



CHAPTER 4

PRESENTATION OF THE FINDINGS

4.1 INTRODUCTION

As shown in the literature chapter the experience of the loss of a loved one depends on the perception and interpretation of the loss by those who experience it. The couple subsystem, as part of the family system within which it functions, was the focus of the analysis of data and presentation of the findings of this study.

The chapter starts with a description of the Participants based on their biographical background. Four themes were identified from the analysis and are presented with sub-themes and direct quotations from the interview transcripts in the sections that follow. The four themes that were identified are: the widows' experiences of stressors; personal characteristics; the Participants' challenges and how they dealt with them; and coping. These themes will give the reader a better understanding of the Participants' challenges regarding their husbands' conditions and what was to come (anticipatory bereavement). The chapter also describes how the widows experienced their bereavement and their different coping styles, both in the time prior to the bereavement and following their loss.

The following section describes the Participants of the study.

4.2 DESCRIPTION OF PARTICIPANTS

Ten Participants were interviewed for this study. The Participants are described in terms of the following biographical characteristics: age, level of education (Participants), level of education (husbands of the Participants), duration of marriage, diagnosis, duration of illness, mode of death, and duration of widowhood. The widows who participated in the study were all from Soweto in Johannesburg, and belonged to the widows' forum, which was established by one of the Participants (Participant one). Their ages ranged between 45 and 55 years. The level of education of the Participants and their husbands is included as a context to explore how education may have played a role in how the Participants experienced bereavement. All the Participants were married in the Western legal system.

Most of the Participants' husbands died of socially acceptable illnesses such as heart problems, cancer. Participant four's husband died of tuberculosis. Only one Participant (Participant nine) admitted that her husband died of an AIDS-related illness. It was not possible to recruit more Participants whose husbands had died of AIDS-related illnesses as people are reluctant to disclose their or their loved ones' HIV status. Table 4.1 below summarises the Participants' different contexts based on their developmental stages. The reasons for including the Participants' age, level of education and duration of marriage are that older Participants might have perceived their challenges differently from the younger ones; the couple's level of education could have affected the intensity of the challenges facing the couple; and the duration of the marriage could have had an impact on the anticipation of what was to come.

Table 4.1 Description of the Participants



Participant	Age (years)	Level of Education* (Participants)	Level of Education* (Husband)	Duration of Marriage (Years)	Diagnosis	Duration of Illness	Possible Mode of Death	Duration of Widowhood (Months)
1	Estimated 55	Tertiary education (nurse)	Tertiary education (teacher)	20	Cardiomyopic	14-18 years	Heart failure	18
2	50	Tertiary education (teacher)	High school level with no Matric	25	Cardiovascular disease	5 years	Heart failure	16
3	45	Primary education	Tertiary education (middle adulthood)	+20	Cardiovascular disease	Not mentioned	Heart failure	8
4	46	High school level with no Matric	High school level with no Matric	14	Tuberculosis	18 months	Tuberculosis	8
5	Not mentioned	Tertiary education (nurse)	High school level with no Matric	15	High blood pressure and diabetes	3 years	Heart failure	12
6	45	High school level with no Matric	High school level with no Matric	15	High blood pressure and diabetes	10 years	Heart failure	12
7	47	High school level with no Matric	High school level with no Matric	30	High blood pressure and diabetes	5 years	Heart failure	15
8	55	Tertiary education (nurse)	Tertiary education (Senior executive)	20	Tumour of the spine	2 months	Cancer	16
9	45	Primary education	Primary education	20	HIV/AIDS	2 months	AIDS-related illnesses	6
10	45	Primary education	High school level with no Matric	18	Cancer of the throat	1 month	Cancer	15

* Matric as an education level refers to the final year of formal schooling in the South African education system

4.3 THEMES

The table below provides a summary of the four themes and their sub-themes. This provides an overview of the analysis scheme prior to a reading of the detailed description of each theme. In the case of theme 1, sub-theme 1.1 three additional themes were evident (referred to as sub-sub-themes).

Table 4.2 Summary of themes and sub-themes

Themes	Sub-themes	Sub-sub-themes
1. Personal characteristics	1.1 The nature of the couples' relationships before and during the illness 1.2 The couples' knowledge and understanding of the illness 1.3 The different roles played by the Participants and their husbands 1.4 Strengths and vulnerabilities	1.1.1 Patterns of communication and cooperation 1.1.2 Perceptions and attributions
2. The Participants' challenges and how they dealt with them	2.1 Past significant losses in the widows' lives 2.2 Stressors 2.3 Caring and treatment regimen of the dying husbands 2.4 The attitudes towards and responses to the illnesses and its ramifications	2.3.1 Non-compliance and other unique challenges
3. The Participants' experiences of stressors	3.1 Physical symptoms 3.2 The widows' response to the news of their husbands' deaths 3.3 Response of the widows' in-laws to the widows	

	3.4 Emotions experienced	
4. Coping	4.1 The couples' resources 4.2 The Participants' approaches to their challenges 4.3 The Participants' coping styles 4.4 Participation in African death rituals	

Direct quotations from the interviews are included to illustrate the researcher's interpretation while attempting to keep a balance between the quotes and the text (Kvale, 1996).

4.3.1 Theme 1: Personal characteristics

A description of the personal characteristics of the Participants and their husbands is based on the nature of the couples' relationships before and during the illness. The relationships are based on the couples' patterns of communication; perceptions and attributions; and strengths and vulnerabilities. The Participants' previous losses of significant others are also presented.

4.3.1.1 Sub-theme 1: The nature of the couples' relationships before and during the illness

In this theme, the couples' patterns of communication and cooperation, perceptions and attributions, and strengths and vulnerabilities are presented to promote a clear understanding of the nature of the Participants' relationships before and during the illness.

4.3.1.1.1 Patterns of communication and cooperation

Some couples seemed to have had open and healthy patterns of communication. There were, however, differences amongst some of the couples. Those couples with healthy patterns of communication were open, clear and direct with each other, encouraging cooperation. This was evident with Participant couples one, two, six, nine and ten.

Participant couple one, for instance, prayed together, and was also able to talk about the anticipated death. As the widow said, “Even when he was about to pass on we were able to talk about his death. He would tell me that he realised that he had reached the end of the road.” Participant two experienced her relationship with her husband as open as, according to her, they realised that they only had each other and, as a result, appreciated each other. According to Participant two, “We were very close.” Also, “He used to tell me at the hospital that our late son always talked to him, and promised to come and fetch him.”

Participant six’s dying husband would communicate his wishes to the Participant, expressing a wish that when he passes away he would like her to put on black clothes. Participant nine’s dying husband would also share his wishes with the Participant, and she reports, “He asked me to sell it (his flock) all after his death, and move from the Eastern Cape where we had a house with the children to the Vaal area because he did not trust his family of origin and would not be there to protect us.” He felt that his wife and children needed protection from his family’s potential claims on his assets.

Participant ten appreciated the close relationship with her husband that was characterised by respect. She related how, when they disagreed, he would try to show her his point of view with respect. However, when he went to the hospital

for the last time, he asked their elderly neighbours to look after the Participant and his children, but did not communicate this to her.

Participants four, three and seven couples' patterns of communication came across as indirect, which unfortunately created misunderstandings at times. For example, Participant four failed to understand her husband when he told her sister and not her that he was going back home where he came from, meaning that he was going to die. Participant seven's dying husband once told the Participant that on the day he dies, he did not want to bother anyone, and would just go into a deep sleep. The widow did not seem to comprehend what her husband was communicating.

Participant three also did not comprehend the message behind her husband's comment about the short week ahead. Regarding that he said to her, "On Monday when I was about to go to work, he said to me that it was surprising how short life can be, especially the coming week because he had to go. I left like that, and round about two o'clock that day I got a call that he was admitted to hospital, but I did not believe it. He passed away the next day."

Couple five had a partially open pattern of communication. According to Participant five, her husband was scared of death because every time she suggested that they should draft a will, he would refuse, and walk away. At times he would share his wishes with the Participant, asking her that if he died before her she should erect the tombstone on the day of the funeral.

