# AN ANALYSIS OF TRADITIONAL HEALERS'S NOTIONS OF BEREAVEMENT AND GRIEF COUNSELLING WITH A VIEW TO DEVELOPING A CULTURAL GRIEF COUNSELLING MODEL IN THULAMELA MUNICIPALITY IN VHEMBE DISTRICT OF THE LIMPOPO PROVINCE

BY

TAKALANI FHATUWANI JAMES

SUBMITTED IN FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE

OF

DOCTOR OF PHILOSOPHY

IN THE SUBJECT OF

PSYCHOLOGY

AT THE

UNIVERSITY OF VENDA

PROMOTER: PROF T SODI

CO-PROMOTER: PROF T MASHAMBA

SUBMITTED ON APRIL 2015

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## DECLARATION

I Takalani Fhatuwani James hereby declare that this thesis for Doctor of Philosophy at the University of Venda, hereby submitted by me, has not previously been submitted for a degree at this or any other university, and that it is my work in design and execution, and that all reference material contained therein has been duly acknowledged.

Signature..... Date..15/04/2015.....

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## ACKNOWLEDGEMENTS

I wish to thank the God Almighty for giving me strength everyday and for all his blessings that is upon my life. This research is one of the testimonies of my life.

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- My family and friends for their endless love.

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## DEDICATION

This thesis is dedicated to:

- God almighty, the source of my existence and the Lord of my life.
- My wife Carol and my kids Spelile, Lesedi and lovely Nditsheni Natalia. My prayer is to see you achieving more than I did because I see a potential in you. I know that you will shine in everything that you will do because there is great and miaghty one inside you who will always give you strength and wisdom.

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## ABSTRACT

The loss of a loved one may trigger psychological disorders that can disrupt people's lives for at least two years after a significant loss. People going through grief as a result of the loss of loved ones are vulnerable to extraordinary complications that relate to the difficult circumstances around death itself. People who are grieving usually have symptoms that can be characterized as physical, emotional, social and behavioral in nature. Bereavement and associated grief reaction takes place within the context of families and communities and is played out through social interaction.

The aim of the study was to analyze traditional healers' notions of bereavement and grief counseling and to develop a culturally appropriate grief counseling model that can be used in a multicultural community. The specific objectives of the study were to explore and analyze the traditional healers counseling techniques and processes used in the management of grief and bereavement and to develop a culturally sensitive intervention model. The study was conducted from qualitative point of view since the researcher would want to explore and analyze the notions of bereavement as understood and described by the traditional healers. A phenomenological research design was used in this study since it is associated with the way people experience their lives especially those that have lived experiences about a particular phenomenon under study.

Ten (10) traditional healers from Thulamela Municipality were identified using purposive and snowball sampling. The first participant used was selected purposefully and thereafter, the same participant identified others who had experience in the area under study. Data was collected by means of personal interviews that were semi-structured to allow for flexibility for the researcher and the participants. The main selection criteria used was that the participants should have experience of more than twenty years practicing as a traditional healer.

Data was analyzed in accordance with the interpretive phenomenological analysis and themes were developed from participants' responses. It was found that grief symptoms were varied and mainly psychological. This among others included: difficulties in making decisions about one's life, inability to forget the deceased, seeing things that are not there, and in some rare (and



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extreme) cases what in western psychology could be considered to be effective. The study found that the interventions prescribed by traditional healers were effective in the cultural context where they practiced. Culturally relevant counselling, in particular was found to be one of the treatment strategies to manage grief. Cultural rituals and customs were also found to be useful in the treatment of grief and loss. It was further found that traditional healers share an underlying cultural understanding of bereavement even though they tend to have varied explanations for this and related experiences.

With regard to the culturally sensitive grief counselling model that was developed, it was found that traditional healers tend to attach great importance to rapport building when they introduce themselves to their clients. One of the objectives of counseling from western perspective is to build rapport between the client and therapist. The results of the present study suggest that there are striking commonalities between western and traditional healing systems when it comes to rapport building. However, the fact that traditional healers are part of the communities that they serves makes it even easier for them to relate easily to their clients.

The findings of the present study further suggested that traditional healers attach greater symbolic and therapeutic value to animals when it comes to the management of grief. For example, the specific use of a she goat during the performance of bereavement rituals, and the tendency to use a sheep in the case of someone who dies far from home, suggest that the management of grief is a culturally meaningful activity that has therapeutic gains for the grieving individual. Based on the findings of the present study, a number of recommendations have been proposed. These could include regular workshops for traditional healers to share skills on the management bereavement and other conditions of ill health experienced by members of their organization

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## LIST OF ACRONYMS AND ABBREVIATIONS

AHS: Africa Health Strategy

APA: American Psychological Association

ASCO: American Society of Clinical Oncology

AU: African Union

CBO: Community Based Organization

CBT: Cognitive Behaviour Therapy

DSM IV-TR: Diagnostic Statistics Manual for Mental Disorders IV- Text Revised

DoH(DL): Department of Health

HPCA: Health Professions Council of South Africa

NGO: Non Governmental Organization

NHS: National Health Service

NMUS: Natural Meaning Units

PGD: Prolonged Grief Disorder

PHC: Primary Health Care

PTSD: Post Traumatic Stress Disorder

SAMDC: South African Mental and Dental Council

SEHD: Scottish Executive Health Department

SMARTC: Specific, Measurable, Accessible, Realistic, Time related, Challenging

THO: Traditional Healers Organization

THP: Traditional Health Practitioner



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UK: United Kingdom

WHO: World Health Organization



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## GLOSSARY OF LOCAL TERMS

**Makuma:** a tendency to lose weight or a suddent weight loss which occurs as a result of losing a beloved one.

**Gamba or Dongo:** a half broken clay pot which is used to contain treated water for curing the bereaved

**Bopha or bophalufu**: is a medicinal plant which was normally used to tie the deceased when buried and it would also be used for cleansing purposes.

**Vhulivhadza:** a special and very important medicine which forms central part in facilitating forgetfulness

**Tshihodo:** a special place where men in the chief's kraal will relieve themselves while visiting the chief.

**Muswane wa Nngu**: Lamb waste

**U luvhedza:** a ceremony whereby the traditional healer cleanses the surviving members of the family. It is done for the deceased to rest in peace and for the surviving ones to continue with life without being disturbed by the deceased.

**U handulula**: it is the cleansing which is done on the surviving members of the family

**Shothodzo:** is a process ofcleansing where dongo or gamba are used

**Vhulwadze ha u tetemela**: shaking disease

**U tambedza** is part of cleansing a woman so that she can be able to continue with life after death of her husband.

**Muuluso:** is a black powder, remains of fire-like ashes which is mixed with variety of substances to facilitate forgetting of the deceased by the surviving members of the family

**Mutuli:** is a traditional maize grinding instrument

**Nwenda:** a traditional wrapping cloths which is ussually worn by women



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**Mbinzhane:** a small piece of liver which is attached to the big liver

**Mafa:** it is that meat of a goat or a sheep which is prepared for cleansing processes. In the olden days this meat would be eaten raw

**Mutshetshete, Muswoswo, Muembe, Mupeta**: these are names of medicinal plants associated with bereavement and grief. They also form part of the rituals

**Vhulungwane and vhuumba**: this is a sudden sleeping disorder which occur as a result of losing a beloved person

**Dzumo:** it is the time when the deceased died; it is like anniversary of the death of the deceased

**Mphambo:** a special home brewed beer used for cleansing process. The goat and sheep are made to suffocate in this kind of beer as they are not supposed to be slaughtered for the purposes of cleansing.



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# CHAPTER 1: INTRODUCTION

This chapter introduces the background to the study, including the aim and objectives, the problem statement, research questions and definitions of key concepts that are used in this study. The study explores the notions that traditional healers have about bereavement and grief related issues. These notions are around the techniques and methods that are used in the treatment of grief related conditions as well as the understanding of bereavement in cultural context.

## 1.1. Background to the study

Research has shown that the loss of a loved one may trigger psychological disorders that can disrupt people's lives for at least two years after a significant loss. People going through grief as a result of the loss of a loved one are vulnerable to complications that relate to difficult circumstances around the death itself (Bendikson; Cox & Stevenson, 2002). This psychological condition known as complicated grief is characterized by a persistent longing for a deceased person, and it can often occur without signs of depression. The symptoms of complicated grief, while appearing to be normal reactions to the loss of a loved one, are associated with later impairments in global psychological functioning, such as mood problems, sleeping and self-esteem problems (Littlewood, 1992). People who are grieving usually exhibit symptoms that can be characterized as physical, emotional, social and behavioural in nature. Physical symptoms of grief include sleeping problems, crying and sighing, shortness of breath, weight change and fatigue to name a few. Emotional symptoms will include sadness, loneliness, vulnerability, anger and fear. People going through grief may also show social symptoms such as being overly sensitive, dependent, avoiding others, lack of interest and initiative and also becoming withdrawn. Others display behavioural symptoms which include searching for the deceased, dreams of the deceased, sensing the presence of the loved one, and always talking about the loss in order to feel comfortable (Littlewood, 1992).

Grief is a painful, but unfortunately a common experience. Most people at different points in their lives are confronted with the death of a close friend or relative. There are, however, marked individual differences in how intensely and how long people grieve. Some grieve openly and deeply for years, and only slowly return to a semblance of their normal level of functioning. Others suffer intensely, but for a relatively more prescribed period of time while

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others appear to get over their losses almost immediately, and to move on to new challenges and new relationships with so much ease as to raise doubts among their friends and relatives as to whether they may be hiding something or running away from their pain (Bonanno & Hansson, 2001).

Bereavement and the associated grief reactions take place within the context of families and communities and are played out through social interaction. Specific bereavement practices vary depending on the cultural background of the individual. For example, in some African and other developing communities, failure to follow through with certain traditional practices or rituals after the loss of a loved one can have a devastating impact on the family of the deceased and can result in feelings of unresolved loss and lack of closure. As a result, if health care professionals are unaware of or are being insensitive to these cultural realities, the family may view the care provided in a negative way. Health care professionals need to consider cultural diversity when they deal with the bereaved (Bramlett, 1991).

