

CHAPTER 1

INTRODUCTION TO THE STUDY

1.1 INTRODUCTION

Through grief, mourning and bereavement, people attempt to heal the hurt of their loss of a loved one. This universal human experience is shaped by, amongst others, the culture within which people function. Grief, mourning and bereavement are used as co-concepts in this study, which focuses on how Black urban widows in South African transitional societies, whose husbands have died of terminal illnesses, experience and cope with bereavement.

The Participants' bereavement process is defined as beginning when they become aware of their husbands' anticipated death, that is, anticipatory bereavement. The bereavement process is also linked to the pressure of making decisions about how to care for their dying husbands.

In this chapter the global experience of loss is discussed and a background to the development of the Black urban South African transitional society is provided. This is followed by the justification for the study, the aim and objectives of the study, contribution of the research to the advancement of science, and an overview of the study.

1.2 THE GLOBAL EXPERIENCE OF LOSS

Death is a drastic event in one's life (Vess & Arndt, 2008), and brings a need to repair the wounds caused by loss. Given that this is an emotionally devastating event, as early as 1967, Holmes and Rahe, in their Social Readjustment Rating

Scale, ranked the death of a spouse on the life event scale as the most stressful of all possible losses, a sentiment that was later confirmed by Scannell-Desch (2003) and Silverman (2004). Gow (1999) and Van Praagh's (2000) view of grief as being composed of a variety of physical, emotional and spiritual sensations could explain spousal death as the most stressful loss.

As bereavement is the emotional state that one experiences during loss (Ong, Bergeman & Bisconti, 2004; Zautra, Berkhof & Nicolson, 2002), for people to move on they need to let go of those they love who are no longer with them. Through the bereavement process they gradually accept the loss, allowing the dead to be gone from their lives. At the end of a functional bereavement process, sadness still exists, but is tempered by happy memories of the deceased, which remain.

One of the many factors that contribute to the devastating impact of the loss of a loved one is that a considerable period of time passes before one is once again able to live without being preoccupied with what has happened. Carr, House, Wortman, Nesse and Kessler (2001) state that grief is an intense, preoccupying, depleting and multifaceted experience that affects one's emotions, body and life. This is due to the many facets of life involved in the loss of a spouse.

The grief experience affects people as a mixture of raw and conflicting feelings, and is an exhausting physical experience. It is the experience that overwhelms the ordinary human adaptations to life (Higgins & Glacken, 2009). Daily life is affected at all levels, for example, getting ready for bed, waking up in the morning, discussing the children, planning the future, and other related issues. The emotional pain involves missing the deceased, sleeping in a half-empty bed, craving the scent of the deceased's body, longing for his embrace, and so on. The widow might also wonder what life could have been like had her husband

survived. Additional emotions include a sense of insecurity, fears of abandonment, and enormous vulnerability. Life is thrown out of balance, forcing adjustments with uncertainties. The bereaved are often confronted with the possibility of their own death – something most people would rather not think about (Carr et al., 2001).

The feelings that accompany the grief experience include feeling some degree of disorientation, and feeling devastated as the experience represents not only the departure of a partner, a friend and a breadwinner, but also a radical change in a woman's social status and lifestyle. These changes are dealt with as cognitive responses to grief, mourning and bereavement, such as questioning and trying to make sense of the loss, and attempting to keep the deceased present (Higgins & Glacken, 2009).

The social nature of human beings means that people spend remarkably long periods of their lives growing, living in and being supported by their social environment. This environment moulds its members from early childhood to integrate life and death events into their human experiences. The social nature of human beings also relates to the forces that draw people to each other. These forces are deeply entwined in culture and the experience of falling in love, and longing for each other's love. As such, Ong et al. (2004) and Zautra et al. (2002) view mourning as the socially prescribed way of going through the grief emotion. Mourning can thus be viewed and interpreted as imposed by society to be expressed in diverse ritual forms to reinforce the identity of society and strengthen its bonds. These bonds make people depend on each other, and occupy special places in each other's heart, becoming part of each other. Given these deeply rooted feelings, mourning encourages people to help and protect each other, as and when needed.