Participant couple eight used sensitivity as a way of avoiding to share their feelings about the anticipated death, which the dying husband was aware of as his doctor had confirmed it. That was evident when he was given a weekend pass from the hospital to be with his family for the last time, and did not

communicate the reasons behind his visit, which was the last before his death. According to Participant eight, “All that he said was that he would be given weekends home until he got better and discharged.” Also, “On our way home, we stopped at a petrol station, and I started crying. He was not sure what was wrong with me and I explained it by telling him that I was crying because my sister was also sick and I could not take it any longer.” There were, however, wishes that were shared, probably before the illness took hold of their lives. For example, he shared a number of wishes where he stated that he did not want her to put on black clothes, did not want the furniture in his house to be moved around when he had passed on, and did not want the windows of his house to be ashed and made dirty.

There was a difference between Participant couples two and eight regarding sensitivity. Participant couple two used sensitivity to save each other the pain and panic of the anticipated death. The Participant said the following: “I would sometimes ask him where the problem was and he would just tell me that it’s not that bad but I could tell that he was suffering. He didn’t want to worry me. Instead, he would joke about his illness.”

Couple nine’s pattern of communication was complicated by the conflict between them as a couple and between them and the husband’s family of origin. The couple did not see each other for four years, during which the husband did not return home for the summer holidays as he had previously used to. They were, however, open in their communication, probably because the widow was aware that they did not have much time together.

4.3.1.1.2 Perceptions and attributions

The Participants had different perceptions and attributions about their husbands' anticipated deaths. When Participant three's husband did not involve her in his illness, she attributed that to his usual way of distancing himself from her. She perceived him as not part of the family. As a result, she said that she found it difficult to be there for him when he needed her but, according to her, she had no choice.

Participant four perceived her environment as supportive, attributing that to the good relationship the couple had with people in their surrounding environment. She illustrated this by saying, "Those (the relatives that helped her with the burial of her husband) were the people who lived with us and knew Pat for his goodness. They bought him the coffin."

Participant one attributed her lack of support from her in-laws to the misinterpretation of her situation and long-standing conflicts between her and them. She said, "...they just thought that I have money and I'm working. Nobody helped me with that shop except my children and other children that I brought up."

Participant two may have attributed the struggle to deal with her husband's death to the repeated sense of abandonment she experienced in her life when she lost males she was close to. This included the loss of her father at an early age, her son, and subsequently also her husband.

Participant five perceived her sister-in-law's negative behaviour towards her as spite, letting her brother drink as much as he did without eating any food.

Participant six perceived her in-laws as discriminating against her husband as,

according to her, “When I joined my husband at his mother’s house, I came to realise that he alone had been providing for his mother and brother’s family, when both the brother and his wife were employed. Despite all of that, they would not give him food.” As a result, she perceived herself as being the only person her husband could rely on.

Participant seven attributed the deterioration of her dying husband’s condition to his stubbornness and irresponsibility, perceiving it as his way of wanting to stay away from work. Participant eight attributed her challenges of not dealing effectively with the death of her husband to the fact that she stayed home after his death for too long, with his memories around her. As a result, she decided to go back to work to avoid those memories. For example, “Mind you, I stayed home for six weeks. I really wanted to go back to work because at home I used to struggle because I would smell my husband’s body smell and all the things that would be reminding me that he is no more.”

Participant nine perceived some of the people around her to be dishonest. This was illustrated by her saying, “I even thought that maybe they also saw me as infected with HIV but could not ask me.” She attributed this to the perception that people in her social environment believed whatever her mother in-law was telling them. She also attributed her sister in-law’s behaviour to her belief in witchcraft. Participant ten perceived her in-laws as unsupportive and as a result, did not expect much support from them.

4.3.1.2 Sub-theme 2: The couples’ knowledge and understanding of the illness

The Participants’ knowledge and understanding of their husbands’ illnesses is explored in this sub-theme to determine how they interpreted their dying husbands’ conditions, what it meant to them, and how they dealt with it.

Participants one, two, five and eight had tertiary education, Participants one, five and eight were professional nurses, and Participant two was a teacher.

The nurses tended to talk in medical terms when they explained their husbands' conditions, reflecting their level of knowledge and understanding of the illnesses. Participant one, for example, knew and understood her husband's condition to be cardio-myopic, explaining it as the enlargement of the heart. Participant five talked about seeing concentrated glucose in the toilet bowl, which she knew and understood to be a bad sign of her husband's high insulin level. Participant eight knew and understood her husband's condition as cancer where the primary lesion was the lung. He also had a kind of pneumonia that she found unusual because, according to her, that kind of pneumonia is only found in birds. Participant eight further showed her knowledge and understanding of her husband's condition by saying, "What scared me was the location of the tumour."

Although Participant six did not have any tertiary education, she knew and understood her husband's condition to a certain extent, as she attributed the cause of her husband's condition to heredity. She showed her need to know and understand by saying, "He would have gout but when he went to the doctors he would be told that it was not that. As a result, we concluded that he inherited his illness from his mother because she had the same problem."

While some Participants knew of their husbands' conditions, they did not always understand them. Some of the Participants understood that their husband's lifestyles contributed to the condition, while some were neither familiar with nor understood their husbands' conditions. Participant three knew about her husband's condition but did not understand its implications. According to her, she only knew that her husband had a heart problem, and although he was in and out of hospital, he continued working. Participant seven understood the appropriate

diet for her husband's condition although it was unclear if she understood the reasons for this, as she made no mention of his diagnosis. All that she knew was that her husband was in pain and would vomit. His legs would swell and he would not be able to urinate properly.

Although Participant ten came to know about her husband's condition towards the end of his life, she did not seem to understand it. Regarding her husband's condition she said, "He went to consult with a general practitioner because he could not swallow and had to drink water to help the food go down his throat." Participant four had no understanding and no knowledge of her husband's condition as she said, "When he first got sick, we were told that he was suffering from tuberculosis. He did get better and started getting sick again. I don't know why because he lacked appetite and complained about his aching body. We ended up not knowing because he also complained about chest pains."

4.3.1.3 Sub-theme 3: The different roles played by the Participants and their husbands individually

After the death of her husband, Participant four became the provider for her children, selling clothes to make a living. She said, "I am now selling stuff to make money for my children and not the house that should have been paid off." Participant ten's husband was retrenched prior to his illness. After the death of her husband, her roles included being the sole provider and caregiver for her mentally disabled children.

The husbands of Participants six, seven, eight and nine were still employed at the time of their death, and as such, were providers for their families until their death. However, the husbands of Participants six and seven wanted to retire because of ill health. Participant six illustrated her husband's reluctance to continue working by saying, "Despite all of that, he was still able to go to work

even though he then wanted to retire because of ill health.” After the death of her husband, her roles included providing for her children, and continuing to be there for them. After the death of Participant seven’s husband, her role was to provide for herself, as her two daughters were already financially independent. As Participants one, two, three, five, seven and eight were employed; they spent most of their time away from home and their sick husbands.

For a short time before their death, the husbands of Participants eight and nine were on sick leave. Before they died, the couples’ roles remained the same. Participant eight continued working and looking after her daughters as her husband provided financially for the family. After his death, she became the sole provider of her one child as the other daughter was already married by then. Participant couple nine’s roles also remained the same, where the Participant looked after the well being of the family, and her husband provided financially for the family. After the death of her husband, she did not have to assume economic responsibility for her children because her late husband had provided for them after his death, which was also the case with Participant eight.

The husbands of Participants one, two, four, five and ten were unemployed when they died. Participant three’s role did not change as she had always been the sole provider for her children, while her husband had cared only for himself.

In summary, those Participants who were employed, and those whose husbands were on sick leave at the time of their deaths, did not experience as much change in providing for their families as their husbands had made provision for them after their death.

4.3.1.4 Sub-theme 4: Strengths and vulnerabilities

There were a number of couples whose strengths were based on team spirit between them as partners. The couples' strengths were shown in different ways. Participant couple one's strength was the awareness and understanding of the dying husband's condition and, as a result, his anticipated death. Regarding this, Participant one said, "One day at home we started talking about his death and he expressed his wishes." However, no vulnerabilities were shared with the researcher.

Participant couple two's strength was the close relationship they had, relying on each other for support and as a result, working together as a team. Their vulnerability was the loss of their son two years before the dying husband passed away. In this situation, the husband became sick before the son, and the wife expected to lose her husband first, and not her son (see section 4.3.1.2).