As the racial, ethnic and cultural diversity of South African population becomes more acceptable, there is an ever-growing need for the health care profession to become culturally competent in all aspects of care delivery. This includes the care people provide to grieving patients and their families. In recent years, a growing body of knowledge about the relationship between culture, grief and bereavement has emerged from the literature. Studies have shown that specific cultures' intrapersonal experiences of grief are similar across cultural boundaries (Weiner, 1995). However other research has made it clear that cultural features do make a difference in how people outwardly express their grief and how they cope with it. To provide culturally-sensitive care, health care professionals must have an understanding of cultural practices and how they impact on the overall grief experience of the patient.

Studies suggest that few third world countries have the resources to develop a health service based on the expensive Western model (Liddell, Barrett & Bydawell, 2005). In most African communities, traditional healing is an important national health resource that is utilized by the majority of people in the management of ill health (Sodi, 2009), family problems (Nwoye, 2000; Sodi, Gichinga, Esere & Hove, 2010) and bereavement. Even though there are indications of widespread use of traditional healing, there is little done to fully understand



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them, particularly in the area of bereavement. Many studies on bereavement are individually centred. This literally means that health practitioners focus on the needs of one individual to the other. Such studies are done from individualistic approach than having communal or collectivist dimension, as can be noticed in many collectivist cultures. Community creates a sense of power and can be energizing and therapeutic. It can also bring the reality of not being alone to go through the vicissitudes of life. 'Burden shared, is burden lessened'. Having one to be with in one's journey can, not only be so consoling, but vivifying. When it comes to the issues of death, bereavement and grief, the psychological interventions from the Western perspective focuses more on the individual and his psychological needs than on the impact of the society on the person. But the African approach and world view appears to be the opposite. The community is at the center instead of the individual (Maduawuchi & Ogbonna, 2001). In a study conducted by Wubet, Mirutse and Tilahun (2011), it was clear that the country needs the practices of traditional healing since they are able to deal better with other conditions such as bereavement than modern medicines. Shortage of traditional healing as such may create a health vacuum in our national health system. This study also sought to expose the traditional healing system and the ways they use to treat some conditions such as bereavement so that eventually the members of the community can have maximum health restoration.

A study by Hobart (2003) found that in certain societies bereaved people tend to consult traditional healers when they go through the loss of loved ones. In such cases, the traditional healer will perform some rituals and prescribe some medicines that the family members will be expected to use. It is therefore not surprising that traditional medicine remains the main and most accessible source of health care in rural areas. The notion that physical and mental illnesses are conceptualized and experienced similarly throughout the world is one of the many erroneous assumptions made about culturally diverse peoples around the world by some health practitioners working within Western medicine and psychiatry. Every society embraces particular 'cultural theories' or ideologies that set the parameters within which normal, abnormal and deviant behaviour is defined. These cultural theories on illness, treatment/healing and health often stem from diverse observations, understandings and interpretations of specific symptoms, the behaviour of persons affected by illness and how symptoms are uniquely experienced and explained in specific cultures. Like the rest of the



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world, South Africa has in the past decade witnessed an increased interest for traditional knowledge (Schaefer, 2010).

In another study that looked at the significance of bereavement rituals, it was found that bereaved people consult mediums about the underlying causes for a wide range of other troubles such as disorders in home, suicide, death and other forms of bereavement (Weiner, 1995). Several studies have suggested that traditional healing approaches employed in the management of bereavement and other illness conditions are very successful and meaningful therapeutic activities if they are understood from within the particular cultural context of the people concerned (Bojuwoye & Sodi, 2010; Mufamadi & Sodi, 1996; Sodi, 2009; Vontress, 2005). Research suggests that herbal medicine is the most common therapeutic method used by traditional healers. Other therapeutic procedures used include psychological counselling, simple surgical methods, rituals and symbolism. Traditional healers offer patient-centered individualized health care that is culturally appropriate and designed to meet the needs and expectations of the patient (Sodi, 2009). This partly explains the estimations that have been suggesting that up to 80% of indigenous people in South Africa do consult traditional healers at some point in their lives (Moore & Spiegel, 2004). African traditional healing is intertwined with cultural and religious beliefs, and is holistic in the treatment of patients (Patel, 1993).

Traditional healers hold an esteemed and powerful position in South African and other developing communities in the world. Their role includes that of a physician, counsellor, psychologist, pharmacist and priest (Sodi, 1998). They are visited by members of their community for a wide range of problems that, among others, include social dilemmas, family problems and major medical illnesses. Some of the reasons why traditional healers are popular in these communities include the following: a) they share their patients' cultural beliefs and values; b) they are widely accepted and respected in their communities; and, c) they are skilled in interpersonal relations and counselling. Given the significant contribution that traditional healers make towards the well-being of their communities, the researcher in the present study sought to explore these health care providers' understanding of bereavement including the role that they play in the grief counselling.



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## 1.2. Problem statement

Traditional healers are an important but under-utilized national health resource in developing countries, where they are more available than western-trained doctors. In the last decade there has been a global increase in the use of traditional and complementary medicines in both developed and developing countries. Eighty percent of human and 90% of livestock in Ethiopia depend on traditional medicine for primary health care services where modern public health services are limited or not available. According to Wubet *et al.* (2011), traditional healers play an essential role in the delivery of primary health care to local people as they treat people in resource poor settings. In their study these authors also acknowledged the fact that many traditional health practitioners are often successful in curing many of the illnesses presented to them and yet traditional medicine receives very little or no official support for looking after the millions of citizens. There are no government funds set aside each year for the promotion and development of traditional medicine as a system of health care in its own right. Furthermore, many African countries do not have a coherent policy on traditional medicine and on traditional health practitioners. Traditional medical practice is barely tolerated by most health authorities and there is very little official interaction between the two health systems.

These traditional healers sharing their patients' cultural beliefs and values are widely accepted and respected in their communities, and are skilled in interpersonal relations and counselling. Traditional healers play an important role in palliative care for bereaved people by caring for them as 'complete persons' within their family and community context. In the population of South Africa, approximately 80% use traditional medicine to help meet some health care needs. Showing the vital role traditional healers play in curing various ailments, illnesses and conditions relating to grief and bereavement would see the increased use of their services and health shall be for all. Traditional healers are already a trusted source of health information and treatment; it makes sense to include these people in the overall health system since in developing countries they are more accessible, affordable and have psychological comfort. Traditional healers have added advantage that they are more socially accepted as compared to formally-trained health workers. This study therefore seeks to contribute towards addressing this gap by exploring the role of traditional healing in managing bereavement.

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This study is undertaken with a view of profiling traditional healers and in particular to review their practices in relation to bereavement and grief. Even though there are indications of the widespread use of traditional healing, there is little done to fully understand them, particularly in the area of bereavement. Some studies have been done in this area from a cultural point of view but there is little, if any literature regarding the role of traditional healers in the management of bereavement. Traditional healers are able to play an important role through grief work. According to Nwoye (2005), the major goal of grief work is to prevent the bereaved person's deep sorrow from degenerating into chronic negativity. Its healing emphasis is therefore fundamentally proactive, creative and elaborative rather than medical and analytic. Grief work in Africa works on the assumption that people are likely to interpret situations as more dangerous than they really are. Grief rituals and processes indigenous to rural African communities are directed at healing four memory components of the deceased which are fully discussed somewhere in this study (Nwoye, 2005). The bereaved in Africa are never left in the dark about what is expected of them or what to expect from the culture. This is usually easy since traditional healers would be present or rather accessible and available to give advice. Grief work in Africa promotes the bereaved's emotional or psychological adjustment. Since traditional healers are always there, grief work becomes easy to implement for the benefit of the bereaved (Nwoye, 2005).

### 1.3. Rationale for the study

The African Health Strategy (2006) proposes strengthening of health systems with the goal of reducing disease burden through improved resources, systems, policies and management. This will contribute to equity through a system that reaches the poor and those most in need of health care (African Union, 2007). Investment in health will impact on poverty reduction and overall economic development. Since the traditional healers Act (Traditional Health Practitioners' Act 22 of 2007) has been passed to recognize the existence of traditional healers, it is equally important to start researching on the types of illnesses that they can treat so that there can be proper referral between the two healing systems that exist in South Africa. Traditional healers have an unmistakable and crucial role to play in building the health system in South Africa. The goal of the Africa Health Strategy is to contribute to Africa's socio-economic development by improving the health of its people and by ensuring access to essential health care for all Africans, especially the poorest and most marginalized, by 2015 (African Union, 2007). The overall objective of this strategy is to strengthen health



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systems in order to reduce ill-health and accelerate progress towards attainment of the millennium development goals in Africa; more specifically to facilitate the development of initiatives to strengthen national health systems in member states by 2009; to facilitate stronger collaboration between the health and other sectors to improve the socio-economic and political environment for improving health and to facilitate the scaling up of health interventions in member states including regional and inter-governmental bodies. All these objectives could not be realized if there is no equity in health system in the country such as South Africa (African Union, 2007).

Some studies have suggested that bereavement is one of the conditions that traditional healers treat (Sodi & Mufamadi, 1996). The present study will explore the processes, techniques and significance of bereavement rituals in family structures. This will be done with a view of developing an appropriate grief counselling model. It is hoped that a study of this nature could:

- Provide useful information that can assist policy makers in implementing constructively the Traditional Health Practitioners' Act 22 of 2007 which recognizes the existence and value of traditional healers in South Africa.
- Help identify some of the therapeutic elements of traditional healing which may assist efforts aimed at forging collaboration between traditional and Western health care systems and to add value to our existing scientific knowledge base of indigenous knowledge systems in South Africa.
- Help in developing a culturally appropriate grief counselling model that could be added to the already existing therapeutic methods that are used in the management of grief and related emotional experiences.
- Determine culturally prescribed rituals for managing the dying process, the body of the deceased, the disposal of the body, and commemoration of the death.
- Identify and indicate the significance of bereavement rituals in the family structure.

Moreover, scholars in indigenous studies will have a source of knowledge on how bereavement is dealt with from the cultural point of view, especially by the traditional healers. The more knowledgeable most people are with regard to how traditional healers manage conditions like grief and bereavement, the more likely they are to continue consulting traditional healers.