When a husband suffers from a terminal illness and dies, as is the case in this study, the Participants' security of daily existence is affected. The intensity and persistence of the pain associated with the loss can then be thought to occur as a result of the emotional detachment of the wife from her husband, despite the difference in each couples' strength of attachment (Holmes & Rahe, 1967). The relationship ends, although the relational bonds arising from the attachment persist. However, for people to appreciate these positive feelings, to be fully human they also need to experience the negative feelings that accompany bereavement (Van Praagh, 2000). Although the death of a spouse ends the relationship, it does not end all relational bonds because the sense of being that is connected to the late husband persists. At times, a widow may experience a sense of having been abandoned as she still continues in a relationship with an absent partner (Holmes & Rahe, 1967).

Functional bereavement should therefore not be seen as an illness or condition from which we must recover, or even an intellectual process; rather, it is a life event and a human process of feelings and physical conditions. Putting it differently, bereavement should be viewed constructively as an experience that evokes negative feelings that are just as relevant and important as positive feelings (Van Praagh, 2000).

1.3 BACKGROUND TO THE DEVELOPMENT OF THE BLACK URBAN SOUTH AFRICAN TRANSITIONAL SOCIETY

In this section, two aspects of Black urban societies are discussed. These provide a background to the changes in the Black urban South African community under study, and explain how the changes came about. The first part of this section examines the Black urban South African community before 1994, and the second part considers community life after 1994.

1.3.1 Black urban South African communities before 1994

In the heyday of apartheid, Black communities in urban areas were only allowed to live in the townships developed for this purpose and to rent the houses that belonged to municipalities. They could thus not own property. A socialist culture of equality was created, where the community belonged to the same social class (Donaldson, 1996b). This engendered a feeling of collectiveness with a communal element of being there for each other. A culture of “ubuntu”, namely, essence of humanity, could have been strengthened by this context, forming the core of what Black South African culture is today. In traditional African culture, the community comes first whereas in Western culture, it is the individual who is important (Donaldson, 1996b; Mojapelo-Batka, 2005).

Furthermore, in the townships, houses were allocated on the basis of tribe (defined as a particular language group). For example, in the community in which I grew up, the Zulu-speaking people of the community was separated from the Sotho-speaking people, and the two sections were referred to as the Zulu section and the Sotho section. I experienced this as creating a sense of boundary between “us and them” in the same community. Members developed common interests that were expressed collectively, dividing communities into impermeable sub-communities (Bahr, Jurgens & Donaldson, 2005; Donaldson & Van der Merwe, 1998).

Division along tribal lines had its own advantages and disadvantages. Just as much as it created an idea of shared tribal affinity and a sense of belonging based on a belief system of collective ancestry and a notion of distinctiveness, it also created social competition with great violence and viciousness between the tribes. This division was based on common language, history and physically bounded territories where Zulu-speaking residents would feel unsafe in Sotho sections and vice versa. This phenomenon extended to ethnically differentiated

schools and universities, which in turn, discouraged intertribal marriages. If a woman married into a different tribe, she was bound to experience problems with her in-laws and the community (Donaldson & Marais, 2002). Despite Donaldson and Marais' argument (2002), the spirit of ubuntu may still prevail in Black townships (Mbigi, 1997).

1.3.2 Black urban South African communities after 1994

During the demise of legislated apartheid, which culminated in the 1994 elections, heterogeneous communities gradually developed. With actions such as the abolition of the Immorality Act, Influx Control Act and Group Areas Act a few years before the democratic elections, the nation as a whole became permeable. With this, some members of different communities found it easier to marry across the lines of race and tribe (Donaldson & Marais, 2002; Kotze & Donaldson, 1996).

After the abolishment of the Group Areas Act in South Africa, Bodibe (1993) notes that some members of township communities who could afford to move to historically White residential areas did so. These individuals soon realised that these residential areas had a different culture from theirs, making it difficult for them to perform some of their cultural rituals (Donaldson, Bahr & Jurgens, 2003; Donaldson & Van der Merwe, 1999). These rituals included the slaughtering of animals to appease their ancestors, which was perceived by their White neighbours as cruel to the animals and as a barbaric practice, and created conflict in those neighbourhoods. In some cases, Black people in previously White communities felt insulted, and White people felt that their neighbourhood standards were being lowered. Night vigils the night before the funeral also contravened with the laws of the local authorities in those areas (Donaldson & Marais, 2002; Kotze & Donaldson, 1998). However, in many areas, even in Black

townships, night vigils may be held for shorter periods rather than the whole night or until the morning hours of the day of the funeral.

