illness is feared, especially by the traditional Northern Sotho, and ZCC community members. The fear and anxiety experienced by the community towards the illness is primarily due to the belief held that *makgoma* are contagious and deadly. The fear of *makgoma* and the associated anxiety has also been reported in studies that focused on bereavement rituals among some Tanzanian communities (Brown, 1980). As a result of this fear, the people in the affected Tanzanian communities engage in cultural practices to quarantine the bereaved (Brown, 1980; Kgatla, 2014). These could be considered preventive measures to protect the general community members, their livestock and the ploughed fields from being infected with *makgoma* by the bereaved. However, the 'born again' Christians are not afflicted by *makgoma*, and as a result, they do not engage in any of the bereavement rituals. (Letsosa & Semanya, 2011). Based on the findings of the present study, it can be concluded that fear of this illness motivates community members to consult with traditional healers or church priests for ritual cleansing following the death of their loved ones.

6.4 Bereavement and grief reactions in adults

Grief as supported by the present study results, is an emotionally painful experience that is all encompassing of physical, emotional, cognitive, behavioural and spiritual reactions (Love, 2007, Hall 2014). The pain of grief varies from person to person, especially with regard to its intensity, duration and symptom experience. Despite the varied grief symptoms experienced and described by the present study participants, there were five broad domains (emotional, cognitive, physical, behavioural & existential) as observed by Love (2007) that the symptoms could be classified under. The emotional symptoms experienced by the study participants were feelings of shock, disbelief, numbness, sadness, fear, and anxiety, anger and hatred. In addition, some griever felt powerless, lonely, overwhelmed and experienced mixed emotions. Cognitive symptoms were in the form of being confused, preoccupation with the deceased and the circumstance of the death, having strange dreams and having been absent-minded. Some had thoughts of revenge, experienced deficits in concentration and loss of consciousness. The most common cognitive features were the fact that death is unforgettable, it is difficult for the bereaved to accept death and that the bereaved constantly have painful memories of the deceased.

Study participants also experienced physical symptoms such as health problems (that is, uncontrollable or high blood pressure), tension headache, difficulties with eating, concentration problems, fatigue and sleep disturbances (Utz et al., 2011; Stroebe, Schut, & Stroebe, 2007; Buckley et al., 2012; Gire, 2014). In addition, as noted by Molopata and Setiloane (cited in Letsosa & Semanya, 2011), bereavement was associated with *makgoma* - a physical condition that is believed to be contagious by the traditional Northern Sotho and ZCC study participants. Bereavement related behavioural symptoms were in the form of avoidance of the details related to the death, including talking about the deceased and memories about the deceased. The bereaved also send messages to their relatives, friends and the community informing them about the death. Most Northern Sotho bereaved families like in other African communities consult with traditional healers (Makatu et al., 2008; Cox, 1995) or church prophets or both to establish the cause/s of death and on how to manage the death and mourn for the deceased. Lastly, existential

grief symptoms is in the form of people questioning God, and in some cases, questioning their ancestors as to how could they bring death to the family (Schimdt, 2006). Seemingly, the bereaved doubt the existence of God (Burke et al., 2014), or ancestors, especially with the death of a child. The experience of grief, especially with complicated grief seems to have interfered with some participant's social and occupational functioning (Prigerson et al., 2009; Higgson-Smith, 2014; Hall 2014). One participant remarked that the traumatic death of his daughter overwhelmed him and his family; consequently he failed to cope with the loss to an extent that he was unable to concentrate at work. To this effect, he became dysfunctional, lost profits and resigned from work.

Grief's intensity and duration also varied from participant-to-participant in this study. In some cases it was brief, while in some cases it was chronic and lasted for years. These findings support the vast bereavement literature suggesting that the experience of grief, its expression, intensity and duration is dependent on the interplay of numerous factors (Breen & O'Connor, 2007; Horwarth, 2011; Stroebe & Schut, 2001; Winslade, 2001; Center for the Advancement of Health, 2004; Kellehear, 2002; Rando, 1993; Sanders, 1999; Doka, 2002; Zasook, & Shear). For example, participants who experienced a debilitating chronic and intense grief, were those whose family member died as a result of a sudden traumatic death. In some cases it was because the bereaved were dependent on the deceased, they lacked support post the death of a spouse or have had a combination of two or more of these factors. This is further supported by two widows in this study who lost their husband traumatically, lacked support post their deaths and were dependent on them. Their grief was complicated and lasted over a period of 3-years for both of them.

The results of the present study also support previous research findings which suggested that traumatic loss has severe, distressing and prolonged effects for the bereaved family (Murphy et al, 1999). Hence, Shear et al., (2011) maintain that complicated grief involves the presentation of certain grief-related symptoms at a time beyond which is considered adaptive. Seemingly, these findings also support

Lobb and colleagues' (2014) study results that highlighted that predictors of complicated grief amongst others, include violent death, the relationship to the deceased, marital closeness, dependency, and lack of preparation for the death and perceived support after the death. The same sentiment is also shared by Burke & Neimeyer (2014) by highlighting that the specific cause of death, such as natural anticipated death, natural sudden death, homicide, suicide and/or fatal accident differentially also predicts levels of CG and CSG.

One striking finding in this study was that the grief experience of one of the participants was traumatic and intensified by "discovering" that her son's death was orchestrated by those practicing witchcraft. The belief that her son was murdered and turned into a *zombie* intensified her grief experience. For this participant, the idea that her son was turned into a *zombie* meant that he was not resting in peace. This resulted in the participant and her children experiencing heightened levels of anxiety and fear. The participant and one of her children experienced complicated traumatic grief, with the son reportedly being suicidal at times. This finding is in line with findings of previous studies which have suggested that people's beliefs and attitudes towards death equally affect the trajectory of their grief experience and expression (Breen & O'Connor, 2007; Laurie & Neimeyer, 2008; Makatu et al., 2008; Gire, 2014; Zisook & Shear, 2009). In essence, the belief that a family member's death was orchestrated and/or the deceased is not resting in peace complicates the grief process. Hence, in such cases, traditional ways are utilized, primarily for ensuring that the deceased is freed from captivity and that his/her spirit rests in peace. Such actions are intended to bring closure on the part of the family of the deceased.

In some cases, participants in the present study tended to engage in anticipatory grief which seemed to be triggered by a chronic illness that preceded the death of a family member. In this situation, the grief experience was described by the participants as less intense. The participants' appraisals of the parental death seem to have been a mediating factor that lessens their lesser intense grief experiences. For instance, in two cases, death of family members who suffered from a chronic

disease seemed to have been met with a sense of relief by the participants. Consequently, the funeral of the deceased in both of these cases was experienced as a celebration of a life lived, rather than as a painful event. A study by Costello and Hargreaves (1998) has earlier found that anticipatory grief enables the griever to initiate their grief work in advance (Costello & Hargreaves, 1998).

The results of the study further support the notion that when people are faced with death, faith and belief are challenged (Kellehear, 2002; Rando, 1993; Eyetsemitan, 2010), while there is a general sense of betrayal and confusion experienced by the bereaved. Consequently, the bereaved become vulnerable to spiritual crisis or complicated spiritual grief (CSG) (Burke & Neimeyer, 2014). This assertion was clearly reflected by some participants in this study, who during their grief were angry with God, had doubts towards him and questioned whether the death could have been the work of Satan. Those who subscribed to the African worldview also questioned and got angry with their ancestors for the death. One of the participants highlighted that the death of a child is the most difficult to accept, because one asks to God and ancestors, as to what sin has a child committed to deserve to die. It is in this regard that Burke et al. (2014) state that themes such as resentment and doubt towards God, dissatisfaction with spiritual support received, and substantial changes in the bereaved person's spiritual beliefs and behaviours can lead to CSG and call for different treatment protocols. Unlike those subscribing to other religions, it is apparent that for the traditional Northern Sotho community members the experience of spiritual crisis or CSG is likely to be influenced by their anger, resentment and dissatisfaction towards both God and their ancestors amongst other factors. It is therefore imperative that clinicians and researchers working with this population be aware of the influence of their worldview, especially the influence that ancestors and witchcraft could have on the bereaved's grief trajectory. This statement resonates with Rando and colleagues' (2012) assertion that clinicians and researchers should always assess the ways that cultural and spiritual/philosophical factors complicate and facilitate the grieving process during their interactions with multiculturally diverse clients. Such an insight will facilitate, rather than impede on the provision of relevant, responsive and cost-effective grief work related interventions.

6.4.1 Bereavement and grief reactions in children

The loss of a family member does not only affect adults, it does also affect children. Children's grief experience also varies with respect to duration, intensity (Zhang, Tong & Zhou, 2005; The National Child Traumatic Stress Network [NCTSN], *n.d.*), and mourning behaviours (Machajewski & Kronk, 2013). However, their symptomatology appears to be similar to that of adults (Dowdney, 2005; Fiorelli, 2011). This was also evident as reflected by most of the participants' lived experiences that some of their children seemed to have been experiencing the same state as they were experiencing. Elderly siblings (>15years) complained of sadness, fear, anxiety, hypervigilance, sleeping problems and longing for the deceased. While younger children (< 5years) were observed to be preoccupied with the deceased, the death and the meaning of the death, while others were observed to have been repetitively looking at the deceased's photos and seemed to be experiencing visual hallucinations (Fiorelli, 2011; Machajewski & Kronk, 2013; Dowdney (2005).

Elderly siblings whose grief appeared to have been traumatic and complicated were those with a family in which their elderly sibling was murdered and was believed that he was turned into a *zombie*. One of the children from the same family, who had an intimate relationship with the deceased was depressed and suicidal. This seems to be consistent with the findings from previous studies (Fiorelli, 2011, p. 640; McClatchey, Vonk, Lee, & Bride, 2014) that revealed that factors complicating grief are diverse and amongst others are the experience of a traumatic death of a sibling, the nature of the relationship with the deceased, religious and cultural beliefs among the bereaved children. The symptomatology of grief, both in adults and children seem to support the notion that the symptoms of grief appear to be universally similar (Love, 2007; Dominick, Irvine & Bonanno, 2009).