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According to the American Psychological Association (1993), psychologists acknowledge that ethnicity and culture impact on behavior and take those factors into account when working with various ethnic/racial groups. Ethnicity and culture are recognized as significant parameters in understanding psychological processes.

### 1.4. Aim of the study

The aim of this study was to explore traditional healers' notions of bereavement and grief counselling and develop a culturally appropriate grief counselling model.

### 1.5. Objectives of the study

The objectives of the study are as follows:

- To understand and describe the notions of bereavement and grief as understood by traditional healers in Thulamela District Municipality;
- To identify and describe the counselling techniques and processes that traditional healers use in managing grief reactions associated with bereavement;
- Based on the findings regarding traditional healers' notions of bereavement and their management of grief, to develop a culturally appropriate grief counselling model that can be used in a multicultural community like South Africa.

### 1.6. Definition of concepts

**Notion**: This refers to an individual's conception or impression of something known, experienced, or imagined and this can be held by a person or a group. It can also be defined as an opinion or a view or a belief (Soanes & Stevenson, 2006). In the context of present study, notions will be understood to mean ideas and opinions held by traditional healers in Thulamela District Municipality.

**Traditional healer**: A traditional healer and a Traditional Health Practitioner (THP) will be used interchangeably in this study. A traditional healer, also known as an indigenous healer, is a person recognized by the community in which he lives as competent to provide health care for various ailments. In the context of this study, a traditional healer is understood to broadly include herbalists, spiritual healers, bone setters, traditional midwives, and hydro therapists. A traditional healer may use vegetable, animal, and mineral substances and other



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methods that may be based on social, cultural, and religious knowledge (Stanley, 2004). In the present study a traditional healer will be understood to mean someone who is competent to provide health care for various ailments.

**Grief**: It is the normal process of reacting to loss. Grief reactions may be felt in response to physical losses such as death or in response to symbolic or social losses such as divorce or loss of a job. Each type of a loss means the person has had something taken away. Grief may be experienced as a mental, physical, social, or emotional reaction. Mental reaction can include anger, guilt, anxiety, sadness, and despair. Physical reaction can include sleeping problems, changes in appetite, physical problems, or illnesses. Social reactions can include can include a desire to care for others in the family, seeing family or friends, or returning to work (Bramlett, 1991). In the context of the present study, grief will be described as the presence of physical problems, constant thoughts of the person who died; guilt, hostility and a change in the way one normally acts.

**Mourning:** It is a process by which people adapt to the loss of a beloved one. Mourning is also influenced by cultural customs, rituals, and society's rules for coping with loss. Grief and mourning were used interchangeably throughout the study as the distinction between them is very minimal. For mourning and grieving to occur there has to be a loss of something precious to a person. The other reason for using these concepts interchangeably is the fact that for both of them to happen there has to be a loss of something, be it the job or beloved ones. Mourning may be described as having the following 3 phases, namely: the urge to bring back the person who died; disorganization and sadness and re-organization (Stanley, 2004). In the context of the present study, the concept mourning will be understood to mean what an individual does to deal with the loss of the loved one.

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**Bereavement**: According to the Diagnostic Statistics Manual for Mental Disorders (DSM)-IV- TR (2010), bereavement is a stressor that produces relatively normal and expectable distress. DSM-IV does not offer a complicated grief diagnosis, and allows for bereavement-related diagnoses only in extreme cases when existing diagnostic categories (for example, major depression) may be relevant. Bereavement is the period after a loss during which grief is experienced and mourning occurs. The time spent in a period of bereavement depends on how attached the person was to the person who died, and how much time was spent



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anticipating the loss. Bereavement means being robbed of something valued (DSM IV- TR, 2010). In the context of the present study, bereavement will mean a period one would be in mourning.

**Grief counselling**: This is a form of psychotherapy that is aimed at helping people to cope with grief and mourning following the death of loved ones, or with major life changes that trigger feelings of grief (e.g., divorce). Grief counselling becomes necessary when people are so disabled by their grief, overwhelmed by the loss to the extent that their normal coping processes are disabled or shut down. Grief counselling facilitates expression of emotion and thoughts about the loss, including sadness, anxiety, anger, loneliness, guilt, relief, isolation, confusion, or numbness. From the traditional point of view, counselling in this study would be defined as a way in which traditional healer and the client talk to each other before the treatment, during the treatment and after the treatment. It may not have formal steps as it is defined in the morden academic studies. The main aim of counselling would be to break the ice, ensuring the client is relaxed and also telling him on the instructional use of the prescription dispactched by the traditional healer.

**Model:** A model can be a thing or a person that is an excellent example of a quality, it can also be used as an example to follow or imitate. It is a representation of structure in a physical system and/ or its properties (Soans & Stevenson, 2006). In the present study the concept model will be understood to mean a human construct to help people understand the real world systems and expected results

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### 1.7. Organization of the thesis

This thesis is organized into 8 chapters. In the introductory chapter (i.e. Chapter 1), the aim was to provide a background and to present the problem statement regarding the study. In the same chapter, the aim of study and its rationale were outlined. In chapter 2, related literature is reviewed and presented. Types of grief and stages of normal grief; treatment strategies; bereavement rituals and the role of traditional healers in the treatment of bereavement were discussed in detail in this chapter. In chapter 3, theoretical perspectives on bereavement and grief are highlighted. Chapter 4 outlines the methodological aspects used in the study. The research design that guided the present study and the approach are also discussed. Data collection and analysis are carefully outlined and discussed in detail. Chapter 5 provides a



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presentation of results from the participants. In this chapter, themes are developed and supported by the participants' quotes. In Chapter 6 details on how the model was developed are provided to illustrate the functioning of traditional healers in the management and treatment of bereavement related conditions. Chapter 7 discusses findings in the context of existing literature. In Chapter 8, conclusions about the study are provided based on the findings and recommendations targeted to parties concerned are made. In this chapter, the gaps that emerged but which were not the focus of the present study are mentioned. These are the gaps that will serve as future research directions.



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# CHAPTER 2: CULTURE, PSYCHOLOGY AND BEREAVEMENT

## 2.1. Introduction

In most African communities, traditional healing is an important national health resource that is utilized by the majority of people in the management of ill health (Sodi, 2009), family problems (Nwoye, 2000; Sodi, Gichinga, Esere & Hove, 2010) and bereavement. For example, a study by Hobart (2003) found that in certain societies bereaved people tend to consult traditional healers when they go through the loss of loved ones. In such cases, the traditional healer will perform some rituals and prescribe some medicines that the family members will be expected to use. In another study that looked at the significance of bereavement rituals, it was found that bereaved people consult mediums about the underlying causes for a wide range of other troubles such as disorders in home, suicide, death and other forms of bereavement (Weiner, 1995). Several studies have suggested that traditional healing approaches employed in the management of bereavement and other illness conditions are very successful and meaningful therapeutic activities if they are understood from within the particular cultural context of the people concerned (Bojuwoye & Sodi, 2010; Mufamadi & Sodi, 1996; Sodi, 2009; Vontress, 2005) This partly explains the estimations that have been suggesting that up to 80% of indigenous people in South Africa do consult traditional healers at some point in their lives (Moore & Spiegel, 2004).

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As the racial, ethnic and cultural diversity of South African population becomes more acceptable, there is an ever-growing need for the health care profession to become culturally competent in all aspects of care delivery. This includes the care people provide to grieving patients and their families. In recent years, a growing body of knowledge about the relationship between culture, grief and bereavement has emerged from the literature. Studies have shown that specific cultures' intrapersonal experiences of grief are similar across cultural boundaries (Weiner, 1995). However other research has made it clear that cultural features do make a difference in how people outwardly express their grief and how they cope with it. To provide culturally-sensitive care, health care professionals must have an understanding of cultural practices and how they impact on the overall grief experience of the patient.



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Traditional healers hold an esteemed and powerful position in South African and other developing communities in the world. Their role includes that of a physician, counsellor, psychologist, pharmacist and priest (Sodi, 1998). They are visited by members of their community for a wide range of problems that, among others, include social dilemmas, family problems and major medical illnesses. Some of the reasons why traditional healers are popular in these communities include the following: a) they share their patients' cultural beliefs and values; b) they are widely accepted and respected in their communities; and, c) they are skilled in interpersonal relations and counselling. The services of the healer or medicine man are much needed for at least three reasons. First, there are few Western-trained professionals available. For example, throughout all of sub-Saharan Africa (excluding South Africa), there are only 100 psychiatrists serving 342 million people (Lamb, 1983). Second, transportation routes are not always passable in rural Africa, making it almost impossible for outside medical personnel to reach remote villages (Sylla, 1988). Third, as long as people perceive misfortunes and sicknesses to be related to spirits, the need for healers with a similar worldview will continue to exist. Although modern hospitals generally deal effectively with the physical side of diseases, they usually are unable to do much to relieve spirituality related suffering (Mbiti, 1988). Given the significant contribution that traditional healers make towards the well-being of their communities, the researcher in the present study sought to explore these health care providers' understanding of bereavement including the role that they play in the grief counselling.

Research has shown that the loss of a loved one may trigger psychological disorders that can disrupt people's lives for at least two years after a significant loss. People going through grief as a result of the loss of a loved one are vulnerable to complications that relate to difficult circumstances around the death itself (Bendikson; Cox & Stevenson, 2002). This psychological condition known as complicated grief is characterized by a persistent longing for a deceased person, and it can often occur without signs of depression. The symptoms of complicated grief, while appearing to be normal reactions to the loss of a loved one, are associated with later impairments in global psychological functioning, such as mood problems, sleeping and self-esteem problems (Littlewood, 1992). People who are grieving usually exhibit symptoms which can be characterized as physical, emotional, social and behavioural in nature. Physical symptoms of grief include sleeping problems, crying and sighing, shortness of breath, weight change and fatigue to name a few. Emotional symptoms



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will include sadness, loneliness, vulnerability, anger and fear. People going through grief may also show social symptoms such as being overly sensitive, dependent, avoiding others, lack of interest and initiative and also becoming withdrawn. Others display behavioural symptoms which include searching for the deceased, dreams of the deceased, sensing the presence of the loved one, and always talking about the loss in order to feel comfortable (Littlewood, 1992).