Participant couple four's strength was their interdependent relationship: the widow was dependent on her husband financially as she was unemployed and her husband depended on her emotionally as he had a distant relationship with his family. Participant couple five's strength was that while the dying husband was unemployed, the Participant was employed and so they could manage financially. Their vulnerability was the dying husband's failure to deal with his sister's interference in the couple's relationship.

Participant couple six's strength was that the dying husband was still employed with a long service record with his employer. As a result, he received moral support from his employer and so the family not experience financial problems. The couple's two main vulnerabilities were the inability of the Participant's husband to open up to her, and his non-compliance with his treatment regimen.

Participant couple seven's strength was that the dying husband remained employed (she was unemployed), and that their two grown daughters were living independently on not reliant on them for support. However, this last strength also became the Participant's vulnerability, as she found herself alone at home before and after her husband's death, and felt unsafe. The couple's other vulnerability was the husband's refusal to comply with his treatment regimen.

The strengths of Participant couple eight and ten was the fact that their husbands were diagnosed at a late stage of their illnesses and the Participants did not have to go through the difficult process of caring for the dying husband as much as the other widows interviewed. However, this may also have been the couple's vulnerability as they did not experience anticipatory bereavement and the couple did not get an opportunity to come to terms with the husband's anticipated death. Participant couple ten's strength was their close relationship, but vulnerability was the fact that they were sick at the same time.

Participant couple nine's strength was the realisation of the short time they had left before the death of the husband. Her husband got an opportunity to share with her his wish that she and the children could move as far away from his family as possible. Their vulnerability was the fact that as a couple, they had lived apart all of their married life: in the twenty years that they had been married, the husband only came home for the Christmas holidays. The couple's other vulnerability was the widow's in-law's interference, which prevented her from caring for her sick husband.

In Participant couple three's situation, the death of the husband did not seem to make a great financial impact on the widow, as she had always provided for the family. This could have functioned both as strength and vulnerability, as it left the widow financially secure, but feeling bitter and angry with the deceased.

In conclusion, common vulnerabilities were lack of financial security, non-compliance with medical treatment and interference by the widows' in-laws. Common strengths were the open nature of some of the couples' relationships and the Participants' financial independence. In situations where the husbands were diagnosed late in their illness, the couples did not experience the challenges of nursing as much as those whose illnesses were diagnosed early; however, this meant that they also did not experience anticipatory bereavement.

The next section focuses on how the Participants dealt with their challenges.

4.3.2 Theme 2: The Participants' challenges and how they dealt with them

4.3.2.1 Sub-theme 1: Past significant losses in the widows' lives

Participants one, three, five, seven, eight and ten were already married and not staying with their families of origin when their parents passed away. It was not clear if Participant four lost her father before or after her marriage. Participant two lost both her parents at an early age. According to her, "I lost my father at a very young age, and we were very close. I was still at primary school. My mother passed away when I was in Standard five (about age twelve)." She also lost a nephew and a son two years before the death of her husband. At the time of the interview, she was still struggling to deal with her son's death. There was no mention of any past significant losses by Participants six and nine.

4.3.2.2 Sub-theme 2: Stressors

The stressors physically affected the widows in more or less the same way. Some Participants did not report any physical experiences, which may have been because they were taking medication, which would target the symptoms. These

physical experiences are discussed in more detail in the section that follows. Particular stressors experienced by Participants included previous losses of significant others through death, conflict with in-laws, financial problems, providing emotional support to children and dealing with society's reaction to the husbands' deaths. Some of these stressors are described in depth in sub-themes of this theme as the data allowed a rich description of the Participants' experiences.

Having experienced the loss of significant others in the past became an additional stressor for Participants two and three when their husbands passed away. Participant two had lost a son two years before the loss of her husband. At the time of her husband's death, Participant three was still struggling with the loss of her father whose funeral she did not attend as her mother had divorced her father and they had not been told about his death. Hearing about the death of people she knew also affected Participant four. She said, "Hearing that somebody I know passed away, it really affects me." The impact of multiple losses on the Participants is explored in more detail in a later section.

The bad treatment that Participant four received from her in-laws after the death of her husband was another stressor. She illustrated this by referring to the in-law's fight over her husband's possessions, "furniture and all. In the first place, they wanted Pat to be buried in the Free State so that they could claim everything in his name, including the car." The widow was also bothered and stressed by what had been done to the body of her husband by male elders the morning of the funeral when she and female elders in the room were ordered out. In this regard she said, "What preparation I did not know, and could not ask because all those people were related to him and not me. If it were my relatives, I would have asked because I did not even understand why I, as his wife should also walk out. I was very unhappy with that. What was it, as his wife, I did not know about him? In fact, I should have been the one person who should have

been preparing him. Besides, what was to be prepared that I should not do myself?”

Participant five's main stressor was her sister in-law's negative attitude and behaviour towards her, at a time when they should have worked together to help her husband, with both of them being professional nurses. Participants five and seven were stressed by the fact that they had to follow rituals that they were not brought up with. Both these Participants were classified as Coloured by the Apartheid regime and, because of the separation of people during this time, they were not familiar with and did not understand their participation in African death rituals. Participant seven illustrated this by saying, “I do not believe in that.”

Participant four was stressed by the fact that she could not afford to bury her husband in the way she would have wanted to. Another stressor was her in-laws insistence that she wear black clothing, whether she liked it or not. This was confirmed when she said, “They were just being spiteful because even before the day of the funeral, they were busy saying that whether I like it or not I will put them on.”

Other stressors experienced by Participants varied. Participant three was stressed even before her husband's death by having to provide financially for the family, and feeling unsupported by her husband who she felt was not reciprocating her efforts in their marriage. She said, “Once he recovered he would forget that I exist. He only cared about his car and himself (clothes).” Participant six was stressed by the fact that she had to present a strong face for her children. Participant nine had to deal with the stigma of her husband's cause of death (HIV/AIDS), and the suspicion of people in her environment that she was infected and living with the disease. She said, for example, “They (the neighbours) never came when my husband was sick. I did not even know how to

respond to them. I did not appreciate their support. People know me to be infected.”

4.3.2.3 Sub-theme 3: Caring and treatment regimen of the dying husbands

In this study, all of the Participants' sick husbands received adequate medical care because they had access to it, which helped alleviate the problem of caring from the Participants. This also reflects the way of life in transitional societies as opposed to traditional societies where the widows would be expected to care for their dying husbands at home until their death.

The widows had different challenges when it came to caring for their dying husbands. Participants five and six mothered their dying husbands in their caring for them, defining their relationships as mother-son relationships instead of husband-wife relationships. For example, Participant five said, “However, my husband promised that he would never take alcohol again, because his liver was also getting affected.” This could have been a son apologising to his mother. This was also the case with Participant couple six, with the Participant reporting, “He had promised me that he would never ever drink again. When he got into the house, the first thing he said to me was that he could not stop drinking although he tried for weeks and stayed clean. He had even lost his spectacles.” The nature of her caring was reflected when she said, “I would always rub him, sometimes before he got out of bed, and sometimes before he went to bed.”

When Participant seven's husband did not comply with his treatment regimen, the widow gave up and let him continue with the lifestyle that was aggravating his condition. In this regard Participant seven said, “He was the kind of person who would not be persuaded when he had decided to do something.” As a result, she was used to taking him to hospital each time his condition deteriorated.

Although Participant five's husband was not cooperative at times, she was always supportive of him. For example, she related how her sick husband woke up one morning and they brushed their teeth, she poured him a soft drink, and they had breakfast.

Participant two related how her sick husband was admitted to hospital because he was struggling to breathe, and he later died there. She said, "He would usually struggle and would often ask us to take him to the hospital." Participant three, however, resented having to nurse her dying husband as, according to her, nursing him made her feel unappreciated and used. The care of the husbands of Participants eight and nine was totally taken over by the hospital as they were diagnosed towards the end of their lives. As a result, no opinion about their caring could be made.

In conclusion, it seems that the nature of the couples' relationships determined the kind of caring the dying husband received. For example, the closer the couples' relationships, the more caring the Participants were. The nature of the Participants' relationships with their husbands before the actual death also determined, to a certain extent, how the Participants would cope afterwards.

4.3.2.3.1 Non-compliance to the medical treatment and other unique challenges

Participant nine, whose husband died of an AIDS-related illness, had the additional challenge of dealing with the stigma of the illness. To illustrate her challenge she said, "You know the stigma associated with AIDS is unbelievable and hurting. You won't understand that until you experience it." Participant ten and her husband were both sick and had to take care of each other. According to her, "When my husband died, I was sick. He would take me to hospital when he himself was also sick."