6.5 Bereavement rituals performed

It has emerged from the findings of the present study that both the traditional Northern Sotho, 'non-born-again' Christian and ZCC participants associated bereavement with taboos, darkness, bad luck, and *makgoma*. In light of these held beliefs, the bereaved are motivated to perform various bereavement rituals (Kgatla, 2014; Baloyi & Makobe-Rabothata, 2014). Similar practices have been observed by researchers in other communities (Idialu, 2012; Setsiba, 2012; Radzilani, 2010; Nwoye, 2005; Waliggo, 2006; Lungani & Young, 1997; Cox, 1995; Brown, 1980). The rituals performed vary depending on the bereaved's age, gender, and social status. They also vary on the basis of the nature of death experienced (for example, death by suicide or motor vehicle accidents) (Mugisha et al., 2011). Although both the ZCC and traditional Northern Sotho study participants performed bereavement rituals, the nature and processes of the rituals performed by both groups is different.

On the one hand, the 'non-born-again' Christians performed rituals similar to those of the traditional Northern Sotho members. For instance, in initiating the bereavement rituals, the participants adhering to traditional bereavement rituals tended to invite a traditional healer to guide the process (Letsosa & Semanya, 2011) while those subscribing to the ZCC faith tended to invite a priest from the church to guide the process. On the other hand, the 'born-again' and, a few of the 'non-born again' Christian participants performed distinct bereavement rituals in accordance with the Christian belief system. Whatever their religious background, the participants in the present study were found to benefit from the different bereavement rituals as they tend to serve various psychosocial functions that lead to healing from the pain of grief (Cohen, 2002; Radcliff-Brown, 1968; Parkes, Lungani & Young, 1997; Van Der Hart, 1983). In this section of the discussion, the traditional Northern Sotho bereavement rituals will be discussed first, followed by the discussion of the ZCC bereavement rituals, and lastly, a discussion of the 'born-again' and 'non-born again' Christians' rituals.

6.5.1 Traditional Northern Sotho bereavement rituals

In the previous chapter, the traditional Northern Sotho bereavement rituals were described as rituals that serve many purposes that include cleansing the bereaved and the household, preparing the corpse, fetching the deceased's spirit, cleansing the community and for children and revenge purposes. These rituals are important for the bereaved, because they serve various psychosocial functions towards their healing in times of bereavement.

6.5.1.1 Cleansing bereavement rituals: These are rituals for healing purpose and are carried with the belief that they help to remove contamination, darkness, *makgoma* and bad-luck (Cox, 1995). Therefore, for the bereaved to be relieved of the fear and related anxiety reactions, they are expected to undergo ritual cleansing. The cleansing bereavement rituals are carried out after the burial (for the bereaved family and the community) and again during "*go ntšha setšhila*" (Letsosa & Semenya, 2011). *Go ntšha setšhila* is the official cleansing ceremony that marks the end of mourning. *Go ntšha setšhila* is performed after 3-months for children bereaved of a parent, 6-months for widowers and 12-months for widows. A traditional healer is central in the performance of these cleansing rituals (Letsosa & Semenya, 2011; Baloyi & Makobe-Rabothata, 2014). In some cases the traditional healer only prescribes the rituals that will need to be carried out by elderly family members.

The cleansing appears to be a therapeutic process that entails steaming, sniffing and bathing with water mixed with traditional herbs. In some cases, the traditional healer knocks the bereaved on their joints with *ditsheme*, which is meant to strengthen the bereaved. The bereaved will then be incised on their joints, traditional herbs rubbed on the incisions (Letsosa & Semenya, 2011). The bereaved will also be given some traditional herbs for drinking, which are used to cleanse them internally. Furthermore, they may be given *bolebatša* or *tšhidi*, which are traditional herbs that are crushed and wrapped. The bereaved will be instructed to lick this herbal preparation at intervals until the sachet is complete. These herbs are important as they are believed to help the bereaved to forget about the deceased, and to ease the emotional pain of grief.

During the cleansing process, the bereaved widow will be given a black-mourning clothes treated with traditional herbs to wear during the 12-months of mourning (Semenya, 2010; Baloyi & Makobe-Rabothata, 2014), while the widower puts on a black hat and insert cotton-wool in his ears. Their hair will be shaved off (Baloyi and Makobe-Rabothata, 2014; Letsosa & Semanya, 2011; Tshoba, 2014). As noted by Letsosa and Semanya (2011) the use of black-mourning clothes serve as social identifiers for the community to be able to easily identify those who are bereaved, while the use of cotton wool is for ensuring that the widowers don't get cold in their ears. For instance, one participant was of the opinion that the black mourning clothes, ward-off potential sex-partners from approaching the bereaved widow. In the same vein, the black-mourning clothes protect the dignity and image of the bereaved family, because it is held that it is not in the best interest of the bereaved family for a widow to pursue sexual relationships soon after the death of her spouse. For the widower, failure to insert cotton wool in the ears could lead to ill-health.

The black mourning clothes will be taken off during "*go ntšha setšhila*" ceremony. During this official cleansing ceremony the immediate family members and the community will be invited to witness and celebrate the end of mourning, of which the same procedure of cleansing is repeated. However, the black clothes used for mourning will either be burned or thrown away (Letsosa & Semanya, 2011). This ceremony like that performed for the Tanzanian widows (Brown, 1980) marks the end of mourning; implying that the bereaved are now normal, ready to be reintegrated into the community and to assume their daily duties. The end of mourning is celebrated with feasting and sieved traditional beer. The bereaved widow will receive gifts and new clothes from her relatives. Psychologically, this celebration can be interpreted as a sign of freedom from *makgoma*, the excitement that the family will not suffer any bad-luck and the family's recovery from the pain of bereavement and grief. In essence the darkness that had stricken the family due to bereavement has now been uplifted, which can be associated with a sense of catharsis for the bereaved. The experience of catharsis is secondary to the bereaved believing that they have now been purified and protected (Pears, 2012). Hence, Kgatla (2014) make mention that a well performed funeral service is one that aid the

bereft to quickly and healthily resolve their grief and be able to assume daily duties. The dropping of aloe-leaves around the community and the ploughed fields by the bereaved also serve a cleansing purpose, so that the livestock and vegetation may not be contaminated by the death. The cleansing rituals seem to directly address the bereaved's behavioural memory, which relates to, "how to treat the grieving and "what must be done, in times of mourning and grief (Nwoye, 2005; Williams, 1996).

6.5.1.2 Bereavement rituals for preparing the corpse: From an African worldview, death can be inflicted by those practicing witchcraft (Petrus & Bogopa, 2007), and the witches are believed to be capable of turning the deceased into a *zombie* that can be used for sinister purposes (Niehaus, 2010). As a result of this belief, some families in the present study consulted with traditional healers in order to manage the deceased's body and grave. The corpse preparation rituals, either through bathing, smearing or incising and rubbing the traditional herbs into the body are intended to protect the deceased from being taken and turned into a *zombie*. They are also for ensuring that the deceased's spirit rest in peace. For the bereaved the rituals seek to address their anxiety and distress related to the fear that the deceased may be turned into a *zombie* or may return to harm the family (Appel & Papaikonomou, 2013). In essence, the traditional healer counsels the family, establish the cause of death and advice the bereaved on how the deceased's body should be prepared and on how the overall burial should be conducted (Baloyi & Makobe-Rabothata, 2014).

Upon consultations with a traditional healer, a family may be ordered to exhume the body so that the rituals may be performed, or alternatively they may perform some rituals on the deceased's grave. For instance, in the present study one family was advised by a traditional healer to perform some rituals on the bereaved's grave following claims in the community and their belief that the deceased was wandering in the community. The consultation with the traditional healer and the subsequent rituals could therefore be considered to be psychologically significant for addressing what Nwoye (2000) and Williams (1996) referred to as the fact-memory, the behavioural memory, the event memory and the prospective memory during bereavement.

6.5.1.3 Bereavement rituals for fetching the deceased's spirit: The belief that in some cultures the deceased's spirit transcends into the afterlife or ancestral community motivates some bereaved families to perform some bereavement rituals that are believed to facilitate the smooth transition to the ancestral community (Mkhize, 2008; Schimdt, 2006; Opuku, 1978; Fulton & Metress, 1995; Mbiti, 1975; Iowa 2010). These kinds of rituals are perceived to release the deceased and to avoid a situation where such a departed soul may end up being trapped in the intermediate world and becoming a wandering spirit (Mkhize, 2008). Such trapped and wandering spirits are very much feared and considered troublesome, more especially in the case of those people who have died mysteriously (Schimdt, 2006). In contrast, spirits that are resting in peace serve a vital role of protecting the family from misfortunes and acting as intermediaries between God and their families (Bae & van der Merwe, 2008; Cox, 1995). It is for these two reasons that both the corpse preparation rituals and those for fetching the deceased's spirit are considered very critical (Cox, 1995; Kgatla, 2014; Park, 2010; Fourez, 1981). The use of traditional herbs, unsieved traditional beer, sacrificial animals, recitation of traditional poems and calling the deceased in all his names that he follows the bereaved home to rest in peace, all signifies attempts to appease the spirit in return for protection and favours. Bereavement rituals for fetching the deceased's spirit are also aimed at protecting the community from being haunted by the deceased's spirit.