Grief is a painful, but unfortunately a common experience. Most people at different points in their lives are confronted with the death of a close friend or relative. There are, however, marked individual differences in how intensely and how long people grieve. Some grieve openly and deeply for years, and only slowly return to a semblance of their normal level of functioning. Others suffer intensely, but for a relatively more prescribed period of time while others appear to get over their losses almost immediately, and to move on to new challenges and new relationships with so much ease as to raise doubts among their friends and relatives as to whether they may be hiding something or running away from their pain (Bonanno & Hansson, 2001).

Bereavement and the associated grief reaction take place within the context of families and communities and is played out through social interaction. Specific bereavement practices vary depending on the cultural background of the individual. For example, in some African and other developing communities, failure to follow through with certain traditional practices or rituals after the loss of a loved one can have a devastating impact on the family of the deceased and can result in feelings of unresolved loss and lack of closure. Consequently, if health care professionals are unaware of or are insensitive to these cultural realities, the family may view the care provided in a negative way (Bramlett, 1991).

In South Africa the use of traditional healers was forbidden, thus, it was illegal to practice this form of healing. This was based on Health Act of 1974 that has prohibited the operation of traditional healers. For traditional healers to operate they had to affiliate to the SAMDC which is now HPCSA. Since 1977, the WHO has called for the recognition of traditional healers, and in 1978 declared at Alma Ata that African traditional healers should be part of the Primary Health Care team (PHC). The increased demand of traditional medical services, in both industrialized and developing countries, is also likely due to their increased formalization, improved quality and safety standards, and their use of complimentary therapy.

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Traditional healers continued to practice even though the law was passed against their practice. Since 1990 the government, who has until recently been mainly concerned with the health of the white population, has developed a national plan based on the concept of affordable health care to all the inhabitants of South Africa. Traditional healing is envisaged as being part of the plan. The traditional healers of Africa have been using ritual in combination with herbal remedies to treat Africa's people for generations. A number of these medicines seem to be more effective where modern science or allopathic medicine has failed.

Culturally, traditional healers are still responsible for bringing care to a lot of people in the communities. They have been doing so even before the introduction of allopathic medicine. The number of people who can reach and use social services limits the capacity of service provided. Millions of isolated poor rural areas will remain neglected and they are to wait until sufficient numbers of doctors and nurses are trained and health centres are built to serve this hard-to- reach and undeserved areas (Neuman & Laura, 1982).

Traditional healing is believed to be part of African culture. People utilize traditional healing as their first point of reference when they are sick. Indigenous healing prevents illness and promotes community harmony. African medicines have the potential to manage bereavement if given by genuine traditional healers to appropriate patients; they are good and better than modern medicine.

Culturally, traditional healers are still responsible for bringing care to a lot of people in the communities and have been doing so even before the introduction of allopathic medicine. The number of citizens who can reach and use a country's social services is limited hence millions of isolated poor rural areas will remain neglected if they are to wait until a sufficient number of doctors and nurses are trained and health centers are built to serve these hard-to-reach and remote areas (Neuman & Laura, 1982).

**2.2. Comparison between grief and mourning**

Most can agree with the simplistic definition provided by Webster that grief is "a keen mental suffering or distress over affliction or loss; sharp sorrow; painful regret" (Pickett & Korhonen, 2005, p. 500). As it can be seen, grief is not too abstract a term for people to define, because to some degree people have all experienced grief or seen it displayed in



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others. Though it is not a hard term to wrap meaning around, it is however a complex entity in itself. It is presented differently in everyone through variances in intensity, complexity, duration, and the properties and stages that one experiences.

Webster also defines bereavement as the "state of sorrow over the death or departure of a loved one" (Pickett & Korhonen, 2005, p. 106). This term also seems pretty simple and equates to the reactions one goes through after losing a loved one. Again, the terms may be simple but the emotions attached to both are very complex.

Now that there is an established common understanding of the terms, one might raise the question, is there a difference between grief and bereavement? Yes. Most experts offer an explanation similar to the following: bereavement is a term specifically used to describe the effects experienced from the death of a significant other, whereas grief can be described as any sort of loss not necessarily related to death, i.e.: loss of control, loss of money, divorce (National Institute for Trauma and Loss in Children, n.d.).

Traditional healing is believed to be part of African culture. Most people in Africa utilize traditional healing as their first point of reference when they are sick. Indigenous healing is seen as preventing illnesses and promoting community harmony. African medicines have the potential to manage effectively bereavement if given by genuine traditional healers to appropriate patients. In order to understand bereavement, people need to make a distinction between grief and mourning (Cowles, 1996).

Grief is a person's internal experience, thoughts and feelings related to the experience of a great loss whereas mourning is the external expression of one's grief. Thus, a person may experience extremely painful grief but, because of a need to appear stoic, may not mourn. Grief and mourning are intensely personal and unique experiences. There are stages of grief, but they often do not occur in an orderly progression. Depending on the situation and the individuals involved, one may experience some stages, or may cycle in and out of the same emotional state several times (Cowles, 1996).



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## 2.3. Grief

Grief is the normal internal feeling one experience in reaction to a loss, while bereavement is the state of having experienced that loss. Although people often suffer emotional pain in response to loss of anything that is very important to them (for example, a job, a friendship, one's sense of safety, a home), grief usually refers to the loss of a loved one through death. Grief is quite common particularly for women, since three out of four women outlive their spouse, with the average age of becoming a widow being 56 years. More than half of women in the United States are widowed by the time they reach age 65 but also every year in the United States, 4% of children under the age of 15 experience the death of a parent (Cowles, 1991).

Stroebe, Hanson, Stroebe and Schut, (2001) further defined grief as a primarily emotional (affective) reaction to the loss of a loved one through death. It can have psychological and physical manifestations. Although not a formal medical diagnosis, prolonged grief, formerly called complicated grief refers to a reaction to loss that lasts more than one year. It is characterized by the grief reaction intensifying to affect all of the sufferer's close relationships, disrupting his or her beliefs, and it tends to result in the bereaved experiencing on-going longing for their deceased loved one. About 15% of bereaved individuals will suffer from complicated grief, and one-third of people already getting mental-health services have been found to suffer from this extended grief reaction (Cowles, 1996).

Another form of grief is known as anticipatory grief which is defined as the feelings loved ones have in reaction to knowing that someone they care about is terminally ill. It occurs before the death of the afflicted loved one and can be an important part of the grieving process since this allows time for loved ones to say goodbye to the terminally ill individual, begin to settle affairs, and plan for the funeral or other rituals on behalf of the person who is dying (Cowles, 1996).

## 2.4. Mourning

As opposed to grief, which refers to how someone may feel the loss of a loved one, mourning is the outward expression of that loss. Mourning usually involves culturally determined rituals that help the bereaved individuals to make sense of the end of their loved one's life and give structure to what can feel like a very confusing time. Therefore, while the internal pain



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of grief is a more universal phenomenon, how people mourn is influenced by their personal, familial, cultural, religious, and societal beliefs and customs. Everything from how families prepare themselves and their loved ones for death, and understand and react to the passing, to the practices for preserving memories of the deceased, their funeral or memorial, burial, cremation or other ways of handling the remains of the deceased is influenced by internal and external factors (Cowles, 1991).

The length of time for a formal mourning period and sometimes the amount of bereavement leave people are allowed to take from work is determined by a combination of personal, familial, cultural, religious, and societal factors. Mourning customs also affect whether bereaved individuals may feel comfortable seeking support as well as the appropriate ways for their friends and family to express sympathy during this time. For example, cultures may differ greatly on how much or how little the aggrieved individual may talk about their loss with friends, family members, and co-workers and may determine whether or not participating in a bereavement support group or psychotherapy is acceptable (McGoldrick, Hines, Lee & Ameldia, 1991). Mourning is further described as the social expression or acts expressive of grief that are shaped by the practices of a given society or cultural group (Stroebe *et al.*, 2001)

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### 2.5. Types of grief

There are different types of grief which people may experience after a loved one has passed away. The following are some of the types:

#### 2.5.1. Anticipatory grief

Anticipatory grief is the normal mourning that occurs when a patient or family is expecting death. Anticipatory grief has many of the same symptoms as those experienced after a death has occurred (Rando, 1993). It includes all of the thinking, feeling, cultural, and social reactions to an expected death that are felt by the patient and the family. Anticipatory grief includes depression, extreme concern for the dying person, preparing for the death, and adjusting to changes which will be caused by the death. Anticipatory grief gives the family more time to slowly get used to the reality of the loss. People are able to complete unfinished business with the dying person for example, saying good-bye; I forgive you; I love you.



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Anticipatory grief may not always occur and experiencing anticipatory grief does not mean that a person feels the same kind of grief as the grief felt later after death. There is no set amount of grief that a person will feel. The grief experienced before a death does not make the grief after the death last a shorter amount of time. Grief that follows an unplanned death is different from anticipatory grief. Unplanned loss may overwhelm the coping abilities of a person, making normal functioning impossible. Mourners may not be able to realize the total impact of their loss. Even though the person recognizes that the loss has occurred, he or she may not be able to accept the loss mentally and emotionally. Following an unexpected death, the mourner may feel that the world no longer has order and does not make sense. Some people believe that anticipatory grief is rare. To accept a loved one's death while he or she is still alive may leave the mourner feeling that the dying patient has been abandoned. Expecting the loss often makes the attachment to the dying person stronger. Although this kind of grief may help the family, the dying person may experience too much grief, causing the patient to become withdrawn (Rando, 1993).

### 2.5.2. Normal or common grief

Some investigators have attempted to define discrete stages of grief, such as an initial period of numbness leading to depression and finally to reorganization and recovery. However, most modern grief specialists recognize the variations and fluidity of grief experiences that differ considerably in intensity and length among cultural groups and from person to person. To date, no grief stage theory has been able to account for how people cope with loss, why they experience varying degrees and types of distress at different times, and how or when they adjust to a life without their loved one over time (Auster, Moutier & Lanouette, 2008).

The terms bereavement and grief are used inconsistently in the literature to refer to either the state of having lost someone to death, or the response to such a loss. Researchers have suggested that the term bereavement be used to refer to the fact of the loss; the term grief should then be used to describe the emotional, cognitive, functional and behavioural responses to the death. Also, grief is often used more broadly to refer to the response to other kinds of loss; people grieve the loss of their youth, of opportunities, and of functional abilities. Mourning is also sometimes used interchangeably with bereavement and grief, usually referring more specifically to the behavioural manifestations of grief, which are influenced by social and cultural rituals, such as funerals, visitations, or other customs.