Some Participants had to deal with the issue of their husbands' non-compliance with treatment, making it difficult for them as couples to function as teams. Regarding non-compliance Participant five said, "I then asked his sister to explain to me why, as a nurse, she could let a diabetic keep on taking alcohol without food." Participants six and seven also experienced a similar challenge. Participant six said, "He would talk about death when he was in a happy mood because he was smoking and took alcohol." Participant seven said, "I knew that his condition did not allow him to take alcohol but he insisted and I gave up on persuading him to live a healthy lifestyle." Participant three did not mention anything regarding her sick husband's compliance or non-compliance.

4.3.2.4 Sub-theme 4: The attitudes towards and responses to the illness and its ramifications

Due to the advanced nature of his illness, the physical deterioration of Participant one's husband might have shaped his considerate response to the Participant as she said, "Then the same night he suggested that it would be better for him to sleep in the room with a male family member because he felt that I should take time out and rest instead of taking him to the bathroom the whole night. I did not mind as long as it made him happy. He felt that he was bothering me."

The couple understood that he was reaching the end of his life and decided to discuss the practicalities thereof. For example, the wife helped him with his spiritual baptismal wishes, as, according to her, "he was desperate to be baptised". She also said, "It was on a Friday when he asked me to pray for him and I told him and reassured him that I always prayed for him. But I also told him to pray for himself. The two of us knelt down and he prayed and when he finished he said Amen."

Participant two's husband became physically weaker over time, although he could still function independently when his wife was away at work. This was illustrated when she said: "It was worse because I expected my husband to die first and not my son." The dying husband did not show any emotional strain.

Participant three had a negative attitude towards her husband and so experienced an ambivalent response to his illness and subsequent death. She reported that she cared for him with mixed feelings, and also missed him after his death.

Participant four's attitude was characterised by confusion. According to her, "When he first got sick, we were told that he was suffering from tuberculosis. He did get better and then started getting ill again. I don't know why because he lacked appetite and complained about his aching body. We ended up not knowing because he also complained about chest pains. He was in and out of hospital for eighteen months."

Participant five made sure that her husband kept to the lifestyle that was most suitable for his condition. Her husband, however, seemed to have been careless about his health, and complied only when the widow insisted. Despite her husband's carelessness, she said, "I also knew that my husband appreciated me". Her husband thanked her for what she did for him in his life when they left the house with his sister to go to the hospital.

When Participant six's husband seemed not to appreciate the implications of his lifestyle on his illness, such as being careless with his diet, the Participant would monitor her husband's health all the time, and was instantly aware of a change in him. She said, "His health was not of the best that day, I cleaned the house and asked him to sit down and watch me clean." She monitored his health to the

extent that she would take responsibility for his compliance with medication. For example, she stated that “He asked me for his tablets, and he sat up on the bed.” Her attitude was also confirmed by this quote, “Tuesday he went to work and later that day it started raining and I was worried that he would get wet and his condition would deteriorate.” Participant seven dealt with her husband’s non-compliance with both acceptance and understanding.

Participant couple eight responded to the illness with consideration for each other. The Participant illustrated this when she said, “Normally he would have insisted (that the widow should not fall asleep) but he did not and did what I was suggesting. He commented about how tired I should be and we must sleep, saying that he would sleep after I had fallen asleep. I immediately fell asleep because I was tired and had to wake up at night to test his insulin. He would wake up at night and want to go to the toilet and it would be then that I would test his insulin. It was cold and he would tuck me in when I thought he was asleep.”

Participant nine’s attitude and response to her dying husband’s condition was that of understanding; and at the same time she wanted them to focus on themselves as a couple as she was aware that they did not have much time left. According to her, “I told him because I believed that with a CD-4-count of seventeen, he did not have much time to live, and we must focus on us as a couple, my future with the children when he had gone, and what he expected me to do for him.” The dying husband needed forgiveness. The widow said, “We would talk and he would ask for forgiveness. How could I not forgive him?”

Participant ten couple was unaware of the seriousness of the dying husband’s condition as he was only diagnosed with a terminal illness a month before his death. According to the widow, “It was cancer. He was only sick for a month. You would not tell that he was sick. He was not aware of it himself.”

Compromise and peacekeeping was a theme in the narratives of Participants. Participant seven agreed to sit on the mattress with her mother-in-law even though she was against it, so as to avoid unnecessary conflicts. Participant three nursed her husband when he got sick as was expected of her by custom. Participant five agreed to drink the boiled water of herbs even though she did not believe in it. She said, “My sister brought me herbs to drink, telling me that people advised her that it was a way of cleansing me internally. She bought them at an Indian shop. I just drank. The taste was horrible. I do everything for peace sake.” Participant six illustrated her compromise by saying, “His two uncles from his father’s side prepared him. For peace sake I agreed to everything.” Participant one also illustrated compromise by saying, “...my grandfather’s daughter told me that I needed to drink herbs. She bought them, gave me instructions and I listened to her but after she left I threw them away.”

4.3.3 Theme 3: The Participants’ experiences of stressors

4.3.3.1 Sub-theme 1: Physical symptoms

Physical experiences reported by the Participants included headaches, sleeplessness or sleep disturbances, and lack of appetite. Participant one did not share any physical effects she experienced before or after her husband’s death. She dealt with her bereavement using cognitive strategies: “I did not tell myself that I’m diabetic and widowed, feeling pity for myself; I had the support structure and I participated actively in the community.”

At the time of the interviews, Participant two was still bothered by excruciating headaches that woke her up at night, and feeling down all the time. Participant three experienced terrible headaches and sleeplessness. She said, “I can’t deal with this terrible headache that wakes me up at night, and I struggle to fall asleep. I always fall asleep in the early hours of the morning.”

Participant four experienced sleep disturbances. She reported sitting up the whole night wide-awake with headaches, and being constantly preoccupied with thoughts of her late husband. Participant six could not fall asleep at night. According to her, she was only able to sleep well the first three months after her husband's death because she was emotionally tired from thinking about life without her husband the whole day. The fourth month after her husband's death happened to have the same dates and days, which affected her sleep and appetite. For example, she said: "I could not eat except soft porridge."

Participant seven missed her husband after his death, feeling lonely and often tearful. She said, "I experience sleeplessness, lack of appetite, social withdrawal, and prefer to be on my own. Sometimes I would not wake up and just be in bed the whole day." Also, "So far I still do not understand myself because some days I would be fine when other days I would be depressed. I only sleep well at my daughter's place but not at home. I never eat well, and suffer with continuous headaches."

Participant eight experienced chest pains, could not breathe, and had severe back pains. As a result, she was in and out of hospital. She was unsure of whether her condition was because of the loss of her husband or not, She feared that she would have a heart attack, and needed answers about whether she really had a medical condition or not. As a result, she would be hospitalised over and over again. Later she understood her physical experiences to be as a result of her husband's loss. According to her, "It then dawned on me that the problem was not the back pain, and I wasted so much time away from work." In explaining that she said, "I behaved like I was psychotic."



Participant ten also struggled to fall asleep, and was in need of psychological help. She would often worry about her deteriorating health, including arthritis. There was no mention of physical symptoms by Participants five and nine.

4.3.3.2 Sub-theme 2: The Participants' response to the news of their husbands' deaths

The Participants responded to the news of their husbands' deaths with similar pain. While some experienced numbness, others experienced shock, disbelief, and denial. This section explores their reactions in detail.

Participant one responded in a religious manner, thanking God for having given her the kind of husband that she had. Participants two, three, four and five responded to the news of their husbands' deaths with disbelief and confusion. In addition, Participant five experienced shock, bitterness, blame and anger. Participant six responded to the news of her husband's death by breaking down, blaming God for taking her husband, and her husband for leaving her. She was overwhelmed and confused by the news. Participant seven responded to the news of the death of her husband with confusion, numbness and helplessness. Participant eight responded to the news of her husband's death with disbelief, denial, confusion and crying. Participant nine responded to the news with numbness, anger and blame. Participant ten responded to the news by collapsing, suggesting that she felt overwhelmed.