Black people in historically White residential areas gradually changed the nature of their culture in different ways (Donaldson & Kotze, 1994). For example, the slaughtering of animals to appease their ancestors as it is practised in traditional African culture could only take place at abattoirs instead of their homes, losing the essence of the flowing of blood in the yard of the deceased. The singing and preaching at the night vigils was stopped as it was regarded as disturbing public peace. These reflect the changes in traditional Black culture and its changing practice in transitional societies. Although some practices were retained, individual families as opposed to the community determined those changes. The deep psychological functions of the rituals, which formed the essence of dealing effectively with bereavement in African societies, were then partly or entirely lost to the generation that followed (Donaldson, 2001a).

Another change was that the new Constitution entrenched gender equality. Women experienced greater freedom to move into the labour market. The traditional nature of couples' relationships changed, where some wives now played provider roles, with common legal codes and equality. Prior to 1994, women could not rent a municipality house without a husband but after 1994, they were given social and political rights of ownership (Marais & Donaldson, 2002).

Black urban township communities also experienced changes; social interaction and marriage now became based on shared beliefs, values and norms to a greater extent. These shared values included a set of interrelated roles and socio-economic status as opposed to ethnicity only, as in the past. This broke down barriers between tribal and racial categories, which enabled further

transition of cultural barriers. Cross-cultural cooperation and understanding, including respect and tolerance for other cultures, rapidly developed (Donaldson & Van der Merwe, 2000). Although the members of the new South African society maintained loyalty to and identification with their individual culture, they were also assimilating into the greater community: one that was urban and Westernised (Donaldson, 2001b). The strong relationship between one's identity and self, which is tied to culture, is explored further in chapter 2.

1.4 JUSTIFICATION FOR THE STUDY

Although grief, mourning and bereavement are generally regarded to be amongst the most stressful events in adulthood, health professionals and society as a whole still know relatively little about its influences on life in the urban South African context that is characterised by rapid transition. Research done on bereavement of widows in South Africa so far has focused almost exclusively on widows in rural traditional communities who function in a different context to that of widows in transitional communities.

For example, Demmer (2006) conducted an exploratory study on professional caregivers in rural Kwazulu-Natal focusing on AIDS-related loss and grief. Demmer (2007) also focused on bereavement with regard to HIV/AIDS related loss among the rural poor in South Africa. Other studies include those of Brysiewicz (2008) about the lived experience of losing a loved one to a sudden death in rural KwaZulu-Natal, and Manyedi, Koen and Greeff (2003) who focused on experiences of widowhood and beliefs about the mourning process of the Batswana people. Ngubane (2004) studied traditional burial practices of Zulu people in South Africa. Rautenbach (2002) developed guidelines for social workers in ethnic sensitive mourning counselling for Xhosa speaking persons, and Selepe and Edwards (2008) studied grief counselling in African indigenous churches in Venda.

All these studies were conducted in rural areas in South Africa where bereavement practices tend to be traditional. Only one study by Rosenblatt and Nkosi (2007) could be found that examined differences in bereavement experiences between Zulu-speaking widows living in a Zulu homeland in rural Kwazulu-Natal, and those living in urban Soweto. The widows' experiences in rural communities were generally that their language, culture and social practices are maintained in a more traditional form than is true for Zulus living in urban areas. It is evident that there is a paucity of research that sheds light on the developing culture of bereavement in transitional societies in South Africa today. As such, this study hopes to contribute to the body of knowledge of the challenges that grieving widows in transitional societies face in an environment that is often different from the one they were brought up in.