It is, therefore, prominent that these rituals serve psychosocial functions for both the bereaved family and the community (Cohen, 2002). Cognitively these rituals also address the behavioural memory and the prospective memories (Nwoye, 2005; Williams, 1996). It is therefore significant that these rituals be carried out properly, since any deviation from them could be perceived as a sign of disrespect for the ancestors and bad luck could befall anyone who does not adhere to the stipulated practices (Setsiba, 2012; Waliggo, 2006; Kgatla, 2014). The veneration of the ancestor, through fetching the spirit and by ensuring that the spirit is resting in peace, consciously or unconsciously reinforces on the continuity of a healthy attachment relationship with the recently deceased ancestor (spirit) (Pears, 2012). As noted further by Pears, such a relationship appears to be pertinent to the

bereaved's post-bereavement adjustment and prosperous livelihood in the absence of the deceased or so to say it is a coping mechanism maintained for adjusting to the recent loss.

6.5.1.4 Bereavement rituals for revenge: The study findings suggest that bereavement is associated with intense experiences of anger and hatred, especially if the death is perceived to be orchestrated by someone with evil intentions. In such cases, family members of the bereaved may be motivated to engage in a revenge ritual known as '*letswa*'. The prime purpose of *letswa* is to cast a spell and to relinquish the bereaved's anguish and anger. However, should such a spell be cast on innocent individuals, there is possibility that the spell can revert to the bereaved family with some dire consequences. Such a possibility seems to motivate the bereaved family to make thorough investigations after the death of their loved ones as they might run a risk of being harmed by the spell they cast.

6.5.1.5 Bereavement rituals for children: For children the use of cleansing rituals, *bolebatša*, *mošinkwane*, *serokolo* and *bolokwane* all contribute towards healing from grief. Children are also believed to be contaminated by death, hence cleansing rituals are also prescribed for them. Rituals like *bolokwane*, whispering in the child's ear or placing of the deceased's clothes under the pillow appear to significantly help the bereaved child in forgetting the deceased family member. These rituals also ease their pain of grief. Similarly, the use of *bolebatša* or *tšhidi* helps children to forget the deceased and to ease the pain of grief. In contrast to Semenya (2010), the use of *bolokwane* as held by participants in this study appear to differ, on the basis that in this study *bolokwane* is said to help in forgetting the deceased, while Semenya hold that the use of *bolokwane* is for preventing the bereaved children from becoming sleepy.

The black piece of cloth attached to one's clothing in the upper part of the body also serve a function of identifying the children as bereaved. Children will also be cleansed again after three months, during which their hair will also be shaved off and the deceased's clothes be distributed among the immediate and extended family

members. These rituals like those of adults, help children in recovering from the insult sustained due to bereavement. In essence, the traditional Northern Sotho community members are aware that bereavement also affects children, hence they put forth mechanisms that help in preventing children from being absorbed emotionally and having bad luck following bereavement.

The bereavement rituals performed by the traditional Northern Sotho people are influenced and informed by the traditional African religion (Asuquo, 2011). The findings of the present study offer a new way of looking at bereavement and mourning practices that facilitate healing among the traditional Northern Sotho people. It is, therefore, important that psychologists have insight into these cultural ways of dealing with grief, and where possible integrate them into their grief counselling work. This assertion lends support to an earlier call made by Bojuwoye and Sodi (2010) for the integration of traditional healing practices into counselling and psychotherapy.

6.5.2 Bereavement rituals of the Zion Christian Church (ZCC) members

The identified ZCC member's rituals share the same functions as those of the traditional Northern Sotho people. Though they differ in many respects with those of the traditional Northern Sotho members, they are also for cleansing the bereaved of the darkness associated with death, *makgoma* and for preventing bad luck. Central to their cleansing rituals is the invitation of the church priest, who will guide the cleansing rituals and also offer prayers as part of the cleansing process. Their rituals entail inhalation of a burned mixture of teas available only from the church, burning papers, and steaming. Some of the teas and coffees for cleansing are taken orally. They are also sprinkled with water prayed for by the priest for the same purpose of cleansing (Wepener & Müller, 2013). Unlike, the traditional Northern Sothos who are cut with a razor and rubbed with traditional herbs on their body, the ZCC members puncture with a needle to let the blood flow as part of the cleansing process. The household and the yard are also cleansed by sprinkling holy water in the yard and house.

The ZCC members' official cleansing ceremony, known as "*mpoho*" is organised after a year after the burial of the deceased. During this ritual, the community will be invited to celebrate through singing, dancing and prayers as they mark the end of the mourning period for the bereaved family. During the "*mpoho*" ceremony the deceased's clothes will be sprinkled with water from the church and distributed among members of the bereaved family. This ceremony, like that of the traditional Northern Sotho people, signals that the bereaved family members are now ready to be reintegrated into the community and to resume with their ordinary duties (Wepener & Müller, 2013). The 'mpoho' ceremony like the '*gontšha setšhila* of the traditional Northern Sotho people, coincides with Pears' assertions about the rites of transition. These rites transit the bereaved from a state of impurity to purity, which mark the end of mourning and the resuming of normal living for the bereaved.

One interesting finding in the present study is that the ZCC members wishing to pursue the traditional Northern Sotho bereavement rituals, can freely do so, unlike with the 'born again' Christians (Anderson, 1993). The philosophy underlying the ZCC bereavement rituals seems to be informed by both the traditional African and the Christian beliefs. This is to suggest that the ZCC as an Independent African Church, combines aspects of the traditional African and Christian religions (Müller, 2011), especially during the period of mourning. It is, therefore, equally important for clinicians acknowledge the influence of foreign religions, such as Christianity, together with indigenous belief systems on people's bereavement processes and healing. Such an acknowledgement will also ensure proper care and referrals by western trained mental health practitioners to appropriate service providers (for example, priests or traditional healers) in times of distress.

6.5.3 Bereavement rituals of the 'born again' Christian Churches

The study participants who identified themselves as affiliates of the 'born again' Christian churches indicated that performing traditional Northern Sotho bereavement rituals is condemned in their respective churches. In their case, healing from grief is done through spiritual counselling, prayers and by receiving the word of God from priests who visit their families in times of death. This is also supported by Letsosa and Semanya (2011) who stated that for the bereaved Christian families, the priests tend to remind them of the role of God in their lives and to guide them through His word. The use of prayers as a form of counselling and consolation for the bereaved seems to parallel the practice in Muslim Islamic communities when they are also bereaved (Appel, 2011). Through these processes the bereaved Christians are then assisted to cope with grief. What is promoted is that mourning should go hand in hand with the obedience and glorification of God (Letsosa & Semanya, 2011).

Whilst the Christian church prohibits the performance of traditional bereavement rituals, the study found that some 'born again' Christians do secretly engage in traditional African bereavement practices. In an earlier study, Anderson (1993) also found that, although the 'born-again' Christian churches vehemently denounce ancestor cult, some of the affiliates in his study did partake in ancestor cult. The explanations by the participants for this clandestine behaviour in this study included the fear of making other people sick, not wishing to disrespect their culture's tradition and having had to satisfy their in-laws and family elders. This finding is also consistent with the results of an earlier study by Makatu et al., (2008) who suggested that some widows are stripped of the authority and independent decision making when it comes to performing or not performing bereavement rituals by their in-laws. Consequently, they end up performing the traditional rituals and the Christian rituals at the same time. In other words, since their churches openly rebuke them from engaging in traditional bereavement rituals at times of emotional distress, they secretly consult with diviners or offer sacrifices to their ancestors (Schimdt, 2006).

6.6 The prohibitions that are imposed on the bereaved

The study findings highlight that both the bereaved traditional, 'non-born-again' Christians and ZCC Northern Sotho members have to obey several restrictions in times of death. The restrictions put forth for the bereaved are an attempt to contain their contagious state, because they have been polluted by death. And as a result, they are feared because they are capable of contaminating other people with the death (Kgatla, 2014; Letsosa & Semenya, 2011; Brown, 1980), *makgoma*, and bad luck. Seemingly, they are capable of infecting the community livestock and vegetation (Kgatla, 2014). Here below are the prohibitions for the bereaved traditional and ZCC Northern Sotho members:

6.6.1 Prohibitions for the bereaved traditional and non-born-again Christian Northern Sotho community members

The bereaved widow or widower is restricted from engaging in any sexual activities until the completion of the mourning period. Both the bereaved spouses will initiate such relations or activities after they have been officially cleansed after 6 months for the widower and 12 months for the widow. Those who fail to honour these restrictions, run the risk of infecting their new sexual partners with *makgoma*, while they themselves will in the process start to get sick. Should both parties fail to get ritual interventions for *makgoma* in time, there is a strong belief that their health will gradually deteriorate until their demise. The bereaved are also not allowed to attend community functions (that is, funerals, parties, weddings) as there is a strong belief that they may contaminate community members with the death (Kgatla, 2014). They will be expected to start attending to such functions after they have been officially cleansed.

The bereaved are not allowed to go to work, visit their neighbours or their family relatives for the fear of contaminating people with *makgoma*, especially children because they are more susceptible to *makgoma*. Should there be a need to do so prior to the official cleansing ceremonies, their families will arrange a provisional

cleansing ceremony, upon which they are freed from ordinary mourning requirements. However, they are still expected to mourn for the entire mourning period, while observing other restrictions such as abstaining from sex, not coming home after sunset, not attending community functions and partially dressing in mourning clothes. In case they wish to go to the ploughing fields, they will have to carry aloes which on arrival at the ploughed fields they will drop around the fields.

The present study found that traumatic deaths (that is, murder, suicide, motor vehicle accident) are feared and dubbed taboos. This seems to be consistent with the belief in the Baganda community of Uganda, where suicide is perceived as an abominable act that threatens people's safety in the community (Mugisha et al., 2011). In the case of the present study, it was found that the coffin of an individual who died as a result of suicide is brought home only on the day of the funeral. Furthermore, the funeral procession, including the viewing will be held outside the family yard in a marquee or a tent because the corpse of such a deceased is not allowed to enter the house. The manner in which deaths like suicide are treated in the Northern Sotho community seems to share some resemblance with the distancing mechanism employed by the Baganda of Uganda in times of death through suicide (Mugisha et al., 2011). The bereaved seem to be detaching themselves by these mechanisms from the deceased's spirit. These kinds of cultural practices seem to be aimed at stopping similar deaths occurring in the bereaved families.