4.3.3.3 Sub-theme 3: The response of the Participants' in-laws to the Participants

In this study, the support of the Participants' in-laws differed. Participant five's conflict with her sister in-law seemed to have been in existence for a long time. For example, this Participant interpreted her sister in-law's behaviour towards her

as fighting her, and using her husband as a weapon against her. The Participant's attitude towards her sister in-law was also negative, discouraging any kind of support from her and any attempts to work together as a team. To illustrate that she said, "I feel that his sister, because her mother left her with her house when she died, does not know what to do with her money and ends up spending it on liquor". The tension between them was reflected when the Participant's church leader asked the Participant's sister in-law and her relatives to leave the room when church members came to give their condolences. Also, the negative attitude they had towards each could have made it difficult for the dying husband, explaining why he decided to go and spend Christmas day with his sister without his wife to avoid unnecessary tensions.

Participant seven related how her relatives and her husband's siblings protected her from her mother in-law who wanted to move furniture around and manhandled her curtains. Participant three felt that her brother-in-law and his wife were never there for her before or after the death of her husband. She felt unsupported, as she had expected some reciprocation from them after she had supported them when their teenage child committed suicide. Her disappointment was illustrated when she said, "I thought, as a result, they would relate to what I was going through. I gave them all the support needed but when it came to me, the next time I saw them was a day before the funeral."

Participant nine knew that her husband was living with a woman who was very close to her mother in-law, and from the same area in which they lived. Because her mother in-law and his family had never approved of her, she believed that they had spread rumours that she had bewitched her husband. The fact that most of the interview revolved around her in-laws reflected the deep-seated hurt she felt about them. She also related how they convinced her son of 18 to turn against his parents and take the family's side in arguments. She said, "My son was so disrespectful towards his father and me. I could not believe it when he

argued with us.” Also, “I did not even want to talk to my son because he disappointed me, letting him be used by my in-laws as a weapon against me. He could not even protect his own father.”

Participant four experienced and interpreted her in-laws as spiteful and cruel when they forced her to wear the black clothes of a widow. Participant eight questioned her in-laws’ distance after the death of her husband, and felt suspicious about this. She said, “Before then, they were commenting that they need answers regarding my husband’s death. They were then suggesting that we must go to a witch doctor to know what really happened.”

When Participant ten was insulted by her in-laws, her mother advised her to keep quiet and not answer them but focus instead on the loss of her husband. She said, “My mother was also insulted. I was also accused of hiding my husband’s insurance payout, and I refused to slaughter an ox for my husband.” She was also accused of hiding her husband’s money for the burial, and they tried to evict her the house she had been living in with her husband. She said, “After my husband’s death I extended the house and that was when problems started, my husband’s nephews and nieces fighting with me and wanting my children and I out of the house.”

The relationship with the in-laws of Participants one and two did not have a great impact on them. Participant one arranged her husband’s funeral without her in-laws, as both she and her in-laws were aware of their strained relationship. As such, her in-laws kept their distance. Participant two had no conflict at all with her in-laws, probably because her husband came from a small family and found it easier to deal with a few people than the different opinions of a larger family.

4.3.3.4 Sub-theme 4: Emotions experienced

Participant one went through the anticipatory phase of her bereavement with some element of acceptance of what was to come. The Participant planned the funeral and burial with her husband. To illustrate this she said, “Rich and I had planned the whole funeral, even what I would wear on that day.”

Acceptance was evident in Participant one’s behaviour immediately after her husband passed away. This is what she said: “When the undertaker came to fetch the corpse I walked up to the door (behind the corpse). I just felt one of Rich’s aunts grabbing me roughly, saying I should not walk Rich out. I was too depressed to say much but just my look said it all.”

The sense of fulfilment and closeness the couples experienced prior to the death could have contributed to the widow’s feelings following their bereavement. For example, Participant ten expressed a sense fulfilment when she thought of how her husband had called the house every evening when he was alive to check if the family was safe. However, she faced different challenges from Participants one and two, such as a lack of financial support, raising mentally ill children, and unsupportive in-laws.

Participant couples four and eight shared feelings of anxiety and sadness during the period of anticipatory bereavement. Participant couple four experienced anxiety about the debt of the house that they could not afford, and Participant four felt sad about the lack of support from her in-laws when her dying husband was still alive. She said, “He (her husband) ended up not caring about whether they (his family of origin) come to see him or not.” Besides her financial difficulties, she also experienced anxiety the morning of the day the corpse was to come home overnight. Regarding this she said, “I felt very anxious, only to

realise that it was because he was coming home that evening. I was very down spirited the whole day.”

Participant couple eight experienced anxiety and uncertainty when they were in the same room, and were not talking to each other. Two of the Participants (four and eight) experienced the same feelings even after the deaths of their husbands. Participant four again experienced anxiety during her cleansing ceremony and when her black clothes were to be burnt. In this regard she said, “When they were burning them, I became emotional like I was abandoning my husband. I felt like that although I was happy to know that I will be back to my old self. Before then I was anxious and did not know how I will feel about it. The ashes were taken and thrown into the river nearby.” Participant eight felt her late husband’s presence in the room and felt anxious and uncertain. According to her, “It was like he came as a supernatural being and mind you, the corpse is cold. I even talked to myself saying to him that if he wanted to visit me he must help me not to be scared.”

Mistrust was experienced by Participants four, five, eight and nine towards their in-laws. Participant four related how, when the corpse was brought into the bedroom, his sister sprinkled water in the bedroom, something she did not understand and approve of. She also resented the fact that she was not asked permission for the sprinkling. That was illustrated when she said, “My family of origin and I were disapproving and did not trust her because according to tradition, she should have asked permission from me. We never practised such things in our house.” Also, “When I bathed, my sister was there with me. Whatever I ate, my sister had to dish up for me and nobody else. I did not trust his family but mine.”

Participant five only found out later that her sister in-law and her cousins had been at the undertaker earlier to do something to the corpse. She said, “I never knew and understood what they did.” Participant eight avoided interacting with her friends because she felt that they disapproved of their husbands’ sympathy and desire to help. She avoided them because, according to her, “I read something from their wives, or maybe I was just paranoid that they did not approve of their husbands’ need to help. I thought they would not trust me, although they would call.”

Participants six and nine felt used by their dying husband’s families of origin. Participant six related how, when she joined her husband at his mother’s house after they got married, she realised that he was the only one providing for his mother and brother’s family, even though both his brother and his wife were employed. Participant nine understood her mother in-law’s dislike of her because her husband had a child with a woman in the area before he met her, and suspected that her mother in-law was disappointed that he had not married that woman. As a result she felt that her mother in-law punished her by making sure that she (the Participant) did all the house chores.

Participant three also felt used. She illustrated this by saying, “It started when we both stayed with our husbands’ parents and the other daughter in-law was favoured against me. I was the one who nursed our mother in-law who had a stroke and could not do anything for herself and her husband. Nothing was expected from the other daughter in-law. She moved out of her in-laws’ house without her husband who stayed behind with his parents”. She added: “My husband then forced me to move back with his parents, saying that they have no one to look after them. That made me feel like a slave, unappreciated and used. I understood him when he pushed for us to move in with his parents again because he was not prepared to buy a house for his family but instead, take over his parents.”

Couples three, four and eight were not in touch with each other's emotions. For example, Participant eight related how, on their way home from the doctor who had just told them of the terminal nature of the husband's illness, they never shared their feelings about it.

Participants who were wearing black clothes at the time of the interview experienced self-pity. Participant four felt sorry for herself when one taxi driver told her in front of everybody to go and sit right at the back of the taxi. When she sat down, the person next to her moved as far away from her as possible, and that hurt her. Also, when she had to pay her fare, some passengers and the driver did not want to touch her money. One taxi driver told her that he was doing her a favour to let her in his taxi because nobody else would. Participant five's in-laws sewed her a black dress that was too long and big for her, telling her that she would put it on whether she liked it or not, and laughing about it in front of other people in the room. She said, "My children saw that and started crying."

Participant seven, who was wearing blue clothing and not the traditional black, related how she was made to feel at the taxi rank by other passengers. She said, "People would be staring at you, some moving away from you, some telling me to stand next to the person in front of the queue, and that person would not want you next to him or her. I felt like an outcast. The queue marshal would scream at me. In the taxi, I was expected to sit at the back seat. There was this short queue marshal who would usher everybody a seat and tell the passengers that I must go in first without ushering me a seat. They would all be looking at me not knowing whether they feel pity for what or me. During that incident, I would bow my head and cry when I get home, blaming my husband for that. When I walk and decide to turn my head I would find people looking at me. That was terrible." Participant nine did not share her experience of people's reaction to her black clothes.