Through my own involvement and observations in Black urban societies in South Africa, it has become evident to me that the plight of widows often remains invisible in daily life and to people around them, although it is always there, hidden just beneath the surface. Anecdotal evidence from widows that have been clients in my clinical practice suggests that transitional societies may consider bereavement to be an inconvenience due to its demands even though, as human beings, we still need others' acknowledgement of our pain and sorrow. For example, a widowed nurse has to wear her uniform to work even though her in-laws expect her to wear black clothes. Cultural norms also require her to be home before sunset, which may not be accommodated by her working hours. These highlight some dilemmas faced by families and widows in transitional societies. One may then wonder what happens to the rituals that have determined bereavement practices in the past, for example, are traditional rituals adapted to accommodate the practicalities of societal demands, and if so, does this lead to the extinction of significant cultural practices?

People's tendency to feel uncomfortable with ambivalence is another factor that motivated this study. Feelings of ambivalence are problematic during the grieving process because the widow often experiences conflicting feelings which, based on my experience and perception, are functional in helping the widow go through the process bereavement with greater comfort. It is common, for example, to experience resentment and guilt towards the deceased but because it is not socially expected and accepted, a woman may not share those feelings with people around her. Bereavement should be seen as an important part of one's journey through life, and emotional honesty is important in fully resolving this process. Conflicting feelings are functional in helping people to acknowledge their bereavement and to accommodate their sorrow. From a psychological perspective, unexpressed pain does not dissolve by itself. An inability to express the feelings associated with bereavement can lead to pathology (dysfunctional bereavement), such as possible emotional and physical problems, inhibiting functional grieving and mourning, leading to prolonged bereavement and possibly depression.

Depression and bereavement require different treatments although their clinical symptoms often overlap. This overlap tends to lead to misdiagnosis by medical practitioners in private practice. Medical practitioners tend to overlook bereavement when it is presented, diagnosing it rather as depression and treating it accordingly with medication (Ayers, Baum & McManus, 2007). The health professionals' misdiagnosis of bereavement provided a further motivation for this study, as about 80% of the cases I have seen in my practice were referred by medical practitioners only after a long period of unsuccessful drug therapy. Bereavement is sometimes diagnosed as depression because individuals may present with symptoms of severe headaches, sleeplessness, lack of appetite and forgetfulness, which are characteristic of depression as well as grief, mourning and bereavement. Social factors associated with loss that may contribute to symptoms include loneliness, reduced income, loss of status, and fear of the future alone. If a widow emphasises these factors to the exclusion

of the issue of her bereavement, medical practitioners' awareness of her situation would be limited to a consideration of her socio-economic situation and not her loss.

Functional bereavement concerns the widow's ability to achieve equilibrium by allowing new information in her schema of loss, with positive emotions acting as a motivating factor. Dysfunctional bereavement entails attributing loss to both intrapsychic and interpersonal processes that lead to negative feelings and failure to allow new information in the schema. A widow's inability to let new information into her existing schema, her rigidity, together with a lack of comprehension of the changes in society, its implications and impact are additional factors that motivated this study. The urban widows' dysfunctional bereavement might be attributed in part to the fact that bereavement is not as shared and public as it is in traditional societies. Selepe and Edwards (2008) assume that the reason behind this could be, amongst others, the lack of empathy and support for widows compared to what is available in traditional societies. Traditional societies seem to understand grief as a multi-layered phenomenon with emotional, physical, cognitive and behavioural effects, and seem more attuned to accompanying widows through the initial stage of shock and disbelief, allowing them a period of healing, and ultimately helping them to complete their mourning.

The literature discussed thus far and my own observations seem to indicate that in some cases traditional death rituals and practices have been modified due to the practical realities of transitional societies. This study hopes to contribute insight into and awareness of the challenges faced by the widows of this study and, as a result, sensitise people to their challenges.

Widowhood in other African countries is discussed in chapter 2 to provide a comparison between bereavement experiences in those communities and the society examined in this study, including how the latter society has transcended its cultural boundaries. In the following section, the rationale for focusing on women and the reason for choosing terminal illnesses as the mode of death is explained.

1.4.1 The rationale for focusing on women

Despite the urbanised nature of transitional societies, it seems that community members still respect important cultural values and mourning rites to some extent. This suggests that some cultural beliefs and practices surrounding widowhood ceremonies and rites have survived the transition in Black urban societies. Even though bereavement practices in traditional societies have a healing function, rituals tend to have more to do with exalting the position of the deceased (the husband) than allowing an outlet for the widow's grief (Mojapelo-Batka, 2005).