6.6.2 Prohibitions for the Northern Sotho Zion Christian Church members

Unlike the 'born-again' Christians, the bereaved ZCC members are prohibited from attending church for a period of 12-months. While those who attended a funeral are also prohibited from attending church for a period of seven days. It is expected that both the bereaved and funeral attendees be cleansed according to their church processes before they can be reintegrated within the church community. Seemingly, to the traditional Northern Sotho community it is feared that they may contaminate other church members with death. Which is why they are prohibited from attending church.

6.7 Associated themes related to bereavement, grief and mourning

During data analysis five unique themes also emerged. These themes were unique, in a sense that they reflected some significance to bereavement, grief and mourning for one or two of the study participants. The five themes are discussed below:

6.7.1 Circumstance leading to a negotiated mourning process

The mourning period in the case of traditional Northern Sotho bereavement is expected to be three months for children, six months for the widowers and twelve months for the widows. However, there are circumstances, such as when one has to return to work, which sometimes result in deviations from these prescribed periods. In such instances, some of the study participants revealed that their family arranged a traditional healer to shorten the mourning period. In essence, the bereaved spouse will be officially relieved of some restrictions related to mourning following family consultations and the traditional healer's counsel. However, this is not to say that the bereaved widow or widower is officially set free from mourning. As usual, there are some activities that they are still prohibited from undertaking.

Prohibitions such as abstaining from sex and not coming back home before sunset are still in place. The official cleansing ceremony, will still be organised for them after the six to twelve month period, thus officially allowing them to return to their normal state of living. Therefore, the agreement to perform some rituals prior to the official six or twelve month period through the counsel of the traditional healer suggest that the bereaved spouse is free from executing their duties without fear that they are contravening or failing to mourn their spouse ordinarily. Therefore, this is to suggest that the bereaved spouse is likely to grieve without any complications, for they have been partially freed from some restrictions usually observed during mourning.

6.7.2 The nature of support offered to the bereaved family by the community

Social support in the wake of bereavement is very important as it mediates the grief outcomes and assist the bereaved to cope after the death of a loved one. For the traditional Northern Sotho community social support is availed in the form of *go-hlobošana*. *Go-hlobošana* is a process through which the immediate family members and the community at large visit and offer words of consolation and counsel to the bereaved family. Nwoye (2005) rightly observed that among Africans, the grief-work is rather a communal activity, rather than an individual responsibility. For instance, one participant highlighted that immediately after the death of her husband, she was secluded from other people, especially from younger couples; she was then surrounded by elderly bereaved women who during the process were consoling and comforting her with narratives of how they themselves dealt and coped with the death of their late husbands (Dlukulu, 2010). In contrast, one other participant remarked that lack of social support, especially from her in-laws made it difficult for her to heal from grief. This is in support of Lobb's et al. (2014) assertion that perceived social support plays a key role after death, along with cognitive appraisals and high distress at the time of death.

The notion of the role of support in times of grief is also supported by the study findings, as reflected by one of the bereaved widows, who was isolated and dispossessed of all her assets by the in-laws after her husband's death. The dispossession was cognitively appraised as another loss, meaning she had double losses; her husband and her assets. She described the experience as follows; *"the experience was quite bad and crushing. I felt that I lacked support, I was always crying, I couldn't cope with the losses and I was overwhelmed"*. This participant in particular demonstrates that the availability of social support and how it is appraised mediates the grief experience (Lobb et al., 2014; Breen & O'Connor, 2007). This participant went on to experiencing a complicated grief that lasted for more than 4-years. It was only after she sought western oriented psychological services that she started to cope with the death and found closure.

On the other hand, the agreement to avail a new wife for the widower from the deceased's family lineage, also serves a function of support and consolation for the widower. This arrangement also ensures that the deceased's children will receive support and nurturance from their aunt or their substitute mother figure. Hence, one participant maintained that failure of his in-laws to participate in *go-hlobošana* during her daughter in-law's death negatively affected their family relations. Together "*go-hlobošana*" process and the bereavement rituals fit perfectly in Nwoye's (2000) African grief therapy model. The community's voluntary involvement in the burial activities (Setsiba, 2012), and the "*go-hlobošana*" process both reflects the General Asset Factor (GAF) of the African grief therapy model; that is, all the "*go-hlobošana*" related activities reflect on the community's sense of communal loss and solidarity. And as a result grief, mourning and healing from bereavement are a communal responsibility. This is also supported by the gathering of the community during the official ritual cleansing ceremony, in which the community once again comes together, but this time around to celebrate through feasting, singing and dancing which mark the end of mourning. The elderly bereaved widows' narratives, words of consolation, their guidance and the presentation of a new wife to the widower reassures and cognitively challenges the negative imagery and negative meanings the bereaved could be having in the wake of death (Nwoye, 2000).

The empathy, a sense of solidarity and the performed bereavement rituals serve a very significant psychological process towards healing from grief. This was also demonstrated in the previous sections that the performed bereavement rituals addresses various cognitive processes which together contribute towards healing. This is also supported by Yanklowitz (2012), by highlighting that bereavement rituals also serve a therapeutic role, by enabling the management of emotions of the troubled during a time of transition.

The “*go-hlobošana*” process, therefore, challenges Van Dyk’s (2001) assertion that in the black culture no emotional assistance or counselling is given to either the adult or children, but central to their healing is only the performance of the bereavement rituals. In the context of this cultural group “*go-hlobošana*”, therefore, appears to be a form of emotional assistance or counselling strategy for the bereaved, of which the bereavement rituals form an integral part of it. It was therefore unsurprising to discover that only two out of the fourteen participants, in conjunction with the traditional bereavement interventions they also used Western oriented psychological services during their bereavement. Inarguably, in the context of their cultural framework of bereavement they had already received grief counselling.

6.7.3 Bereavement and Western oriented consultations

The utilization of Western oriented grief counselling services by two of the study participants had different impressions and outcomes for them. For one participant, the use of Western oriented grief counselling helped in resolving her complicated grief and in finding closure. For the other participant, the medication prescribed by a medical doctor, and not the psychological services, was found to be more beneficial. This participant went on to criticise the treatment approach used by psychologists in favour of social workers bereavement counselling approach. The low utilisation of western psychological services has been noted in previous studies. For example, Ruane’s (2010) study attributed the under-utilisation of Western oriented psychological services in black communities in South Africa to a number of factors that include cultural beliefs, lack of knowledge about psychological services, lack of cultural sensitivity and the Western oriented training that psychologists (both black and white) receive that does not adequately equip them to work in a multi-cultural context. One of the recommendations that she made was for student psychologists to be equipped with knowledge about the black communities’ belief systems and cultural practices that promotes healing. Such a consideration could contribute towards the integration of the Western and African ways of dealing with grief, which will in turn greatly benefit the users of psychological services.

6.7.4 Ill-treatment of widows

Like with previous studies (Makatu et al., 2008; Idialu, 2012), some of the traditional bereavement related practices were found to be oppressive to widows when compared to widowers. The study found that women tend to be subjected to ridicule and accusations. One form of ridicule is the gossip and accusations about the widow having engineered the death of her own husband. Another form of oppression is the practice that tends to discourage women from remarrying after the death of a husband, while their male counterparts are allowed to do so. Derogatory words like “*kgogwana*” (a hen), used by one of the study participants to refer to widows denote that widows are at times reduced to the status of a lesser being (Makatu et al., 2008; Manala, 2015) or an animal. Consequently, women end up being vulnerable to sexual exploitation by men, especially the deceased husband’s male relatives. For instance, one participant gave an account that most males advance themselves sexually to widows claiming that they wish to grow their deceased relative’s family. Similarly findings emerged from various countries as well (Women2000, 2001). For example, some widows from Mozambique stated that were accused of being witches who killed their husbands, while Nigerian widows expressed that they are treated like animals (Women2000, 2001). The disapproval of the ill-treatment of widows by study participants highlight that their ill-treatment is likely to have negative implications for their adjustment post-bereavement.

6.7.5 The old and new culture of bereavement

Traditionally the Northern Sotho people are expected to adhere, obey and honour the traditional bereavement practices. The bereavement rituals and prohibitions discussed above, appear to have been religiously adhered to in the past. However, with changing times the study findings suggest that these traditional bereavement practices are no longer strictly adhered, especially by the youth in townships. In some cases, some rituals are being modernised (Setsiba, 2012), whilst others are no longer practiced. Setsiba’s (2012) assertion that African people in townships organise the ‘after-tears’ parties to celebrate after the death of their loved ones may be suggesting that the old practices are no longer strictly adhered to. Some

participants attributed this new trend partly to the youth's lack of knowledge with regard to the cultural significance of traditional bereavement and mourning related practices. Which makes Ngubane (2004) to say that the modern urban burial system lack respect for the deceased, which is a reflection of the rampant loss of traditional customs and values about death and mourning of a loved other.

On the other hand, a new form of bereavement ritual that was found by the present study to be common in the Northern Sotho community is the tendency to organise expensive funeral ceremonies. Posel (2002) also observed this trend among the affluent urban African townships. Though Posel mentions that expensive caterings are compelled by attempts to fit into the highest expectations of local style and status, in this study such practices are associated with attempts to bury the deceased with dignity and respect. For instance, the bereaved will buy an expensive coffin for the deceased or organise some expensive catering services. Many of these new bereavement practices seem to be influenced by the Western traditions and religions. The emergence of these contemporary bereavement related practices suggest that psychologists need to be sensitised to these new developments so as to adapt and make their interventions to be responsive to the needs of their clients. Hence, Setsiba (2012) maintains that the after-tears party offers a new direction into how to explore into the psychological needs of the bereaved in urban societies nowadays.