All the Participants, except Participant one experienced frustration. Participant two was irritated by a phone call from someone from the hospital who had to tell her about the death of her husband, but did not get to the point immediately. She said, “That irritated me because I already sensed that something was wrong and that person was going round in circles.”

Participant three would often feel irritated by her husband when she had to care for him when he got sick. At times, she would cry in private, asking God to take him, and would feel guilty about that although she knew that when he recovered, he would not reciprocate the support she had given him. Participant five was frustrated by her in-laws when she realised that they had changed the coffin she chose for her husband for a more expensive one so that she should struggle to pay for it.

Participant six was frustrated by her husband's non-compliance with medical treatment, as well as his failure to share his feelings with her. Participant seven's frustration concerned her husband's lack of compliance with medical treatment and his insistence on a lifestyle that worked against his health.

Participant eight became frustrated when her husband tried to talk to his aunt and could not: “He wanted to say something to his aunt but could not. That was really frustrating.” Participant nine was frustrated by seeing her husband helpless against his family, asking her to tell his family of origin that he did not want to go with them but preferred to stay with her. She again experienced frustration when she went to the hospital to move his body to a private undertaker provided by his employer, and she found that her in-laws had already moved the body and did not want to tell her where they moved it. To illustrate this she said, “I was hurting, frustrated and helpless.”

Participant ten was frustrated by having to take care of her mentally disabled children without support from anyone. She said, “My uncle’s son was the one person who would think of my children and me. He would bring us groceries because I am unemployed, but he also passed away.”

The following section focuses on how the Participants coped with their challenges.

4.3.4 Theme 4: Coping

4.3.4.1 Sub-theme 1: The couples’ resources

Resources can be social, moral, emotional, and financial, with the latter being an instrumental resource in transitional societies. Participants one, two, five, six, seven, eight and nine did not experience financial problems before or after their husbands' deaths. However, there were other challenges that they faced at the time.

The resources that assisted Participant couple one in meeting their needs were both tangible and intangible, for example, financial and friendships. According to the Participant, “When Rich died, I did not even think about it (the support that his cousin promised and did not fulfil) because I was organised (financially stable).” Participant couple two’s resources were both tangible (financial) and intangible (sense of mastery), which helped the Participant, for example, in arranging her husband’s funeral by herself with ease. The couple also received spiritual support from the church.

The difference between Participants one and two was social support. Friends supported Participant one, while Participant two had no one but her children, and her siblings who could support her morally but not financially. Also, because Participants one and two had been providing for their families on their own from the time their husbands were boarded, their husbands' deaths had less of a financial impact on them. It is possible that their financial self-sufficiency increased their degree of confidence, especially for Participant two, despite a lack of support from her neighbours, and helped her to find the strength needed to face the demands of making her husband's funeral arrangements.

Participants six and seven also received support from the children. Participant six said, "It went well with the support from the church, and my children." Participant seven said, "I went home and called my children to tell them about their father. My eldest daughter came and we left together."

Participant eight also experienced her children as a source of support. That was evident when she said: "My children would take me to the hospital in the middle of the night." She also received support from her family of origin, much like Participants two and three, except for the fact that she also received support from some of her in-laws, unlike Participant two who was married into a small family. Participant eight said, "Some of my husband's relatives supported me. Those were the ones that my terrible sister in-law does not like." Her financial stability gave her strength and independence in the arrangement of her husband's funeral, saying, "I did not need their financial help because I could bury my husband without a problem." Also, some of her other sisters in-law were supportive, and her youngest sister in-law contributed money and was angry with her eldest sister for not supporting the Participant.

Participants five, six and seven were all financially stable and had supportive neighbours and employers. That was evident when Participant five's neighbours heard her scream when she heard the news of her husband's death from his doctor on the phone, and they came running to help her. Participant six's neighbours supported her immediately after they heard the news of her husband's death, helping her to calm her hysterical daughter, who had been very close to her father. One of Participant seven's neighbours took her in his car to help her look for her husband after she was told that he had been taken to hospital. The difference between the three Participants was that there was no mention of friends by Participant five, while Participants six and seven received additional support from their friends.

Other Participants who received support from neighbours were Participants four, nine and ten. Participant four reported that her neighbours were supportive because of her husband's helpful and reliable nature. She said, "He was very sociable and warm. He used to help people." Her neighbours showed their support by protecting her against her in-laws. One neighbour offered her the use of his car for her to make arrangements for the funeral, so that she would not need to use her car, which her in-laws wanted for themselves.

When Participant nine arrived at her house for her husband's funeral (her husband passed away in another province), her friends were already busy preparing food for the funeral the following day. Participant ten appreciated the support of her neighbour. In this regard she said, "I do not know what could have happened to me. My neighbour really helped me because I was like a zombie."

Although Participant three was earning her own money, she struggled financially to bury her husband, although not as much as Participant four, who was unemployed. It seems likely that her neighbours helped reduce the impact of the

loneliness she felt at the time. She said, “My neighbours were there for me, before and after the death of my husband. They made me feel that I was not alone.” Participant ten experienced significant support was from her neighbour. She added, “One of my brother in-law’s uncles would bring us groceries as and when he could afford to. I really appreciated that.”

Participant six’s widowed friends would often reassure her about her experiences and how normal they were. She said, “She (a friend) reassured me that with time, I would be myself again.” Participant seven’s friends also played a significant role in providing support. This was evident when the Participant had conflicts with her mother-in-law and her friend intervened: “A friend of mine even intervened in the conflict because even when I sat on a chair because I felt tired of sitting on the mattress, she (the mother-in-law) would fight with me.”

In terms of support from the Participants’ employers, Participant five experienced her colleagues and employer to be supportive. Her boss contributed R10 000 for her husband’s funeral. Her boss would also call her to check how she was doing. Participant six’s husband’s employer convinced her husband to continue working, giving him all the support he needed, such as time off when he was unwell. Participant seven’s boss suggested that she should stop working to look after her husband. When the Participant’s boss heard about her husband’s death, she called her and suggested that she should come back to work. According to the Participant, “That helped me a lot because when I interact with people I stop thinking about my husband all the time although, at times, I do feel like being on my own.”

Participant nine received support from her family of origin, some neighbours, her daughter, her husband’s employer and some of her husband’s relatives. She left her eldest daughter with the younger one at her house in the Eastern Cape

Province because they were still at school. Fortunately they were old enough to look after themselves and the house. She received a great deal of moral and financial support from her husband's employer: "I called his employer two days later because I had to arrange with his relatives who were supporting me to move him from the hospital to the private mortuary... The employer then gave me ten thousand rands for the burial, and asked me to come back for the rest."

4.3.4.2 Sub-theme 2: The Participants' approaches to their challenges

Participant one came across as an individual who could make decisions for herself without relying on others' opinions. She showed her strength of character when she told her in-laws that her maid of honour at her wedding would stand beside her at the funeral. She did this to avoid the cultural practice of being covered with heavy blankets as a widow at her husband's funeral in the middle of summer. She also continued with her daily commitments whilst looking after her dying husband, something which is not usually socially expected of her; wives are socially expected to stay with their dying husband and to spend all of her time caring for him. This reflects some of the changes in a transitional society. She could have been perceived as neglecting him. She travelled provincially when her husband was still alive and sick, and used to go overseas once or twice a year. As she said, her husband never complained or felt neglected. When her husband had passed away, she insisted that respects be paid in the lounge instead of the main bedroom as is traditionally practised, and that she should spend time with her friends in the main bedroom, fulfilling her husband's wishes. Even during his illness, they would continue with the lifestyle they were used to as a couple: "But when he was out of hospital you would be surprised because we would go to jazz festivals and all. When he relapsed, he would relapse (laughing)".

Participants two and three shared similar traits of reacting through withdrawal, although they expressed them in different ways. For example, Participant two had the support of her husband, unlike Participant three. Participant three said, “Maybe staying at his parents’ house with them made him not to realise that he was a father and husband. Even my children are used to that.” The two Participants also seemed to understand that their siblings were not as able to support them as other people were. They both accepted that their siblings had problems of their own and could not support them as much as they would have wanted to. Participant three understood that since most of her siblings were unemployed, their support was limited to helping clean the house and being physically present with her. She said, “I could see that they would really want to help but did not have much. Just the thought of helping was enough for me.”