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Complicated grief which is sometimes referred to as unresolved or traumatic grief, is the current designation for a syndrome of prolonged and intense grief that is associated with substantial impairment in work, health, and social functioning (Monk, Houck & Shear, 2006).

What constitutes "normal" grief? There is no simple answer. Grief is different for every person and every loss, and it can be damaging to judge or label a person's grief, especially during early bereavement. However, a clinician needs to make a judgment about whether a person's grief is progressing adaptively in order to make categorical decisions about whether or not to intervene. A clinician who does not understand the range of grief symptoms is at risk for intervening in a normal process and possibly derailing it. At the same time, knowledge about the boundaries of uncomplicated, adaptive grief can guard against failure to recognize complicated grief and/or depression occurring in the wake of a loved one's death. If complicated grief or major depression is mistakenly judged as "normal", bereaved individuals may be at risk for inattention to, or ineffective treatment of, clinically important problems. For pragmatic reasons, we favour the term "uncomplicated" over "normal" grief, as it is easier to categorize complications of grief, such as the syndrome of complicated grief or bereavement-related depression, than to resolve the endless debate of what is, and is not, normal (Monk *et al.*, 2006).

How long does grief last? The intensity and duration of grief is highly variable, not only in the same individual over time or after different losses, but also in different people dealing with ostensibly similar losses. The intensity and duration is determined by multiple forces, including, among others: the individual's pre-existing personality, attachment style, genetic makeup and unique vulnerabilities; age and health; spirituality and cultural identity; supports and resources; the number of losses; the nature of the relationship (e.g., interdependent vs. distant, loving vs. ambivalent); the relation (parent vs. child vs. spouse vs. sibling vs. friend, etc.); type of loss (sudden and unanticipated vs. gradual and anticipated, or natural causes vs. suicide, accident or homicide). Certainly, many of these factors also contribute to the proclivity for complicated grief, major depression, and other adverse consequences. Nonetheless, there are general guidelines to help the clinician determine the expected phenomenology, course, and duration of uncomplicated grief. This stand was supported by Lake (1984) when he said that grief refers to the experience that arise following the death of a



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loved one. It is a process that is universally associated with pain, confusion and distress (Lake, 1984).

First, grief is not a state, but rather a process. Second, the grief process typically proceeds in fits and starts, with attention oscillating to and from the painful reality of the death. Third, the spectrum of emotional, cognitive, social and behavioural disruptions of grief is broad, ranging from barely noticeable alterations to profound anguish and dysfunction. According to a study conducted by Pies (2008), clinicians sometimes mistakenly label the lack of observable grief or mourning as pathological, suggesting vulnerability to delayed intense grief or medical complications. However, there is little empirical validation of this assumption and significant data to refute it. On the other side of the spectrum, bereavement can be one of the most gut wrenching and painful experiences an individual ever faces. Shock, anguish, loss, anger, guilt, regret, anxiety, fear, loneliness, unhappiness, depression, intrusive images, depersonalization, and the feeling of being overwhelmed are but a few of the sentient states grieving individuals often describe. At first, these acute feelings of anguish and despair may seem omnipresent, but soon they evolve into waves or bursts, initially unprovoked, and later brought on by specific reminders of the deceased. Generally, healthy adaptive people who have not experienced such an emotional roller coaster, and typically find the intense, uncontrollable emotionality of acute grief disconcerting or even shameful or frightening are likely to have long lasting effects of bereavement. If these reactions are prominent, a person may attempt to avoid reminders or over-control stimuli which can interfere with the normal grief progression (Pies, 2008). Van and Melieis (2003) have stated in support of Pies (2008) that grief and bereavement are normal emotions that are very personal and are accompanied by pain and hopelessness in patients across cultures.

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Yet, grief is not only about pain. In an uncomplicated grief process, painful experiences are intermingled with positive feelings such as relief, joy, peace, and happiness that emerge after the loss of an important person. Frequently, these positive feelings elicit negative emotions of disloyalty and guilt in the bereaved. Of note, at least one investigator has found that positive feelings at 6 months following a death are a sign of resilience and associated with good long-term outcomes (Pies, 2008).



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Fourth, for most people grief is never fully completed. However, there are two easily distinguishable forms of grief. First, the acute grief that occurs in the early aftermath of a death can be intensely painful and is often characterized by behaviours and emotions that would be considered unusual in normal everyday life. These include intense sadness and crying, other unfamiliar dysphoric emotions, preoccupation with thoughts and memories of the deceased person, disturbed neurovegetative functions, difficulty concentrating, and relative disinterest in other people and in activities of daily life (apart from their role in mourning the deceased). This form of grief is distinguished from a later form of grief, integrated or abiding grief, in which the deceased is easily called to mind, often with associated sadness and longing. During the transition from acute to integrated grief, usually beginning within the first few months of the death, the wounds begin to heal, and the bereaved person finds his or her way back to a fulfilling life. The reality and meaning of the death are assimilated and the bereaved are able to engage once again in pleasurable and satisfying relationships and activities. Even though the grief has been integrated, they do not forget the people they lost, relinquish their sadness nor do they stop missing their loved ones. The loss becomes integrated into autobiographical memory and the thoughts and memories of the deceased are no longer preoccupying or disabling. Unlike acute grief, integrated grief does not persistently preoccupy the mind or disrupt other activities. However, there may be periods when the acute grief reawakens. This can occur around the time of significant events, such as holidays, birthdays, anniversaries, another loss, or a particularly stressful time (Pies, 2008). Integrated grief can appear as if a person is able to overcome grief but that is not the case. Broom (2004) indicated that the fierce pain of early bereavement will begin to fade to a point that a person would be able to engage in other things. However, the sense of having lost a part of oneself never goes away entirely. For bereaved people who have been very close to each other, there are constant reminders of their loss in seeing other people together.

Fifth, grief is not only about separation from the person who died, but about finding new and meaningful ways of continuing the relationship with the deceased. Faced with the dilemma of balancing inner and outer realities, the bereaved gradually learns to accept the loved one back into their lives as deceased. What occurs for survivors is the transformation of a relationship that had heretofore operated on several levels of actual, symbolic, internalized, and imagined relatedness to one in which the actual (living and breathing) relationship has been lost. However, other forms of the relationship remain, and continue to evolve and change. Thus, it



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is not unusual for bereaved individuals to dream of their deceased loved ones, to half look for them in crowds, to sense their presence, feel them watching out for or protecting them, to rehearse discussions or "speak" to them. Auditory or visual hallucinations of the deceased person are often seen during acute grief. Sometimes people maintain a sense of connection through objects such as clothing, writings, favourite possessions, and rings, which may be kept indefinitely. Some people continue a relationship with the deceased through living legacies, such as identification phenomena, carrying out the deceased's mission, memorial donations, or seeing them live on in others through genetic endowments. For others, periodically visiting the grave or lighting candles may help keep memories alive. Bereaved individuals may take some comfort in learning that the relationship does not need to be totally severed, but that it is perfectly acceptable and even normal for the relationship to endure indefinitely (Germain; Caroff & Buysse, 2005).

There is no evidence that uncomplicated grief requires formal treatment or professional intervention. For most bereaved individuals, the arduous journey through grief will ultimately culminate in an acceptable level of adjustment to a life without their loved one. Thus, most bereaved individuals do fine without treatment. Certainly, if someone struggling with grief seeks help, they should have access to empathic support and information that validates that their response is typical after a loss. When support, reassurance, and information generally provided by family, friends, and, sometimes, clergy is not available or sufficient, mutual support groups may help fill the gap. Support groups can be particularly helpful after traumatic losses, such as the death of a child, a death after suicide or deaths from other "unnatural" causes (Germain *et al.*, 2005).

In general, normal or common grief reactions are marked by a gradual movement towards an acceptance of the loss and, although daily functioning can be very difficult, one does manage to continue with basic daily activities. Normal grief usually includes some common emotional reactions such as emotional numbness, shock, disbelief, and/or denial often occurring immediately after the death, particularly if the death is unexpected. Much emotional distress is focused on the anxiety of separation from the loved one, which often results in yearning, searching, preoccupation with the loved one, and frequent intrusive images of death (Rando, 1993).



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Such distress can be accompanied by crying, sighing, having dreams, illusions, and even hallucinations of the deceased and seeking out things or places associated with the deceased individual. Some bereaved people will experience anger, will protest the reality of the loss, and will have significant periods of sadness, despair, insomnia, anorexia, fatigue, guilt, loss of interest and disorganization in daily routine.

Many bereaved persons will experience highly intense, time-limited periods of distress, for example, 20–30 minutes variously called grief bursts or pangs. Sometimes these pangs are understandable reactions to reminders of the deceased person, and at other times they seem to occur unexpectedly (Rando, 1993).

Over time, most bereaved people will experience the symptoms less frequently, of less duration, or with less intensity. Although there is no clear agreement on any specific time period needed for recovery, most bereaved persons experiencing normal grief will note a lessening of symptoms at anywhere from 6 months through to 2 years post loss. Normal or common grief which appears to occur in 50 to 85% of persons following a loss, is time-bound, begins soon after a loss, and largely resolves itself within the first year or two (Kellehear, 2002)

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### 2.5.2.1 Stage models of normal grief

A number of theoretically derived stage models of normal grief have been proposed. Most models hypothesize a normal grief process differentiated from various types of complicated grief. Some models have organized the variety of grief-related symptoms into phases or stages, suggesting that grief is a process marked by a series of phases, with each phase consisting of predominant characteristics. One well-known stage model, focusing on the responses of terminally ill patients to awareness of their own deaths, identified the stages of denial, anger, bargaining, depression and acceptance. Although widely used, this model has received little empirical support (McGoldrick; Hines; Lee & Almedia, 1991).