6.8 Toward a clinical conceptual model for the bereavement process

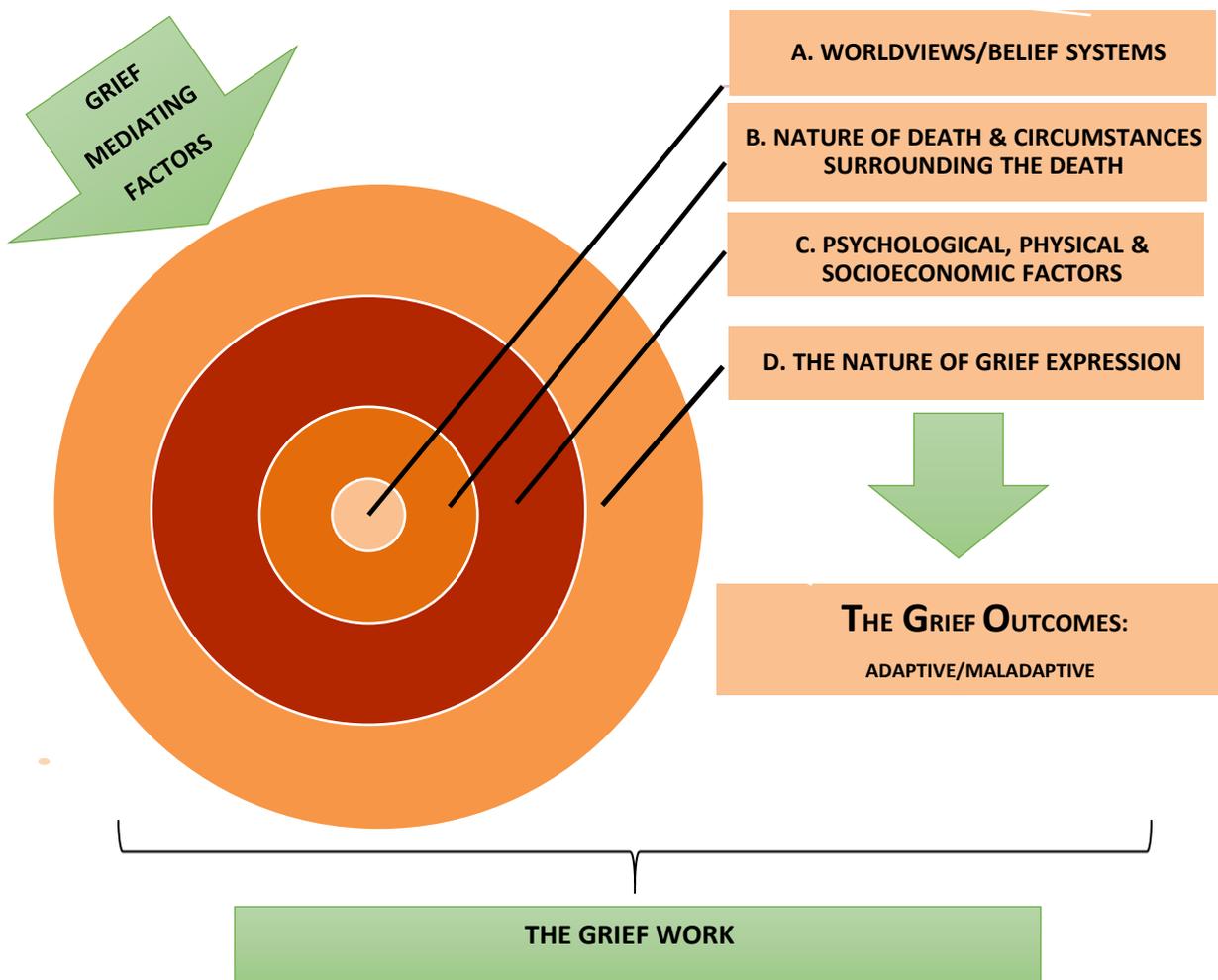
The existing bereavement and grief work models are in many ways significant and have greatly advanced our conceptualisation and management of bereavement, grief and mourning. The model (see diagram 1, below) proposed herein, similarly, seeks to contribute towards the better understanding and management of bereavement and grief, especially for clinicians working in a multi-cultural context. This model provides an integrated approach that recognises the interplay of myriad of factors, including people's belief systems and cultural notions that influences the grief trajectory. Central to this model is the acknowledgement that every human being,

irrespective of race, ethnicity, age, gender, sexual orientation, disability and so forth is unique, thus their grief experience, and expression will always be unique. Seemingly, their mourning or healing practices for dealing with the aftermath of death will always be context prescribed. It is within this context, that the researcher encourages clinicians interacting with bereaved patients to consider adopting this model where applicable. It is envisaged that by adopting this model, practitioners operating within a multicultural context could with ease conceptualise or formulate the nature of grief experienced. In addition, the model could help in predicting the grief trajectory and, contribute toward the better management of the bereaved clients.

The choice of a treatment plan as informed either by the continuing grief model, task based model, the dual processing model, the African grief model or any other culturally relevant models will be preceded by using this model to conceptualise the nature of grief experienced by clients. This is to say that this model is not an intervention model, but rather, a conceptual model that could help clinicians to qualitatively map-out multiple factors that the contemporary bereavement literature emphasises, especially with regard to the role that myriad factors positively or negatively contribute towards grief resolution or complication. For instance, J. William Worden, in addition to the four tasks that he perceives as crucial to focus on when working with the bereaved, he identifies seven critical factors (such as, who the person who died was, how the person died, social mediators, concurrent stressors etc.), that are significant towards understanding the client's grief experience (Hall, 2014). By making use of this model, a clinician would be able to categorise each of these factors under a relevant domain, thus being able to develop a clearer picture of a client's grief experiences or challenges. By the same token, be able to identify factors, such as client's resilience that could possibly facilitate speedy recovery post-bereavement (Bonanno et al., 2002).

In light of the background elucidated, let's now turn attention to diagram 1 below. The diagram below is a symbolic representation of how myriad factors, especially Domain A-C could potentially affect the grief trajectory.

Diagram 1. Conceptual model for the bereavement process



Using this conceptual framework, a clinician interacting with a bereaved client, would firstly need to look into the client’s belief system/s (Domain A) and how this influences the bereaved’s grieving process. This would then be followed by an analysis of the nature and circumstances surrounding death (Domain B). Subsequent to that will be an examination of the influence of various psychological, physical and socioeconomic factors (Domain C) on the client’s grief. And lastly, the clinician will need to determine the intensity and duration (Domain D) of the grief experience. The four domains reflected in the diagram, are not necessarily exhaustive of the domains that various grief mediating factors could be clustered under, but rather an attempt to offer some guideline for conceptualising grief as informed by the results of the present study.

For instance, Domain A will include factors such as the belief that the death was caused by God, angry ancestors or was orchestrated by those practicing witchcraft. Domain B include factors such as whether the death was sudden and traumatic, or whether the death was anticipated or not. On the other hand, Domain C may be related to the nature of the relationship (intimate or not) with the deceased, availed and perceived social support, financial implications of the death for the bereaved, health status of the bereaved or how the bereft are treated by the community or the family post bereavement etc.,. While domain D reflects the nature in which grief is expressed (its intensity, symptomatic features or duration) and whether it is considered culturally adaptive or maladaptive. These factors should not be viewed independently, but as interdependently influencing grief's experience, expression, intensity and duration. A clinician who manages to systematically map out these factors is likely to quickly pronounce whether the grief experienced has the potential of becoming complicated or is likely to be resolved swiftly without much difficulties. For example, a grief experience that involves the interplay of features from the first three domains (that is, feelings of being betrayed and anger towards God and/or ancestors for failing to prevent the death from occurring, the death being sudden and traumatic, while being disenfranchised) is likely to be intense, chronic and complicated, when compared to a grief experience that only involves one factor. However, this is not to say that a single factor has no potential of intensifying or complicating the grief experience. Seemingly, by following the same process a clinician would be able to identify several factors falling under each domain that could contribute positively towards grief resolution. Domain D, of this model, plays a crucial role in helping the clinician to determine whether the nature of the grief experienced is culturally considered adaptive or maladaptive.

A clinician's ability to navigate between all the domains and to identify factors that could positively or negatively influence the grief outcomes, will proceed to implement a treatment plan that is patient specific and culturally sensitive. By following this bereavement person-centred model, it is believed that a psychologist confronted with any kind of a bereavement case will timeously and appropriately offer appropriate services or refer cases for further management such as for traditional, medical or church interventions. For example, if a traditional Northern Sotho community

member presents with complicated spiritual grief, due to anger toward ancestors and God for failing to prevent a witchcraft related death from occurring (Domain A), a clinician might advise a client to engage in traditional bereavement practices. Such interventions are likely to be offered by a traditional healer in the form of bereavement rituals that seek to appease the ancestors and prevent future such occurrences. That is, the use of the African grief therapy will be most appropriate for such cases. However, the use of an approach that seeks to assist the client to vent out his/her anger, while withdrawing his/her attachment from the ancestors is likely to be inappropriate and ineffective. With such a case, employing or integrating the African grief therapy and the continuing bonds grief models is likely to be most appropriate towards managing the case. It is in this regard that there will never be a standard grief work process that all patients will be responsive to. On the one hand, this framework lends further support to the need for the integration of people's traditional/cultural healing practices in grief counselling and psychotherapy.

6.9 Concluding remarks

This chapter discussed the study findings in relation to the existing bereavement literature. In light of the study findings, bereavement, grief and mourning will always be shaped by people's worldviews and cultural practices. Despite the symptomology of grief being common among the bereaved, its personal experience, expression, intensity and duration tend to be shaped by myriad factors, thus making it unique for each individual case. For the Northern Sotho community, the experience of grief is, amongst others, influenced by the community members' religious orientations (African traditional religion or Christian religion). These religious orientations inform people's various mourning and healing practices. In modern times, some of these bereavement practices were found to be refined, while some are abandoned due to acculturation and other processes that come with globalisation.