Emotional distress differs according to the different situations that widows find themselves in, and because of individual uniqueness. People may find themselves in the same situation with similar challenges, but will deal and cope with those challenges in different ways (Carr et al., 2001). For example, Ng (2008) views problem-focused coping strategies as attempts to modify the source of a problem, while emotion-focused coping strategies are efforts to reduce emotional distress. Frey (2000), Ninot et al. (2009) and Shu-Chuan, Chia-Hsiung, Hsueh-Chih and Thomas (2008), take it further when they observe that men tend to use more problem-focused coping and women are more likely to use emotion-focused coping. Brantley, O'Hea, Jones and Mehan (2004) and Ng (2008) explain the gender difference in coping strategies structurally within the context of the different demands that men and women often have. For example, men are

more likely to have control over solutions, which fits with problem-focused coping, while women are more likely to have fewer control opportunities, making emotion-focused coping more suitable.

However, Zivotofsky and Kolowsky (2004) found no gender differences in coping strategies, arguing that people of both sexes who occupy similar social roles tend to have similar coping strategies, suggesting that coping styles may be a product of sex-role stereotypes, including the exceptions that will always exist. For example, social roles corresponding to gender often change when people reach middle age, where men become more dependent and women more independent and assertive (Zivotofsky & Koslowsky, 2004). Ng (2008) took this idea further finding that the two coping styles sometimes work together and are useful for most stressful events, depending on the nature of the event. Her argument was based on the view that problem-solving coping is an attempt to do something constructive about the stressful and harming conditions, when emotion-focused coping is an effort to regulate emotions experienced because of the stressful event.

Widows and widowers in Black South African society tend to be treated differently where bereavement rituals are concerned. The performance of rituals is emphasised more for women than for men. This difference in treatment is due to patriarchy and gender relations, which define males as having authority over females and also as being superior to females (Guzana, 2000). This is reflected in a relative lack of taboos on a man's mourning of his wife. The mourning period is shorter for men than women (Mojapelo-Batka, 2005), and unlike women, men are considered to be free to remarry soon after they have buried their wife. Bereaved men are more likely to remarry and have greater freedom to socialise because their movements are not restricted by taboos (Magudu, 2004). Widowhood is also considered more traumatic for women than for men, which influences the way widows are viewed by society.

Other examples of gender inequality in bereavement rituals are plenty. For example, widows have to wear clothes that symbolise their widowhood and their respect for the deceased. Sexual activity amongst widows who are mourning the loss of their husbands is prohibited (Magudu, 2004). Social ostracism is also prevalent where a widow is not welcomed in a neighbour's house until the mourning period prescribed by her in-laws is over. This includes ritual seclusion where the widow is not supposed to be outside her house after sunset, and the general isolation that takes place for a certain period in the community, and other related issues (Magudu, 2004). Anecdotal evidence from my clients suggests that the duration of widowhood rites differs from family to family in transitional societies due to, amongst others, the cause of death, specific common beliefs of each family, and the age of the widow at the time of her husband's death. For example, in some families in transitional societies, based on my experience in my practice as a clinician, if the widow was not coping well during her husband's illness, was sick, or had just lost her loved one, her in-laws may decide that she should not wear clothes that signify her widowhood.

The restrictions dictated by tradition and cultures seem to put far greater restrictions on widows than widowers. As a result, more information could be gathered from widows to shed light into their individual experiences of bereavement than widowers, and for this reason women were selected to participate in this study.

Another motivating factor for the choice of women is based on my experience in my clinical practice, where I found widows to be more emotionally expressive than men, probably as a result of socialisation, and maybe because I am a woman my clients felt freer to express their feelings and share their experiences with me. Also in my experience in my clinical practice, widowers tend to be less expressive and guard against being tearful. Those who become tearful will often be embarrassed by it, because they are expected to look tough and never to cry

in public. As a result, it was easier to recruit widows who were willing to participate in the study than it was to involve widowers.