According to McGoldrick *et al.* (1991), the stage model of normal grief organizes psychological responses into four stages: numbness-disbelief, separation distress, depression-mourning, and recovery. Although presented as a stage model, this model explains "it is



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important to emphasize that the idea that grief unfolds inexorably in regular phases is an oversimplification of the highly complex personal waxing and waning of the emotional process. Researchers into bereavement have found empirical support for this four-stage model, although other researchers have questioned these findings (McGoldrick *et al*., 1991).

### 2.5.3 Complicated grief

Complicated grief reactions require more complex therapies than uncomplicated grief reactions. Complications in grief may come about due to uncompleted grief from earlier losses. The grief for these earlier losses must be satisfactorily managed in order to handle the current grief. Grief therapy includes dealing with blockages to the mourning process, identifying unfinished business with deceased, and identifying other losses that result from the death. The bereaved is helped to see that the loss is final and to picture life after the grief period. Adjustment disorders (especially depressed and anxious mood or disturbed emotions and behaviour), major depression, substance abuse and even post-traumatic stress disorder are some of the common problems of complicated bereavement. Complicated grief is identified by the extended length of time of the symptoms, the interference caused by the symptoms, or by the intensity of the symptoms (for example, intense suicidal thoughts or ideation) (McGoldrick *et al*., 1991).

Complicated or unresolved grief may appear as a complete absence of grief and mourning, an on-going inability to experience normal grief reactions, delayed grief, conflicted grief, or chronic grief. Factors that contribute to the chance that one may experience complicated grief include the suddenness of the death, the gender of the person in mourning, and the relationship to the deceased (for example, an intense, extreme close, or very contradictory relationship). Grief reactions that turn into major depression should be treated with both drug and psychological therapy. One who avoids any reminders of the person who died, who constantly thinks and dreams about the person who died, and who gets scared and panics easily at any reminders of the person who died may be suffering from post-traumatic stress disorder. Substance abuse may occur frequently, in an attempt to avoid painful feelings about the loss and symptoms such as sleeplessness can also be treated with drugs and psychological therapy (Kellehear, 2002).



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Complicated grief, a syndrome that occurs in about 10% of bereaved people, results from the failure to transition from acute to integrated grief. As a result, acute grief is prolonged, perhaps indefinitely. Symptoms include separation distress (recurrent pangs of painful emotions, with intense yearning and longing for the deceased, and preoccupation with thoughts of the loved one) and traumatic distress (sense of disbelief regarding the death, anger and bitterness, distressing, intrusive thoughts related to the death, and pronounced avoidance of reminders of the painful loss). Characteristically, individuals experiencing complicated grief have difficulty accepting the death, and the intense separation and traumatic distress may last well beyond six months. Bereaved individuals with complicated grief find themselves in a repetitive loop of intense yearning and longing that becomes the major focus of their lives, albeit accompanied by inevitable sadness, frustration, and anxiety (Shear & Mulhare, 2008).

Complicated grievers may perceive their grief as frightening, shameful, and strange. They may believe that their life is over and that the intense pain they constantly endure will never cease. Alternatively, there are grievers who do not want the grief to end, as they feel it is all that is left of the relationship with their loved one. Sometimes, people think that, by enjoying their life, they are betraying their lost loved one. Maladaptive behaviours consist of over-involvement in activities related to the deceased, on the one hand, and excessive avoidance on the other. Preoccupation with the deceased may include daydreaming, sitting at the cemetery, or rearranging belongings. At the same time, the bereaved person may avoid activities and situations that remind them that the loved one is gone, or of the good times they spent with the deceased. Frequently, people with complicated grief feel estranged from others, including people that used to be close (Shear & Mulhare, 2008).

Risk factors for complicated grief have not been well studied. However, individuals who have a history of difficult early relationships and lose a person with whom they had a deeply satisfying relationship seem to be at risk. Additionally, those with a history of mood or anxiety disorders, those who have experienced multiple important losses, have a history of adverse life events and whose poor health, lack of social supports, or concurrent life stresses have overwhelmed their capacity to cope, may be at risk for complicated grief. An interesting unanswered question is why one person develops complicated grief, while another suffers



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from major depression or post-traumatic stress disorder in the wake of a loss (Shear & Mulhare, 2008).

### 2.5.3.1 Patterns of complicated grief

Since the time of Sigmund Freud, many authors have proposed various patterns of pathologic or complicated grief. Some proposed patterns come from extensive clinical observation supported by various theories (e.g., psychodynamic defence mechanisms and personality traits associated with patterns of attachment) (McGoldrick *et al.,* 1986).

These patterns are described in comparison to normal grief and highlight variations from the normal pattern. They include descriptive labels such as the following:

- Inhibited or absent grief: A pattern in which persons show little evidence of the expected separation distress, such as seeking, yearning, or other characteristics of normal grief.
- Delayed grief: A pattern in which symptoms of distress, seeking, yearning, etc., occur at a much later time than is typical.
- Chronic grief: A pattern emphasizing prolonged duration of grief symptoms.
- Distorted grief: A pattern characterized by extremely intense or atypical symptoms.

Empirical reviews have not found evidence of inhibited, absent, or delayed grief and instead emphasize the possibility that these patterns are better explained as forms of human resilience and strength. Evidence supports the existence of a minimal grief reaction-a pattern in which persons experience none, or only a few signs of overt distress or disruption in functioning. This minimal reaction is thought to occur in 15 to 50% of persons during the first year or two after a loss (McGoldrick *et al.,* 1986).

Empirical support also exists for chronic grief, a pattern of responding in which persons experience symptoms of common grief but do so for a much longer time than the typical year or two. Chronic grief is thought to occur in about 15% of bereaved persons. It may look very much like major depression, generalized anxiety and possibly post-traumatic stress. In addition to these theoretical and empirically supported patterns of grief reactions, much emphasis has been placed on distinguishing normal grief from complicated grief. Most



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clinicians will be focused on understanding the differences between normal and complicated grief reactions by asking questions such as: What is the difference? Under what circumstances should I refer a patient/family member for grief therapy? (McGoldrick *et al.*, 1991).

For the 5-10% of people who do not adapt 'normally' to their loss the grief process can become problematic, resulting in a reduced quality of life. Whilst many terms were used to describe this, there is a perspective emerging in the literature that this should be identified as complicated grief or traumatic grief. The researcher has chosen to use, wherever possible, the term complicated grief to avoid confusion with grief associated with trauma.

The majority of materials in this section are observational studies or opinion pieces (evidence ratings are predominantly in the 3-4 level) that seek to establish distinctions between complicated grief and other diagnoses. Presently, it would appear that, there is no accepted diagnosis of complicated grief unless it is related to other mental health diagnoses. Therefore, those who are bereaved with signs and symptoms of complicated grief are often diagnosed with anxiety and depression or Post Traumatic Stress Disorder (PTSD), which may, or may not, be appropriate. A review by the Centre for Advancement of Health (2003) illustrates that complicated grief is a potentially distinct clinical entity with decreased mental health, well-being and functioning in life roles. The terms 'complicated grief' and 'traumatic grief' (Jacobs & Prigerson, 2000, Prigerson & Jacobs, 2001a) appear to be becoming more widely used to cover a range of terms and grief reactions, such as pathological, unresolved, exaggerated, masked, abnormal, morbid, delayed, chronic or absent grief (Middleton et al., 1997, Worden, 1991). The extent to which practitioners can distinguish between some of these is questionable (Enright & Marwit, 2002). Identification of atypical grief reactions have been attributed to Parkes (1965) and often linked with anxiety and depressive symptomatology (Bonanno & Kaltman, 2001), although they are considered to have distinctive features that are unique to bereavement irrespective of other mental health pathology (Centre for Advancement of Health, 2003, Prigerson *et al.*, 1996).

It is suggested that the distinctive features of complicated/traumatic grief can be identified, with Prigerson et al., (1995) indicating that the use of a specific scale for Complicated Grief (Inventory of Complicated Grief) or Traumatic Grief (Inventory of Traumatic Grief)



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(Prigerson & Jacobs 2001a, Boelen, 2003a) can be potentially discriminatory and helpful in assessment. Hogan, Worden and Schmid (2004) consider these still to be in need of further verification. Marwit (1996) indicates that diagnosis of complicated/traumatic grief is often interlinked with mental health diagnosis, particularly if using DSM classifications, whereas there are distinctive features of complicated or traumatic grief that are not incorporated into such classification. Whilst complicated or traumatic grief is often linked with depression and anxiety, there are some key differences related to the on-going relationship with the deceased, which, according to Prigerson; Bierhals; Kasl; Reynolds; Shear; Newsom & Jacobs, (1996) need to be identified, although Bonnano and Kaltman (2001) indicate that the present diagnostic categories within DSM-IV can accommodate such atypical grief reactions. The common variables for complicated grief seem to be that the intensity of the grief reaction is either too much or too little and the duration is too long or too brief, in conjunction with other risk factors such as nature of the loss, cultural expectations, involvement of personality factors and unresolved earlier losses (Marwitt, 1996).

The number of people identified as having complicated/traumatic grief from bereavement varies and has been estimated at about 15-20% of those who are bereaved (Prigerson & Jacobs 2001a, Bonnano & Kaltman, 2001), although some reports indicate between 4-33% (Marwit, 1995; Middleton; Raphael & Misso,1996). It has also been estimated that about 33% of those using outpatient mental health services may also have some degree of complicated bereavement which is impacting on their present condition (Piper; Mccallum; Joyce; Rosie & Ogrodniczuk., 2001). Middleton (1997) indicated that, on average, symptoms of psychological distress associated with bereavement reduce over time (1 year in this study). However, for those with complicated grief, symptoms these may go beyond18 months and be discernible at 6 months (Ott, 2003). Additionally, Latham and Prigerson (2004) identified an increased risk of suicide in those with complicated grief, which may increase, in ratio terms, over time. In addition to death by suicide, it has been acknowledged that the bereaved are generally at a higher risk of dying than non-bereaved (Stroebe; Hanson; Stroebe & Schut, 2001c), irrespective of type of bereavement but particularly for the younger bereaved; occurring during the early months after the loss. They may also, potentially, have a general lower quality of life in some areas of functioning (Silverman, 2000).