Based on the findings of the study, a culturally informed bereavement conceptual model was developed. The model proposes that a clinician should be guided by four domains when providing grief counselling. The first domain involves the clinician looking into the client's belief system and how this influences the client's grieving process. The second domain entails analysis of the nature and circumstances surrounding death. In the third domain, the clinician will need to examine the influence of various psychological, physical and socioeconomic factors on the client's grief. And lastly, the clinician will need to determine the intensity and duration of the grief experience. It is hoped that this model could help in the provision of person-centred grief counselling services within a multicultural context. The findings of the study including the conceptual model, have implications for the broader field of psychology, especially for research, training and clinical practice in the South African context.

CHAPTER 7

SUMMARY, LIMITATIONS AND CONCLUSION

7.1 Summary

The aim of the study was to explore the psychology of bereavement and mourning rituals in a Northern Sotho community. Central to the study was to gain an understanding of the Northern Sotho people's lived experiences as they relate to bereavement, grief and mourning rituals. The major findings of this study were in line with the following themes;

7.1.1 The influence of belief systems on the conception of death and the afterlife

From the biomedical perspective, death signals the end of life for a human being. Death is a process that is preceded by dying; a process in which a human being constantly loses function of vital organs until certified dead by a medical practitioner. However, as argued by previous philosophers and researchers, death from a religious or philosophical stance marks the journey of the deceased to the afterlife. This study discovered that belief systems influenced how affiliates of various denominations conceptualised death, experienced the grief and the bereavement rituals they performed. For instance, the traditional Northern Sotho participants held that the deceased are their ancestors; that is, as soon as a family relative dies the bereaved are expected to perform special bereavement rituals that facilitate speedy transition of the deceased to the ancestral community or to the *afterlife* community. Once integrated in the ancestral community, the deceased is called an ancestor, and his role is to protect and communicate with God on behalf of his family lineage. The deceased exist in the form of a spirit. In contrast, the 'born-again' Christian participants vehemently denounced the existence, role and propitiating of ancestors.

On the other hand the 'non-born-again' Christians, like the ZCC and Roman Catholic church members acknowledged the existence of the ancestors, and their propitiation, irrespective of being affiliates of the Christian dogma. Therefore, the participants' varying belief systems played a significant role toward their grief experiences and performing various bereavement rituals. The belief that death is associated with taboos, darkness, contamination and *makgoma*, made it mandatory for all study participants, except the 'born-again' Christian participants to perform cleansing rituals immediately after death and at a later stage. These findings signify that bereavement, grief experiences and mourning practices will always be shaped by people's worldviews. Therefore, these findings have implications for the management of bereavement in various cultural contexts, especially in a multi-cultural context like South Africa.

7.1.2 Bereavement and its associated grief reactions in adults and children

It has emerged that grief is a universal phenomenon experienced and expressed differently from one person to another. Irrespective of the grief symptoms being expressed emotionally, cognitively, behaviourally, physically and existentially, grief's experience and expression is heavily influenced by an interplay of myriad factors. Amongst others are the influence of people's belief systems and cultural practices. In this study, participants who believed that their deceased family members were not resting in peace due to having been turned into *zombies*, experienced a traumatic complicated grief, while widows who lacked support from their families found it difficult to adjust post bereavement. The influence of belief systems and cultural factors among the many factors suggest that efforts that seek to universalise the classification of bereavement in terms of normality *vis a vis* abnormality are to continue being ambiguous. Equally, they run a risk of misleading clinicians, to the extent of misdiagnosing and poor management of bereavement cases in settings in which such taxonomies should have in the first place took on a different shape. This finding suggests that it is a best practice for clinicians to always diagnose, describe and classify grief within its cultural context of expression and experience. Seemingly, the grief-work should be informed by the cultural context of experience, while appropriately tallied to suit individual cases.

7.1.3 Bereavement rituals performed by the Northern Sotho community members based on their religious orientation

In the same vein as the preceding two sections, grief work or the various cultural group's modes and mechanisms of healing from grief are determined by culture's tradition or belief systems. The study findings supported this by revealing that participants' religious orientation predefined the various bereavement rituals prescribed for them in times of death. The bereavement rituals akin to each category of believers serve various psychosocial functions. For example, the ritual *letswa* common among the traditional Northern Sotho members serve a psychological function of revenge over a death believed to have been orchestrated, while prayers and the use of the word of God help to counsel and console the bereaved Christian affiliates. The '*go hlobošana*' ritual common among the traditional Northern Sotho plays multiple functions such as for support, counsel for the bereaved family, and an expression of communal grief experience. In the same vein the '*go ntšha setšhila*' ritual -literally meaning the cleansing ritual- addresses multiple psychological (the pain of grief through various herbs), cognitive (painful memories of the death) and social functions (protecting the community from death contaminations). Similarly, the *Mpoho* ritual of the ZCC affiliates serve the same functions as with the traditional Northern Sothos' '*go ntšha setšhila*' ritual. Overall the bereavement rituals are central to the Northern Sotho community's management of bereavement, especially in finding closure and resuming with their lives in the absence of the physical presence of the deceased.

7.1.4 Prohibitions imposed on the bereaved

The belief that death is associated with taboos, contamination and *makgoma* among others call upon the traditional, 'non-born-again' Christians and the ZCC Northern Sotho communities to put in place various measures that seek to protect the community from such afflictions. Unlike the 'born-again' Christians, who are encouraged to attend church and resume with their ordinary duties, the three communities of the Northern Sotho people are not allowed to engage in such activities. Widows or widowers of the ZCC, just like those of the traditional Northern

Sothos abstain from sexual intercourse for a period ranging from six (widowers) to twelve months (widows). Abstinence is meant to prevent unsuspecting persons from being infected with *makgoma* by the bereaved. In fact the community put in place other mechanisms such as black mourning clothes worn by widows, which serve as social identifiers of widowed persons. It is in this regard that the community is able to distance itself from the bereaved, or so to say, distance itself from *makgoma* and other contaminations. In light of these preventative mechanisms, inarguably the repertoire of behaviours toward widows, especially by men is likely to be the same; that is most men are likely to fear, distance or avoid a bereaved woman. While widows are most likely to decline sexual advances from men, for the fear that they could also get contaminated.

However, it is conceivable that some of the traditional Northern Sotho prohibitions or cultural practices could potentially conflict with Christian and Western oriented principles in times of death, and could potentially aggravate the grief experiences for the bereaved. For example, in today's modern world, people's survival is based on making a living by mostly becoming an employee. This suggests that there is a possibility that traditional Northern Sotho widows or widowers are likely to be conflicted between having to return to work or having to adhere to the expected traditional bereavement practices in times of death of a spouse. Another example, could be a 'born-again' Christian whose cultural prescriptions require her to perform traditional bereavement rituals, while her Christian community denounce and ridicule such practices during bereavement. In such instances, it is important for a practitioner to accommodate both worldviews and the acceptable ways of dealing with grief in times of death. Accommodating these worldviews could bridge the gap between the two worlds of experience, thus reducing or eliminating the conflict, while facilitating the speedy recovering from the anguish of grief. In essence, the prohibitions or preventative measures adopted by the traditional Northern Sotho people, ZCC and 'non-born again' Christian affiliates in times of death have implications for the resolution or complication of grief.

Notably, even the livestock and the ploughed fields are protected from the bereaved because it is believed that they can also get contaminated or polluted. The bereaved are only allowed to go to the ploughed fields, only if they perform a ritual of dropping-aloe tree leaves around the ploughed fields. The same applies to the bereaved persons seeking to return to work prior the set mourning period. In their case, a traditional healer will counsel and dictate that a partial cleansing ceremony be performed for the bereaved. This preventative measure and partial relief measures, psychologically seem to contain the general public and the bereaved's anxieties, fears and worries in times of death. Being able to be freed for work prior the completion of the expected mourning time-frame, frees the bereaved adults from the worry and fear that they might infect others with *makgoma*, while at the same time contravening their culture's prescriptions in times of death. These negative psychological experiences in times bereavement could potentially aggravate the grief experience and result in a long enduring grief. It is therefore equally important for bereavement practitioners to consider the role that such preventative mechanisms can play towards grief resolution or complication.

7.1.5 Other themes associated with bereavement, grief and mourning

A few themes, such as bereavement rituals are culturally oppressive of women, the abandonment and diversification of some bereavement rituals emerged in this study. The theme that widows are subject of ridicule, humiliation and oppression among the traditional Northern Sothos denote that bereaved women's treatment by the community post death have implications for their post-bereavement adjustment. Inevitably, should a widow be oppressed or be called by derogatory names, this is likely to intensify or even complicate her grief. This is also an area of interest that warrants future researching. Practicing psychologists also need to be aware of the effect of such a treatment to widows' grief experience.

The majority of the study participants relied on counselling and bereavement rituals offered by their respective communities based on their religious orientation during their grief. However, two of the study participants made use of the western and traditional bereavement counselling services due to the complicated nature of their

grief. Although the two participants held two opposing views about the western grief counselling services they received, it becomes imperative for the two systems to interface for the benefit of clients who might need their collaborative treatment approach in times of death. Therefore, this is a call for the two systems of bereavement counselling (indigenous and western) to co-exist.