Participant four understood the manner in which her black clothes impacted others, sharing how one man reacted to her with shock by saying: “Maybe he did not expect to see a widow in black. Maybe it was because most people do not put on black anymore, or maybe someone close to him like his mother wore it and is no more. Maybe he thought he was seeing his late mother, I do not know.” However, Participants five and seven interpreted people’s negative responses to their black clothes differently. They felt alienated by their social environment and felt hurt as a result.

After the deaths of their husbands, some Participants’ social interaction changed for the better, while others’ did not. Participant two, who would never interact with people around her when her husband was still alive, interacted more with other widows than before when she joined the support group. She found the support group helpful because she found herself to be stronger than most widows in the group, supporting them morally and emotionally. Participant three’s social interactions did not change significantly, as she could not stand the noise around her after the death of her husband, and preferred to be by herself. She withdrew

more than when her husband was still alive, saying, “I am more at peace when I am on my own.”

Some Participants came across as unforgiving. Participant eight said that she used to find it difficult to forgive her husband when he had hurt her. She said, “He would often apologise but not me.” As a couple, they would reflect on how others dealt with bereavement. For example, she said, “We had a friend who lost her husband and she put on black clothes. At night she would take them off and put on her fancy clothes, and would go and enjoy her nightlife. I really do not see the significance of those black clothes. That was when we realised that black clothes meant nothing.”

Participant three also showed an unforgiving side, which is illustrated by the following quotation: “That heart problem I think started after his car was stolen. It did not bother me because he never provided for the family, but owned a car (he could afford a car).” Participant five was also unforgiving towards her sister in-law, saying, “You know, I even thought that after my cleansing, I would open a case of murder but because that is not me, I will leave it the way it is. She will pay in God’s own way.”

Participant six showed forgiveness and maturity in different ways. She forgave and tried to understand when her husband became impatient with their children, screaming at them for no reason, which was unusual for him to do. Later, after his death, she understood his behaviour as his having realised that he was nearing his death and was struggling to deal with it. This is illustrated in her saying, “You know, I was able to forgive him.” Even though her mother in-law had previously evicted them from her house, Participant six showed her maturity in the following way: “We never knew how she (mother-in-law) knew that we then

had a house. I welcomed her and she stayed with us. She even died staying with us and we buried her without assistance from my brother in-law and his wife.”

Participants two, eight, nine and ten found comfort and meaning in some of their experiences. Participant two consoled herself with the fact that she was the last person to be with her husband before he died at the hospital. Participant eight appreciated her doctor for being hard on her when he told her to go home and deal with the loss of her husband or consult with a psychologist. She said, “The way he said it made me strong although I cried and he was there for me at the time.”

Participant nine felt appreciative towards her husband after his death in a different way. He had not seen her for four years prior to his death and afterwards, she interpreted his disappearance as a way of avoiding infecting her with HIV. She said, “I really appreciated that because he showed me how much he loved and cared for my well-being.” (See also the theme on patterns of communication.)

Participant ten appreciated her husband for having been a good provider when he was still employed. She also remembered how, when he was working night shifts, he would always call from work to check that she and the children were safe.

Participant five tended to accept her situation for the sake of peace. For example, her sister in-law brought her herbs to drink, telling her that people advised that it was a way of cleansing herself internally. Despite not wanting to, she drank the herbs.

Some Participants were suspicious of people around them. Participant eight would lock the door to people who would come to see how she was doing, and did not want to interact with them. This was because she suspected that just as much as her friends' husbands were sympathising with her, their wives did not approve of their husbands' help. She said, "I thought they would not trust me, although they would call. I used to suspect that they were not comfortable with me." Participant four dealt with the neighbours' wives differently. When she realised that her female neighbours were alienating her she felt pity for them as she said, "...the poor husbands would sometimes avoid greeting me because of their wives."

Participants four and five were suspicious of their in-laws. Participant four refused to give them her husband's car keys which her in-laws demanded because she suspected that they would steal the car parts, do something to the car or even take it away while she was still trying to deal with her loss. Participant five overheard her in-laws talking, thinking that she was asleep, saying that they must force her to go and wash her husband's body at the undertaker so that she would also die; and she refused then to do this.

Some Participants showed control in their difficult situations. Participant two took control of managing her husband's funeral arrangements on her own even though it is not customarily expected, which again reflects the changing dynamics in transitional societies. She chose to do this despite the fact that people would come to show their respects during the day and they would not find her at home. In traditional societies, the widow is expected to stay at home, in the main bedroom, until the burial.

Just as much as the Participants sometimes showed control, at other times they would lose it. Participant four was more in control after the burial of her husband

than before her husband was buried, because, as a couple, they were financially dependent on others. Her in-laws took advantage of this and insisted that the couple's possessions were theirs and not the widow's because the couple did not have children together. The widow showed control after the burial when she told her sister in-law not to come to her house anymore, and telling her sister in-law that she disliked her.

Participant five could not control her sister-in-law's interference in her marriage. However, arranging her husband's tombstone ceremony put her back in control as she ran it by herself and did what her husband would have wanted. Unfortunately she could not do everything as he had wished, as the family took over the funeral preparations. As such, although her husband had wished her to erect the tombstone on the day of the funeral, this was not possible.

While Participants one, four, nine and ten were self-reliant in different ways, Participant three and nine felt helpless. Participant one was able to open a "spaza shop" (community-based convenience store) so that her husband could keep himself busy during the day, and also compensate for his share of the budget. Participant four still managed to be a homemaker after her husband's death despite the fact that she was unemployed. She sold various things to make money for her children. After her husband's death, she also instituted legal proceedings against the builder of her house who was not keeping to his promises.

Participant ten was able to rationalise issues. For example, when people would tell her about what her in-laws were saying about her, she would rise above it. She would tell her husband's nephews and nieces that they were her children and if anything happened to them, they were her responsibility. When Participant nine was accused of bewitching her husband, she realised that her husband did

not have long to live and focused on talking to him about his wishes and accepting his apology about having a mistress.

Participant three was self-centered in that she perceived that things were done to her without doing anything about it, and as a result, evoking self-pity. This is illustrated in her statement: “The fact that I was born poor, grew up poor, married poor, and would even grow old poor. I was unable to live the life I want. Maybe it was meant to be.”

Some Participants dealt with their challenges with bitterness and anger. Participant one’s feelings of anger and bitterness were directed at her in-laws, with whom she had never had a good relationship. As a result, she did not expect anything good from them.

Participant two was angry and bitter with her husband’s friends and her church. She was supported spiritually by her husband’s parish, which she joined after her husband’s death. Regarding her parish, she said, “I would send a message to my parish and priest, but no one would come. When I needed them most they were not there.” Long after her husband’s burial, she met her previous priest who asked her why she did not attend church anymore. Her bitterness resurfaced as, according to her, “I told him (her priest) straight that when I needed him he was not there and I did not see any compelling reason to still continue at his parish.” The following quote reflects a lack of support from friends: “His friends who were not there for him when he needed them, waiting outside (the hospital ward). I told them that he was no more.” Also, “If he was helpful, he should not have expected the same from others.”

Participant three showed her anger and bitterness in different situations. Of her brother in-law she said, “When you have everything in the world, you will have

hangers-on. My brother in-law and his wife never supported me in their lives.” Of her husband, she stated: “He was a very quiet person who would only answer what he was asked. Even if I could talk about what could be done in the house, he would never answer.” The Participant felt that her husband had failed to provide for the family and was never there for her. She said, “That is why I am so bitter and angry with him at times because he refused to take responsibility and provide, maybe we would not be struggling the way we are if he did.”

Participant five was angry because her husband’s sister was a qualified nurse who should have known the needs of a diabetic, and what needed to be done when he was sick. Participant seven’s bitterness towards her in-laws was evident when they forgot about her after the funeral. She felt that they only gave her the necessary support during the funeral week. She did, however, tell them of her feelings. Participant eight felt uncomfortable when she returned to work after her husband’s death, not knowing how to deal with her colleagues because of her frequent admissions of struggling to breath at her workplace (professional nurse), thinking that her colleagues would have perceived her as having over reacted.