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Perceived social support and life stressors may play a role in complicated grief (Ott, 2003). Barry, Kasl and Prigerson, (2002) indicate that the preparedness for death may also impact on its development. Ellifritt; Nelson and Walsh, (2003), from a hospice based bereavement service perspective, indicate that in addition to social support, history of drug and alcohol abuse, poor coping skills, history of mental illness, child death and concurrent crisis are all significant factors. In addition, Boelen, van den Hout and van den Bout, (2003b) identify that negative perceptions of grief reactions by the bereaved can impact on distress and discomfort and contribute to traumatic grief and depression. Such views are echoed in the Scott and White Grief study (Gamino & Sewell, 2004) where high risk factors help identify those with higher measured distress levels and where those expressing positive themes of hope and recovery fared better than those expressing themes of pain and suffering. Jacobs and Prigerson (2000) indicate that a range of different psychotherapies (CBT, crisis intervention; brief dynamic psychotherapy; behaviour therapies; group therapy; other interpersonal psychotherapy group, individual therapy) have shown some evidence of effectiveness and may be appropriate but should be tailored to meet the individual's needs, particularly those identified as at high risk. They also identify the contribution of self-help groups in their review (as do Zisook & Shuchter, 2001, with the older work of Vachon, Lyall, Roger & Freeman(1980) identified as significant) and indicate that studies suggest that such groups can be just as effective if the group has: leadership; has been screened for suitability and training for interventions has occurred. It is also estimated that 80% of bereavement care is now provided by the voluntary sector (London Bereavement Network, 2001) and therefore, it appears appropriate to propose that the quality of such care is strengthened. A broader review by the Centre for Reviews and Dissemination (Baker, 1997) reported limited effect of bereavement counselling, although again highlights the widow-to-widow programme (Vachon et al., 1980) as effective and in addition the potential benefits of programmes for children.

Cognitive behavioural therapy (CBT), in the present health care environment (managed health care and push for 'brief' psychotherapy), is viewed as ideal for treating individuals with complicated grief (Matthews & Marwit, 2004). However, this is not necessarily supported by those who work in bereavement care and it is acknowledged that a need for further empirical support exists in this context and the possibility of using it in conjunction with other interventions. It is acknowledged that CBT, in general, has been shown to be



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effective in treating anxiety (including PTSD) and mood disorders. Piper, McCallum, Joyce, Rosie & Ogrodniczuk (2001), identify benefits from time-limited, short-term group therapy, particularly from an interpretative perspective and in patients assessed with specific personality traits. In a follow up of the same patients, social support appears to improve after therapy (Ogrodniczuk & Piper, 2003).

There is a strong association between complicated and traumatic grief and anxiety and depression and it is considered a key factor in atypical grief reactions. Bonnano and Kaltman (2001) noticed that all forms of depression and anxiety reduce over time (in the bereaved) although they may be resistant to time in about 15% of widows and widowers. The DSM-IV (APA-IV, 1994) convention is to wait for 2 months after the death before diagnosis of depression is made, although Zisook and Shuchter (2001) contest this time period as illogical and believe it delays appropriate diagnosis. In a review of the evidence for treatment of depression during bereavement, they concluded that better assessment and adaptation of interventions should occur to identify and support those at risk more accurately.

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### 2.5.4. Prolonged grief disorder (PGD)

It refers to a syndrome consisting of a distinct set of symptoms following the death of a loved one that are so prolonged and intense that they exceed the expectably wide range of individual and cultural variability. According to Lannen, Wolfe, Prigerson, Onelov and Kreicberg (2008), PGD is relatively rare and is experienced by about 10 percent of bereaved survivors, though rates vary depending on the circumstances. This is grief that does not resolve naturally and persists into the indefinite future as a defining feature that severely adversely affects the life of the survivor. The affected person is incapacitated by grief, so focused on the loss that it is difficult to care about much else. S/he ruminates about the death and longs for a reunion with the departed, feeling unsure of his/her identity and place in the world. His/her life is flat and dull; offering little meaning or purpose, and the future holds no prospect of joy, satisfaction or pleasure. The bereaved person who suffers from PGD feels devalued and in constant turmoil, with an inability to adjust to (if not a frank protest against) life without the beloved (Lannen, Wolfe, Prigerson, Onelov & Kreicberg, 2008).

PGD is defined by its symptoms, duration and intensity. The symptoms are yearning intensely for the person, identity confusion, difficulty accepting the loss, bitterness, emotional



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numbness, inability to trust others and feeling stuck in grief. These are present every day, cause significant distress and functional impairment and remain intense, frequent and disabling for six months or more after the death.

### 2.6. Phases of bereavement

People cope with death in individual ways and the way they do may not fit exactly into the different stages as seen from different authors' viewpoints. The way people grieve is divided into stages. In the first stage of denial and isolation, the surviving member has a difficult time believing that the deceased is actually gone. The surviving may even go to an extent of talking loud to the dead person and even setting a place for them during meal times. They will even isolate themselves from others because they believe that the other people may not believe in what they believe in. After a denial stage, the survivor may begin to express anger. This anger might be directed towards the deceased, a doctor (who in the bereaved's perception should have saved the person), or towards oneself as a result of guilt for missed opportunities. According to Kubler-Ross (1969), if the survivor is able to express his or her anger, he may feel grief for the loss and this may lend to acceptance as the person realizes the loss of the person and comes to understand more fully what that means to them individually. As time goes on the person understands through trial and error that the deceased person is no longer there and acceptance begins to unfold with a full realization of the loss.

The process of bereavement has the following phases:

- Shock and numbness: family members find it difficult to believe the death; they feel stunned and numb. Shock is the initial reaction to the death of loved one. At this time the reality of the loss is avoided so that the ego can absorb the reality more slowly.

- Yearning and searching: survivors experience separation anxiety and cannot accept the reality of the loss. They try to find and bring back the lost person and feel on-going frustration and disappointment when this is not possible.

- Disorganization and despair: family members feel depressed and find it difficult to plan for the future. They are easily distracted and have difficulty concentrating and focusing.



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- Reorganization: they reorganize their feelings, emotions and thoughts in order to carry on with life without much disturbance of the past experiences (Rando, 1993).

The normal mourning process has two stages, acute and chronic, with different phases in each stage and associated affect with each. In the acute stage of the process are the phases of shock, searching, grief reactions, and separation reactions. In shock, the individual experiences numbness, disbelief, shrieking and motor retardation. This phase varies in intensity depending on the preparation for the loss and it is usually very short. The searching phase includes attempts of the individual to recover the lost individual and is marked by weeping. Part of the process in this stage is the constant testing of reality showing again and again that the deceased individual no longer exists in the external world (Kubler-Ross, 1969).

Grief reactions occur when there is the realization that nothing can be done to recover the loss. The associated affect in this stage include despair, sadness, depression, fatigue, and helplessness. The final stage of acute stage is that of separation reaction which produces anger and anxiety in affect. The anger is a result of being left by the deceased person and anxiety is the response to the loss and threat of one's security. The period of separation reaction moves the individual to the chronic stage of mourning. This stage has one phase which is reintegration and its acceptance of loss. At this time the individual begins the process of removing energy from the relationship with the deceased individual and shifts it to others. It also displays the ability to integrate the experience of the death reality. With this realization the ego, knowing the needs of survival, gives up the lost relationship and this emotional energy is given again to the outside world (Rando, 1983).

Bonano and Kaltman, (2001), in a review of grief and bereavement, identify four common areas of disruption in the first year after bereavement: cognitive disorganization, dysphoria, health deficits, and disruptions in social and occupational functioning. However it must be noted from the outset that majority of the bereaved, 90-95%, will recover from their loss within a reasonable time period (Centre for Advancement of Health, 2003; Schut et al., 2001). The definitions of 'recover' (Balk, 2004) and 'reasonable' are difficult to specify as it will vary from individual to individual, although some broad time periods have been identified. It may also be the case for some, that recovery actually goes beyond pre loss levels of functioning (Lindstrom, 2002), whilst for others the nominal time period for dealing with



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grief is over-long or not long enough. Parkes (1972) indicated such variability in his classic studies of grief. He indicated the antecedent, concurrent and subsequent factors which may impinge on the outcomes for the bereaved. It is to these outcomes that many of the papers reviewed refer or investigate. The time of death and subsequent bereavement is one which produces a wide variety of emotional reactions in the bereaved such as sadness, anger, separation distress, denial, loss of interest in self and social functioning, constant replaying of the death and events leading up to it. However, the evidence clearly shows that the presence of such strong feelings and diminution of quality of life does not equate to poor outcomes for the majority of people. Furthermore, it appears difficult to know if the expression or withholding of such strong emotions influenced by cultural and spiritual factors, at the time of death and beyond is beneficial to the bereaved. What is also apparent, as Parkes and others have described, is that there are factors which may impact on the outcomes and some of these could be addressed by all types of practitioners in health and social care organisations, education settings, voluntary and community groups and be used to assist in assessing those most likely to develop physical, economic, social and mental health problems. There are also circumstances, such as in perinatal bereavement, where the specific contextual factors are also strong mediators of outcomes in addition to the other broader range of factors (Janssen, 1996).

There is of course a question of the need for intervention at all if grief is a 'normal' process from which most people will emerge (Raphael, Minkov & Dobson, 2001). In addition the evidence of the effectiveness of interventions is relatively weak (Jordan & Neimeyer, 2003). However, there would appear to be many 'interventions' that do not fall within the clinical or medical use of the term that are applicable in this review, for example; preventative/preparative type work through education, communication skills for professionals and other practitioners at the time of death and after, social and community support, designated policies and procedures, role of volunteers and voluntary groups etc. The effectiveness of many of these 'interventions' is difficult to ascertain but there is no doubt, from the literature that they have an impact and are part of the overall picture of death, dying and bereavement. The range of clinical interventions available suggests that no single approach will suit and may only be required by those people who develop 'abnormal 'grief or associated anxiety, depression and post-traumatic stress disorder. Identifying and targeting these individuals may be a useful strategy (Raphael, Minkov & Dobson, 2001). If



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intervention for bereavement is required then an integrative approach appears to be favoured, that is pharmacotherapy, psychotherapy and education provided by a range of agencies.

## 2.7. Treatment strategies of grief and bereavement

The grief treatment programme was established as a research project to assess the effectiveness of structured treatment strategies on reducing grief reactions. From the list below one will note that many of the strategies are common to people who have gone through pain in their lives. However with the trauma of grief and everyday living we often either forget or do not bother to practice these basic yet effective strategies (Wolfelt, 1997).