On the other hand the changing times and the emerging global culture seem to significantly be responsible for the revision, partial adherence and abandonment of some of the traditional bereavement practices. Equally, the new global culture comes with new bereavement rituals such as burying the deceased through an expensive funeral showcasing dignity and respect for the bereaved. Inadvertently or avertedly the new global culture brings about the cultural split in terms of bereavement practices, especially for people outside the dominant western worldviews and practices. Such a split, was reflected in some of the bereaved in this study whom, even though the Christian dogma denounces the adherence to traditional bereavement rituals, outside the public's view they performed them. Equally the split in bereavement practices has implications for the grief trajectory and it equally deserves attention both in clinical practice and research. Thus, the revision and the abandonment of some of the cultural bereavement practices suggest that there is a need for the field of psychology to keep pace with the rapid changes brought by globalisation in the South African context.

7.2 Implications of the study findings

According to Molefi Kete Asante, Afrocentric simply means a centering of an intellectual inquiry, rather than the denial of the validity of other paradigms of knowledge, such as the Europe-centered paradigm or Asia-centered paradigm (Holubec, 2011). This is why Asante went on to acknowledge that Afrocentricity is just one of several regional-cultural perspectives, but not a universal paradigm. In light of Asante's contention, when adopting the Afrocentric paradigm the issue of cultural location takes precedence over the topic or the data under consideration (Mkabela, 2005). In this study, the researcher adopted this attitude towards knowledge generation and discovered a new dimension of bereavement, grief and

mourning. In light of these findings the researcher lends support to the notion of pluriversal perspectives, especially by firstly, taking into account the cultural location of the study and, secondly, the contextual factors, such as people's worldviews, cultural practices and values. It became clear from this study that the participant's constructions of their lived experiences were fundamentally influenced by the African traditional religion, the Christian religions and in some cases the interplay of the two worldviews. These experiences on a large scale diverted from the orthodox or traditional western bereavement formulations, especially the grief-work. Therefore, the study findings have multiple implications for training, research and clinical practice of psychology in the (South) African context.

7.2.1 Implications for training

Research studies conducted elsewhere do suggest that there is an intrinsic relationship between people's worldviews, culture and the expression of their psychologies (Kgatla, 2014; Gire, 2014; Nevhutalo et al., 2014; Sodi & Bojuwoye, 2011; Makatu et al., 2008; Haque, 2008; Breen & O'Connor, 2007; Gathogo, 2007; Nobles, 2006; Nwoye, 2005). This was also supported by the findings of the present study. Furthermore, Cooper and Nicholas (2012) argued that the development of the S. African psychology was heavily influenced by the apartheid history, especially the Dutch reformed/Anglican religions. In addition, a number of scholars argued further that Eurocentred conceptual and intervention approaches still dominate the field of psychology in the post-apartheid South Africa (Nwoye, 2005; McLeod, 2004; Viljoen, 2003; Naidoo, 1996), while in some cases are limited, ineffective, and irrelevant (Bakker et al., 2007; Hook & Eagle., 2002; Naidoo, 1996; Dawes, 1998). Unfortunately, there is continued resistance towards the transformation of the field at the level of knowledge production (Macleod, 2004; Dawes, 1998), and clinical training (Ahmed & Pillay, 2004). In addressing the three points raised above, the study findings therefore suggest a need for psychology training programs to integrate curricula that are informed by both the western and African worldviews and cultural practices.

In essence, it is necessary for psychology departments to reflect on how the South African history of colonialism and apartheid has influenced and shaped the curricula and training of psychologists in the post-apartheid South Africa. With such insight, a need to transform the training programs becomes imperative at the level of knowledge production and training, so as to make psychology more relevant in the post-apartheid South Africa. Should this ideal be realized at the levels of training, the new generation of psychologist could be equipped with the psychological knowledge relevant to practice in their multicultural South African context.

7.2.2 Implications for future research

Knowledge production plays a key role in advancing any professional field's objectives and in keeping the professionals abreast with contemporary developments in their field of speciality. One such contemporary endeavour, was this study and its findings. Furthermore, the study findings revealed a need for more culturally informed bereavement studies grounded in a pluriversal perspective within the South African context. Such studies will add more knowledge about various cultural groups' bereavement, grief and mourning, which will also contribute greatly to the existing bereavement literature that informs training and clinical practice. This will be a move towards the transformation of the psychology curricula in the post-apartheid South Africa.

In addition, it is important for future researchers to consider the impact of both apartheid and modernisation on the South African people's psychologies when designing their research projects. This recommendation is made in line with the finding that, as much as the old culture still influences people's bereavement there are emerging bereavement practices that are influenced by the new global culture. This assertion supports Dawes' (1998) argument that when attempts are made to Africanise the field of psychology, they should draw on both the local and external knowledge systems, while being guided by the conventions for psychological activity which exist in the various corners of the discipline. The study findings also suggest a need for further exploration of the role that some of the mourning rituals discovered in this study have on people's bereavement process, especially towards their healing

from grief. Furthermore, future studies could also explore further on other bereavement rituals that were not covered in this study, also focusing on their influence on the bereavement process.

7.2.3 Implications for clinical practice

The study findings and the bereavement conceptual model proposed in this study have multiple implications for the practicing psychologist in South Africa. The model proposes a new approach to the conceptualisation and management of grief, especially by taking into account the influence of people's belief systems and cultural practices on bereavement. Therefore, this call upon all practicing psychologists in the South African context to be culturally sensitive, competent and employ culture informed interventions when offering psychological services to their multicultural South African clientele. This was also recommended by a number of scholars based on their research findings (Sodi & Bojuwoye, 2011; Ruane, 2010; Ahmed & Pillay, 2004). Inarguably, failure to do so constitutes malpractice, which consequently will lead to patients feeling misunderstood, having negative perceptions towards psychologist and underutilising psychological services.

In essence, this study challenges the universalisation of Western psychology, in favour of multicultural psychologies as advocated by several culturally oriented researchers and scholars (Baloyi & Makobe-Rabothata, 2014; Sodi & Bujuwoye, 2011; Hwang, 2009; Laurie & Neimeyer, 2008; Nwoye, 2005; Eyetsemitan; 2002; Triandis & Suh, 2002; Spering, 2001). The continued over reliance by the South African psychologist on Western bereavement formulations, while overlooking other cultural groups' formulations and practices is associated with multiple complications. Firstly, it is associated with misdiagnosing and rendering ill-informed psychological services to other cultural groups, especially the black community. Secondly, it leads to rendering irrelevant, ineffective and unresponsive psychological services to the black cultural groups (Sodi & Bujuwoye, 2011; Juma, 2011; Bakker et al., 2007; Hook, Watts & Cockcroft, 2002; Naidoo, 1996; Dawes, 1998). And lastly, it runs the risk of clients continuing to feel misunderstood and terminating sessions

prematurely. This will perpetually lead to the underutilisation of psychological services by the black communities in South Africa (Ruane, 2010).

7.3 Recommendations of the study

The following recommendations are made in line with the study findings and implications elaborated in the previous sections. The recommendations proposed herein could contribute toward the provision of better health care for mental health care users in the South African context:

- It is recommended that psychology training institutions review the existing curricula so as to introduce contextually relevant psychological curricula that will relate to the diverse South African people's worldviews and cultural practices. This will be a positive move towards the transformation of the psychology curricula. It will also ensure that the new generation of psychology graduates are well equipped to respond to the mental health care needs of their multicultural diverse South Africa clientele.
- It is also recommended that more of cultural bereavement studies grounded in a pluriversal perspective within the South African context be conducted. This is to say that, psychological research in the South African context should consider the influence of people's varying worldviews and cultural practices on their study outcomes. Where possible, such influences and their implications for training and clinical practice should be highlighted for the benefit of the mental health care users in times of distress.
- For the psychology practitioners, it is recommended that for the benefit of their multiculturally diverse clientele, they could strive toward cultural competence and sensitivity. This can be achieved through gaining knowledge of the South African people's belief systems, ideals and indigenous cultural practices which intrinsically shape their psychological functioning. On the other hand, when it comes to bereavement counselling, the grief work interventions should always be client-centred or so to say, culturally informed. This can, amongst others, be achieved through the employment of the conceptual model of bereavement proposed in this study. In so doing the role played by various bereavement

rituals and other cultural practices that were not covered in this study should not be undermined or overlooked.

- It is also recommended that the mainstream health sector, especially the mental health sector integrates the traditional health sector in the management of various mental health care needs. This can be achieved by establishing a collaborative working relationship between mental health practitioners and traditional health practitioners. In case such a relationship is established, referrals between the two sectors could be made with ease.
- Lastly, it is recommended that the field of psychology keeps pace with the influence globalisation has on people's mentalities. This is imperative for the continued updating and modification of psychological methods and methodologies so as to make them relevant and effective with changing times.

7.4 Contributions of the study

The implications of this study, when taken together with the contributions to be elaborated in this section, together are a great contribution to the advancement of knowledge in the human applied sciences. The contributions of this study are as follows:

7.4.1 Contributions to the field of psychology

This study has added a new dimension of bereavement, grief and mourning, especially the influence of various worldviews on bereavement, grief and the bereavement rituals that facilitate healing for the bereaved. Thus, it is important for clinicians to have knowledge of these rituals, because they alone in some cases are equally capable of healing the bereaved without the use of orthodox counselling services. A further contribution for practitioner is the proposed framework for conceptualising the bereavement process when offering grief-counselling in a multicultural context. Furthermore, the study managed to identify bereavement

avenues that need further research. Further research will help in surfacing new dimensions of bereavement in the field of psychology, which will subsequently assist in the better understanding and management of the local people's bereavement. Equally, this study suggested a need for the transformation of the field of psychology, at the levels of knowledge production and training. This is important in ensuring that the field of psychology continues to be relevant, cost-effective and responsive to the previously marginalized groups in South Africa.

7.4.2 Contributions to the Northern Sotho community

This study contributed towards the documentation and preservation of this cultural groups' indigenous knowledge systems that in most cases get lost with time. This contribution in itself contributes to the South African government's call for research, documentation and preservation of indigenous knowledge systems of the various South African ethnic groups.