The individual reactions of the Participants manifested in different ways. Participant seven showed her assertiveness when she told her mother in-law that she had enrolled for Matric at a night school and would attend at night. This was not culturally acceptable because as a widow, she was not supposed to be out of the house after sunset. Participant eight also showed assertiveness when her in-laws suggested that they needed to go with her to a witch doctor to determine what had killed their brother. She refused because as a couple, they did not believe in witch doctors. They then gave up, although they were unhappy that she rejected everything they were suggesting.

Participant four showed empathy when she said, "...it felt like they were killing my father (at her mother's cleansing ceremony when an animal was slaughtered)." This memory caused her to consider how her mother may have experienced her father's death. Participant eight also showed empathy in becoming more sensitive and considerate towards her children. For example, "When I got home I realised that I was depressing my children."

4.3.4.3 Sub-theme 3: The Participants' coping styles

Participant one related how her husband coped by being solution-focused and communicating openly with the Participant. The way she carried herself also helped him cope with his anticipated death. She said, "Even when he was about to pass on we were able to talk about his death. He would tell me that he realises that he had reached the end of the road." Also, "He even told me that he had a man-to-man talk with his physician, and told him that he wanted to go home."

Before and after the death of her husband, Participant one coped by continuing with her daily routine and making extra money as the sole provider despite what was socially and culturally expected of her. Her refusal to compromise in what she believed also helped her to cope with the challenges she was faced with. As a couple, they coped by opening a convenience store so that the husband could keep himself busy and bring in an income: "During that time, I had a spaza shop to keep Rich busy." Another coping strategy was their ability to enjoy life, even when the husband was not well enough to go out.

Participant two's husband coped by being independent. She said, "His independence really helped me cope because I would leave him by himself and go to work, run my errands, and would find him comfortable and looking after the house." Before and after the death of her husband, Participant two coped by

accepting that she was on her own in looking after the family, by becoming financially independent, looking after the family's nurturance and economic well-being; and trusting the hospital treatment. As a couple, their interdependence and openness, including their spiritual belief, helped them cope.

Participant three's husband coped by distancing himself from the Participant. She described her husband as self-centred, focusing on himself only. Before the death of her husband, Participant three tended to accept whatever demands were facing her, which to a certain extent helped her to adjust to life after her husband's death. She wanted very much not to be bothered by her husband's treatment. She coped by withdrawing from her environment and keeping to herself after the death of her husband.

Participant couple four anticipated having a mortgage problem with their lack of income. They therefore considered the most appropriate and effective way to overcome this to be the purchase of a cheaper house. Participant five's husband coped by keeping his feelings and experiences to himself, and by acting like a son to the Participant. After the death of her husband, Participant five avoided her in-laws. She said, "After the funeral, my sister in-law called me asking for forgiveness. I asked her forgiveness regarding what? She said forgiveness for being irresponsible by drinking liquor with my husband and I did not answer her but dropped the phone because I told her that I would never ever talk to her." As a couple, they coped with the impact of the illness in their own different ways. When the dying husband kept the impact of his anticipated death to himself without sharing his feelings with the Participant, she nursed him as if she was caring for her son, probably because it is easier to provide for and mother a son than a husband. This is illustrated in her words, "He did not sound sober on the phone and I discouraged him from coming over. He later called, telling me that he wanted to go home and I advised him to sleep over at his sister's place, for his own safety."

Participant six's husband coped by keeping to himself, and not complying with medical recommendations. The Participant illustrated that by saying, "He would talk about death when he was in a happy mood because he was smoking and took alcohol. That was all that we would fight about. Sometimes he would argue that when I met him he was taking alcohol and I never had a problem with that, and I would tell him that he was older and alcohol was now affecting his health. He did not understand." Before and after the death of her husband, Participant six coped by praying and asking advice from friends who had been widowed.

Participant seven's husband coped by continuing to live the life that he was used to living before his illness, which worked against his condition. The Participant disagreed with him as she said, "I believe that one should live life to the maximum, but should also be responsible. That is a good value in life." After the death of her husband, Participant seven used her spirituality to cope although her husband did not approve: "...whenever I felt down I would open my Bible and he would scream at me for that."

Participant eight's husband coped by avoiding talking about his illness and what was to come. This was evident when I asked her if there was anything of importance in their life together that her husband would talk about. She replied, "Not really. It would be about issues of the family, meaning the children. He would ask me about the children and how they were doing. That time he was admitted to hospital." After the death of her husband, Participant eight coped in different ways. She avoided contact with people, preferring to go through the deceased's belongings on her own, as a way of reminding herself of him. She also coped by reassuring herself of their shared beliefs and values that she respected after his death. When she felt overwhelmed by the loss, or struggled emotionally, she would drug herself with sleeping tablets to deal with the situation in the most comfortable way possible.

Participant nine's husband would often apologise for his unfair treatment to her as a way of coping with his guilt, and she would routinely forgive him. She said, "How could I not forgive him?" After the death of her husband, the Participant coped by reminding herself how her dying husband had provided for her all along. To illustrate that she said, "He provided for the family. That I cannot complain about. However, in the past four years, he stopped coming home until last year for the Easter holidays, and was sick. I did not know what the problem was then." She also interpreted his long disappearance as his way of protecting her from being infected with HIV. She said, "Mind you, the last time I saw him, which was four years ago, he was a healthy man. What was unusual then was that he avoided intimacy with me, but I just took it like that. It is only now that I appreciated that because he was avoiding infecting me. I really appreciated that because he showed me how much he loved and cared for my well-being." Coping as a couple was not possible as they lived in different provinces.

Participant ten's husband coped by being there for the Participant despite his condition, expressing concern about her well-being, and showing that he cared. She said, "When my husband died, I was sick. He would take me to hospital when he himself was also sick." After the death of her husband, Participant ten coped by always remembering how good her dying husband had been to her and their children. At the time of her husband's death they were both unemployed and her difficulty in dealing with her loss was reflected when she said, "I just could not cope without my husband because he was a good provider, although by the time he passed away he was on ill health pension." As a couple, they functioned as a team: when they were both be sick they would still nurse each other.

4.3.4.4 Sub-theme 4: Participation in African death rituals

In table 4.3 below a summary of the Participants' participation in African death rituals is presented, as it seems that participation or non-participation in these rituals may have had some effect on Participants' experience of bereavement. Participants who were comfortable with the prescribed rituals seem to have coped better than those who felt uncomfortable with the rituals and did not believe in them. Being brought up within a particular culture allows for an understanding and appreciation of the implications of rituals, which may aid in the therapeutic benefit thereof. For example, a widow who was brought up knowing that observing, respecting and participating in death rituals is not only designed to ease her path but also to help her late husband to smoothly complete his purification journey may make her feel like they are still working together as a couple. Participation in five of the main rituals is indicated.

Table 4.3 Participation in African death rituals

Participant	Mattress on the floor in the main bedroom	Corpse home overnight	Black clothes	Drinking herbs for cleansing	Cleansing ceremony
1	No	Not mentioned	No	No	Yes
2	Yes	Yes	No	Not mentioned	Not mentioned
3	Yes	Yes	No	Not mentioned	Yes
4	Yes	Yes	Yes	Yes	Yes
5	Yes	Yes	Yes	Yes	Yes
6	Yes	Yes	No	Not mentioned	Not mentioned
7	Yes	Yes	No (Blue)	Yes	Yes
8	Yes	Yes	No	No	No
9	Yes	Yes	No	Yes	Yes
10	Yes	Yes	Yes	Yes	Yes



4.4 CONCLUSION

During the course of this chapter, four themes were presented. It seems that the Participants who had positive relationships with their husbands also cared for them in a positive manner and vice versa. It was also found that past losses of significant others with whom the Participants did not live did not have a significant impact on the Participants' experience of bereavement. The Participants experienced similar physical responses, and reacted to the news of their husbands' deaths in a similar way. Financial resources seemed to have played a large role in the funeral arrangements, where those Participants who were financially independent buried their husbands in the best way they could without depending on others for help. Although the Participants had similar experiences they dealt with their challenges in their own unique ways.

In the chapter to follow, the findings are interpreted and discussed. A theoretical explanation of the data is provided. This section describes how Black urban widows in a South African transitional society, whose husbands had died of a terminal illness, experienced and coped with bereavement. The chapter also includes the model of bereavement in a transitional society developed for this study.