Another observation from my practice was that a sizeable number of widows (about 80%) reported to me that their in-laws blamed them for the deaths of their husbands with the objective of gaining financially from their deaths. For example, in-laws tended to suspect widows of having extra-marital affairs and that as sole heirs to the family home and payouts of insurance policies, widows and their boyfriends (assuming that the widows had extramarital relationships) had played a role in the deaths of their husbands. This deprived them of the opportunity to grieve the loss of their husbands and instead forced them to focus on the conflict with their in-laws. This blame, accompanied by feelings of guilt, anger and hurt, often lead to increased vulnerability. The widows I consulted with often felt unsupported and bitter, which delayed the bereavement process and promoted dysfunctional bereavement. For example, the widows' in-laws would not be supportive to the widow during her husband's illness, and would not help in caring for him. Some widows were blamed for not having cared enough for their husbands and the in-laws therefore considered her to have caused the death of their brother or son.

My clients tend to attribute the motivation for the conflict to greed, where the in-laws' interest is the wealth left behind by the deceased. They expect the widow to share with them everything she would inherit after her husband's death. Some in-laws may even demand all the couple's assets, assuming that what the couple accumulated belongs to the deceased and not to her. In my practice I have observed that if widows succeed in asserting themselves and ensuring that things are done according to their wishes and those of the deceased, this gives comfort to the widow, and allows her to grieve in her own preferred ways.

1.4.2 The rationale for focusing on terminal illnesses

As early as 1972, Parkes advocated that, to a certain extent, the mode of death, together with other factors, plays a role in whether one's bereavement is functional or dysfunctional. In this study, terminal illness was chosen as the mode of death of the husbands for various reasons.

Terminal illness as the mode of death was chosen as I anticipated that it would shed more light on the bereavement experience than other modes of death, as it also includes anticipatory bereavement. An exploration of terminal illness as a mode of death may also shed light on the multifaceted nature of the illness, the couples' belief systems and the in-laws' interpretation of the illness.

Transitional society, by its nature, goes through a paradigm shift during change. This causes discomfort to those who were brought up in a traditional manner. It is common practice that women in these societies play the dual role of providers and homemakers. This can create conflict and tension between the partners because the role of provider is traditionally reserved for males (Shope, 2006). The nature of the couples' relationship affects how the couple deals with the challenge of the anticipated death after diagnosis. The nature of the relationship may also determine factors like the widows' attitudes to caring for their dying husbands, how the couples deal with the anticipation of death during the period following diagnosis, and the process of acceptance or non-acceptance of the illness by both husbands and wives (Bonanno & Field, 2001; Colfman, Bonanno & Rafaeli, 2006). The impact of these factors on the widows' bereavement process was therefore considered in the choice of bereavement following terminal illness as a condition of participation in this study.

1.5 THE AIM AND OBJECTIVES OF THE STUDY

The overall aim of the study is to answer the research question: *How do Black urban widows in transitional South African societies, whose husbands have died of terminal illnesses, experience, process information about and cope with bereavement?*

As mentioned earlier, there is a lack of literature about Black widows' bereavement processes in transitional South African societies. The current study was thus exploratory as it is inductive and deals with uncertainty and ambiguity, with constant interplay with the data and deep involvement with the research context (Demmer, 2006).

The study explores widows' experiences of anticipating their husbands' deaths, the actual death and how they responded to it, support structures available and how they dealt with the lack of support, how the in-laws behaved towards the widows, and how they coped with all these issues. The research question is answered by describing, amongst others, how Black urban widows cope with bereavement in a transitional society. The study includes women whose husbands died of terminal illnesses to allow the focus on coping with anticipated and actual loss. Coping is explored from a cognitive theoretical perspective. Cognitive theory, according to Fritscher (2009), attempts to explain human behaviour by understanding the thought process and it assumes that humans are logical beings that make choices that make the most sense to them. Sternberg (1999) elaborated on this by viewing cognitive theory as a process through which people perceive, learn, remember and think about information in their environment. In the process, the thoughts determine one's emotions and behaviour.

An additional objective is to describe the changes that are taking place in traditional African beliefs and values related to bereavement in the context of transitional, Western-influenced beliefs, values and ways of living. Finally, I wish to describe how widows experience bereavement in a transitional society.