7.4.3 Contributions to the traditional health sector

The central role played by the traditional practitioners in the management of bereavement and grief as supported by the study findings cannot be ignored. This study, therefore, highlighted a need for the traditional health sector to be recognised and elevated to a level that it can collaborate with mainstream health sector.

7.5 Limitations of the study

- Firstly, this study was conducted with participants that were drawn from the Northern Sotho speaking cultural group only. This means that the results of the present study can not be generalisable to other cultural groups in South Africa. However, the findings could be partially relevant in some cultural contexts that hold the same worldview as the Northern Sotho people.
- Secondly, the data-collection was conducted mainly using *SeSotho sa leboa*, which is the indigenous language of the Northern Sotho cultural group. The

findings were transcribed and translated into the English language so as to make the study results readily accessible to the broader psychology community. However, during translations the meaning of some words could have been lost, thus weakening the study.

- Thirdly, the Northern Sotho community is characterised by a variety of dialects spoken in various regions (see section 4.4., setting and sampling in chapter 4), while in some cases there appear to be slight differences in the people's cultural practices. Therefore, there might also be some minor differences in their bereavement processes, though on a larger scale most of their bereavement processes are the same.
- Lastly, this study also solicited the views of a comprised of a few members of ZCC and the IPHC community. Such limited views can not be generalisable to all members of these Christian denominations. Instead, it is proposed that further studies that will specifically focus on the bereavement rituals of these two Christian communities be conducted in the future.

7.6 Conclusion

The study of bereavement, grief and mourning is a broad arena that is challenging in scope, more so that bereavement, grief and mourning are universal human experiences. Irrespective of the challenges associated within this arena, significant strides have been made by a plethora of researchers and scholars in advancing this area of study. This study has also contributed to this area of study by significantly adding a new dimension, especially, by highlighting the influence of culture and the belief systems of people in times of bereavement, grief and mourning. It is, therefore important for future research endeavours to take into account the influence of culture and belief systems when it comes to bereavement and related processes. Such consideration will contribute towards the development of a universal psychology that is cross-culturally comparable, whilst remaining contextually relevant.

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APPENDICES

Appendix 1: Ethical clearance letter



University of Limpopo
Research Development and Administration Department
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 2212, Fax: (015) 268 2306, Email:noko.monene@ul.ac.za

**TURFLOOP RESEARCH ETHICS
COMMITTEECLEARANCE CERTIFICATE**

MEETING: 03 September 2014

PROJECT NUMBER: TREC/27/2014: PG

PROJECT:

Title: The psychology of bereavement rituals in a Northern Sotho community
Researcher: Mr M Makgahlela
Supervisor: Prof T Sodi – University of Limpopo
Co-Supervisor: N/A
Department: Psychology
School: Social Sciences
Degree: PhD in Psychology


PROF TAB MASHEGO
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: REC-0310111-031.

Note:

- i) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.
- ii) The budget for the research will be considered separately from the protocol.
PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

Appendix 2(a): Interview guide in English

1. Kindly, share with me your personal experiences following the death of a loved one?
2. Kindly, describe to me the mourning rituals in your culture that you know of?
3. Kindly describe to me the mourning rituals that you have had to go through after the loss of your loved one?
4. In your opinion, what is the importance of performing such rituals by the bereaved families?
5. In your opinion, what would happen to the family and the deceased should the mourning rituals not be performed?

Appendix 2(b): Interview guide in Northern Sotho

1. Ka boikokobetso, nkahlakahlele/nnyetlele maitemogelo a gago morago ga lehu la yo obeng omorata?
2. Ka boikokobetšo nkanegele maitemogelo a gago mabapi le *Bapedi* ge ba hlagetswe ke lehu la yo ba moratago?
3. Ka boikokobetšo, nhlalasetše gore ke ditaelo tše difeng tsa lehu o eleng wa swanela ke go e ka mantšha letšona/diphethagatša morago ga lehu la yo obeng o mo rata?
4. Go ya ka kgopolo ya gago na bohlokwa ba go phethagatsa di taelo tsa lehu ke lelapa morago ga lehu ke ofe?
5. Go ya ka kgopolo ya gago na ke eng seo se tla go go hlagela lelapa la bomohu ge di taelo tsa lehu di ka se phethagatswe?

Appendix 3(a): Participant Consent Letter and Form

Department of Psychology
University of Limpopo (Turfloop
Campus)
Private Bag X1106
Sovenga
0727
Date_____

Dear Participant

Thank you for showing interest in this study that focuses on the psychology of bereavement rituals amongst the Northern Sotho community

Your responses to the interview will remain strictly confidential. The researcher will attempt not to identify you with the responses you give during the interview or disclose your name as a participant in the study. Please note that your participation in this study is voluntary and you have the right to withdraw from participating at any time should you wish to do so.

Kindly answer all the questions as honestly as possible. Your participation in this study is very important. Thank you for your time and cooperation.

Kind regards

.....
Makgahlela M.W.
Doctor of Philosophy Student

.....
Date

.....
Prof. Sodi
Supervisor

.....
Date

Appendix 3(b): Participant consent letter and form (Northern Sotho version)

Department of Psychology
University of Limpopo (Turfloop
Campus)
Private Bag X1106
Sovenga
0727
Letšatšikgwedi: _____

Thobela Motšeakarolo

Ke leboga go bontšha kgahlego ga lena go lesolo le la go nyakišiša ka botlalo boitemogelo bja bo ikgonaro setsong sa setshaba sa *Basotho* morago ga lehu la yo mongwe wa lelapa.

Dikarabo tša lena go diputšišo tše di tla tshwarwa ka mokgwa wa sephiri. Monyakišiši o tla leka ka mešegofela gore a seke a le amanya le dikarabo tše le tla di fago, le ge ele go se utulle leina la lena bjalo ka motšeakarolo lesolong le. Le tsebišwa gore go tšea karolo ga lena go lesolo le go dirwa ka boithaopo, le gore le nale tokelo ya go ikgogela morago nako efe goba efe ge le nyaka.

Le kgopelwa go araba diputšišo tše ka botshephegi bjo bogolo. Go tšea karolo ga lena go lesolo le go bohlokwa kudu kudu. Ke leboga nako ya lena le go bere.

Wa lena

.....
Makgahlela M.W.
Morutwana

.....
Letšatšikgwedi

.....
Prof. Sodi
Mohlali

.....
Letšatšikgwedi

Appendix 4(a): Consent form to be signed by the participant in English

Consent form

I _____ hereby agree to participate in a doctorate's research project that focuses on the psychology of bereavement rituals amongst the Northern Sotho community.

The purpose of this study has been fully explained to me. Furthermore, I understand that I am participating freely and without being forced in any way to do so. I also understand that I can terminate my participation in this study at any point should I wish to do so and that this decision will not affect me negatively in any way.

I understand that this is a research project, whose purpose is not necessarily to benefit me personally. I understand that my details as they appear in this consent form will not be linked to the interview schedule and that my answers will remain confidential.

Signature: _____

Date: _____

Appendix 4(b): Consent form to be signed by the participant in Northern Sotho

Foromo ya tumelelo

Nna _____ ke dumela go tšea karolo go lesolo le la go nyakišiša ka botlalo boitemogelo bja bo ikgonaro setsong sa setshaba sa *Basotho* morago ga lehu la yo mongwe wa lelapa.

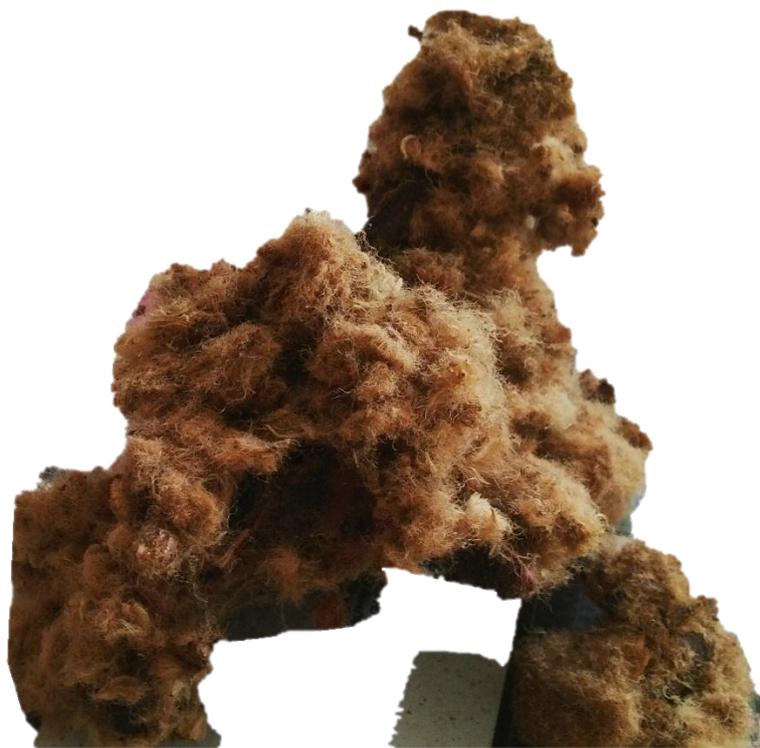
Ke hlaloseditšwe ka maikemišetšo a lesolo le, ebile ke kwešiša gore ke tšea karolo ka go ithaopa gape ntle le go gapeletšwa. Ke kwešiša gape le gore nka ikgogela morago go tšea karolo lesolong le nako efe le efe ge nka kwa ke sa nyake go tšwela pele, le gore kgato yeo e ka se nkame ga mpe.

Ke kwišiša gore maikemišetšo a lesolo le ga se go nthuša ka bo nna, le gore leina la ka le ge e ka ba ditaba tše di filwego ka nna di ka se utullwe (di tla šireletšwa).

Signature: _____

Letšatšikgwedi: _____

Appendix 5: Bolebatša



Source: Makgahlela (2016)