1.6 CONTRIBUTION OF THE RESEARCH TO THE ADVANCEMENT OF KNOWLEDGE

As far as can be determined, grief, bereavement and mourning have not been comprehensively studied amongst Black urban widows in South Africa. This study may shed light on how these phenomena present and how the Participants (widows) experienced and coped with them. It may shed light on Black South African ways of dealing with bereavement, especially now that these ways are changing. It is hoped that the study will clarify how people move between these two worlds (traditional and transitional), and also help to create understanding of changes in these experiences, their impact and how they are dealt with cognitively.

The dynamics of widows in urban transitional societies can be expected to be different from rural societies (Rosenblatt & Nkosi, 2007). It includes the challenges of coping in those areas where important scripts may not be followed anymore.

A further contribution may be to improve health professionals' understanding and awareness of this often hidden condition, which may help them in understanding the nature of bereavement in a specific context. Through this study, a systematic bereavement model will be developed and presented to help demystify bereavement. The model could be built into the therapeutic programmes that

relate to grief, mourning and bereavement, and in the process, contribute to our knowledge about factors that affect coping with loss.

It is hoped that the findings will increase people's understanding of bereavement in general and therefore promote its acceptance as a normal and an inevitable part of life. Although grief, mourning and bereavement are generally regarded to be the most stressful events in adulthood, we still know relatively little about the influence of grief on life even though there is much literature about death and loss. This may be because people often feel uncomfortable talking about death and therefore lack knowledge about the process of bereavement. As a result, when a family is confronted by a meaningful loss, confusion is intensified. It is this avoidance of talking about death that leads to the lack of knowledge about it and, in the process, increases fear, feelings of despair, hopelessness and helplessness when one is faced with a major loss in her life. Also, when the intense and powerful emotions of bereavement are heightened, they are made out to be inappropriate, and are often denied by societies in transition. This denial of mourning is damaging as it blocks feelings that may eventually surface later in our lives, with possible serious psychological and physical problems (Parkes, 1972).

Increasing people's understanding of bereavement in general and therefore its acceptance as a normal and an inevitable part of life, could contribute to a reduction of fear and anxiety of people's experience of loss. This may help them recognise the spectrum, types, degrees and different experiences of loss across people, time and place. When people develop a philosophical attitude to approaching life, they tend to recognise and normalise the common losses, and in the process, understand their responses to them. Their experience of loss may become less frightening and less overwhelming (Worden, 1996).

However, making friends with loss will not protect one from experiencing the myriad of often intense reactions that accompany loss. However, it may help people feel less overwhelmed by it when those experiences do occur. This may help people to view loss and the resulting bereavement as natural parts of life. It may also help people to understand loss to be a result of being deprived of one's loved one, and accept bereavement as a personal experience (Kubler-Ross & Kessler, 2005). In the process, this may hopefully encourage greater empathy amongst people in their experience of loss.

1.7 OVERVIEW OF THE STUDY

Chapter two explores the literature on bereavement and the transitions in society. The overall theoretical framework informing the study is cognitive psychology because it provides a framework for understanding how the widows process information about bereavement in a transitional society.

Chapter three deals with the methodology of the research that was conducted for this study. Interviews were conducted with ten widows and the data were analysed by means of thematic content analysis.

Chapter four presents the findings of the study. The sample that participated in the study is described and the themes and sub-themes that were generated during data analysis are discussed.

Chapter five contains the conclusions drawn from the study, and presents the model developed from the findings. It also includes a discussion of the implications of the findings, a critical review of the study and recommendations for future research.

1.8 CONCLUSION

This chapter provided a background on how traditional Black South African society is in the process of transcending its traditional way of life. It provides the context in which the Participants of this study function. The choice of focusing on women and the reasons for choosing terminal illnesses as the mode of death were justified. The motivation, aim and objectives of this study, together with its potential contribution to the body of knowledge, were addressed. A brief overview of the chapters concluded this chapter.

The following chapter focuses on the literature relevant to the topic. This forms a context according to which the research question may be addressed. In addition, the chosen theoretical framework, cognitive theory, is presented.