**Table 2.1**

| **Treatment strategies (Wolfelt, 1997)** | |
|---|---|
| **Learning to be mindful** | Buddhist teachings and meditations talk of mindfulness and how we can pay attention to our life in the moment, with the intention and without judgement. Echhart Tolle teaches us to have a pain free life by living fully in the present. |
| **Managing stress** | Managing the flight –or- fight response. As we have to deal with one of life's greatest stress events we are all; so encountering other grief related as well as normal life stressful events and situations |
| **Solving problems** | A simple yet structured approach to identifying issues, searching for options and working on possible solutions |
| **Setting goals** | Even at times of great pain there are things we may want or need to achieve in life. It may be to reduce our current levels of pain, or to become financially secure. |
| **Managing emotions and anger** | We may feel that our emotional responses are out of our control. However, there are some strategies we can use to control emotions and make life easier for ourselves and for others |
| **Relaxation techniques** | Some of these ideas may help you to relax. How relaxed are you at the moment? What is your mind doing? Where are your thoughts? What is your body doing? |
| **Dealing with conflict** | There are different levels of degrees of conflict. The grief period is a time of mixed and difficult emotions, consequently we may become more susceptible to conflict situations |

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| | |
|---|---|
| **Scheduling enjoyable activities** | We have just lost someone very close to us, perhaps our partner or companion. It is important that we now schedule to do something that will bring us joy and fill some of the space. |
| **Improving sleep** | A good sleeping pattern is crucial for normal healthy functioning. Are you getting adequate and restful sleep? |
| **Understanding anxiety** | A feeling of dread, fear, or worry. We all experience anxiety at some point or another, but when anxiety becomes too severe it can interfere with everyday functioning (Wolfelt, 1997). |

### 2.8. Indigenous African perspectives on bereavement and grief

The manner in which people grieve for their loved ones that had passed away is understood differently. Different cultures have their own ways of mourning and grieving. In some cultures rituals are performed as a way of preparing the bereaved people to mourn peacefully. The following is an explanation of what death and dying is all about in African cultures.

#### 2.8.1. African cultural explanation of death and dying

In most African belief systems, life does not end with death, but continues in another realm as there are no clear dividing lines between life and death. Human existence is a dynamic process involving the increase or decrease of 'power' or 'life force' of 'living' and 'dying', thus leading to different levels of life and death. Different cultures explain dying and death in different ways and there is disagreement as to when dying begins exactly. Relatively speaking, dying begins at birth. Life is seen by Parkes (1997) as an incurable disease which always ends fatally. Typically dying is considered as starting at a point close to the end of one's life when a life- threatening illness or condition develops. A variety of approaches can be taken towards death: dying can be seen as beginning when life-threatening facts are recognized by physician, when the facts are communicated to the patient, when the patient realizes or accepts the facts or when nothing more can be done to preserve life (Kastenbaun, 1998). To most Africans death does not change or end the life or personality of an individual, but only causes a change in its conditions. This is usually expressed in the concept of ancestors which is understood to mean people who have died but continue to live in our communities and are able to communicate with our families (Onukwugha, 1998).



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Death is perceived as the beginning of a person's deeper relationship with all of creation, the complementing of life and the beginning of communication between the visible and the invisible worlds. The goal of life is to become an ancestor after death. This is why a person who dies must be given a proper burial supported by a number of traditional and religious ceremonies. If this is not done, the dead person may become a wandering ghost unable to live peacefully after death and therefore a danger to those who remain behind. It might be argued that proper death rites are more a guarantee of protection for the living than to secure a safe passage for the dying (Onukwugha, 1998).

Though death in inevitable, the African both denies and accepts death in daily life. This double perspective can be seen in a set of beliefs sometimes referred to as "ancestor worship" or "reincarnation." Many Africans believe the spirit of the deceased remains in the world and that the dead person can come back embodied in another person. It is in light of this belief that Mbiti (1970) points out that:

"For the Africans, death is a separation and not annihilation; the dead person is suddenly cut off from the human society and yet the corporate group clings to him. This is shown through the elaboration of funeral rites, as well as other methods of keeping in contact with the departed." (Mbiti, 1970: 46).

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The relatives of the dead believe that even though the soul of their dead relative has gone up to the sky or near to God, it remains also near to them and can be approached through prayers, libations, and offerings (Onukwugha, 1998).

### 2.8.2. The mourning process: Burial and mourning rituals and/or customs

Death in African religions is one of the last transitional stages of life requiring rites of passage which may take a long time to complete. The deceased must be detached from the living and make as smooth a transition to the next life as possible because the journey to the world of the dead has many interruptions.

According to Thomas (2000), rituals must be planned ahead and thoroughly processed after completion. Certain dates are particularly troubling and anxiety producing for the bereaved. These include birthdays, anniversaries and holidays. The goal of a ritual is to plan ahead a



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remembrance ritual in order to acknowledge the day both cognitively and symbolically. Rituals provide the bereaved with acts to engage in the purpose of meaning-marking common place. Rituals provide symbolic connection to the lost persons; for example, on thanksgiving a woman makes her deceased mothers' recipe for a particular dish. It is believed that during the preparation of that dish the child feels connected to her mother within her (Thomas, 2000).

It is impossible to generalize about concepts in African religions because they are ethno-religious, being determined by each ethnic group in the context. If the correct funeral rites are not observed, the deceased may come back to haunt the living relatives. Usually an animal is killed in rituals, although this also serves a practical purpose of providing food for the many guests. Personal belongings are often buried with the deceased to assist in the journey. After the funeral itself other various rituals follow. Some people kill an ox at the burial to accompany the deceased. Others kill other animals sometimes after the funeral (3 months to 2 years and even longer is the usual observed period) (Menzies, 2008).

The Nguni in Southern Africa call the slaying of an ox 'the returning ox' because the animal is believed to be accompanying the deceased back home to his or her family, thus enabling him/her to act as a protecting ancestor. Many African burial rites begin with sending away the departed ones with a request that they do not bring trouble to the living. Funerals are a time for the community to be in solidarity and to regain its identity. In some communities this may include dancing and merriment for all but the immediate family thus limiting or even denying the destructive powers of death and providing the deceased with 'light feet' for the journey to the other world (Menzies, 2008).

Performing mourning and burial rituals helps the bereaved to acknowledge in some personal way the relationship and life that was shared. The day is best confronted and dealt with through ritual rather than avoided. There are different types of rituals which are performed; some are performed before whereas others are performed after the burial. There are rituals to commemorate, rituals of continuity and rituals of transition which mark that a change has occurred in the grief response e.g. parents who have lost their child may go and clean the grave after an acceptable period of time to them (Thomas, 2000).



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Rituals are also used as a way of protecting people from illness. Bogopa, (2010) indicates that rituals are performed throughout a person's life span, but in different stages such as birth stage, maturity stage, and after a person's death. Failure to perform all these rituals is believed to be associated or to have a negative impact on the health of the family members; in other words, performing these rituals also serve as a prevention of illness among the family members (Bogopa, 2010).

### 2.8.3. Culture, rituals and ceremonies related to bereavement

One's cultural background can affect how one understands and approach the grief process. Some cultures anticipate a time to grieve and have developed rituals to assist people through the grief process. These rituals and ceremonies acknowledge the pain and loss while offering social support and reaffirmation of life. One may not be aware of how cultural background affects his grief process. Talking with family, friends or clergy is one way of strengthening one's awareness of possible cultural influences in life. Family and friends may help the bereaved in generating ideas on to create your own rituals. Some people have found solace in creating their own unconventional ceremonies, such as a funeral or ceremony with personal friends in a private set up (Colgrove, Bloomfield & Williams, 1993).

Bereavement is an emotional and physiological response to loss such as the death of a person or to the loss of independence, mobility, occupation, vitality, home, or culture. In most cases, bereavement is considered a healthy, expected response to a significant life change. Bereavement outcomes may be influenced by an array of factors, such as the survivor's personality traits, coping styles, relationship with the deceased, social support, and early experiences with attachment and loss. Mourning can produce deleterious effects such as compromised immunity, depressive and anxious symptomatology, panic, and increased mortality. These symptoms may be manifested by disturbances in sleep and appetite, depression, anxiety, and illness. Complicated grief may occur in the form of protracted mourning that lasts for longer than one year and is often confounded by major depression, panic disorder, or psychosis (Mantell, 2008). Culture plays an important and critical role in understanding the manner in which one grieves. A person's culture also aides in their concept of what happens to a loved one after death. One's concept of the meaning of life and of death comes from one's culture and beliefs, so therefore the emotions and grief that one



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experienced are linked directly to one's cultural identity (ASCO, n.d.c). Every culture has its own rituals and customs that guide and shape the way the bereaved grieves.

It is essential to note that there is not a standard for how someone should grieve. What is "normal" grieving to one may be considered inappropriate to another. There are however some specific questions to keep in mind when working with a grieving client from a culture different fom your own so that you can keep your perspective on what the client believes (Slate & Scott, 2009). Asking what the client and family's belief surrounding death is, is very important in knowing how to appropriately go through their grieving process. Also, learning what emotions and behaviours are considered normal grief reactions in their culture is a key (ASCO, n.d.c). In addition, asking the bereaved what special dates they know of that could be particularly difficult for them to face in the future is good to figure out so that you can help prepare them for those difficult times appropriately.

All cultures and creeds practice rituals to mark the ending of life. Some make a very public display of anguish and grief, parading through the streets wailing and beating their breasts; others - as has recently been reported in the British press - believe that open air funeral pyres are crucial to the release of the spirit; whilst others have the option of burial or cremation which may, or may not, include a religious service (Menzies, 2008)

Whatever your choice of ceremony, one of the most shocking aspects is the sense of spiritual emptiness you feel afterwards. Everything in you has been working towards this moment, to such an extent that it has emptied your mind of everything else. This, of course, is one of the purposes of such rites of passage. They help us through the initial stages of shock and grief (Menzies, 2008).

There is a lot to be said for the traditions and religious rituals of various cultures and even when they seem "scripted", there are reasons why every culture has them and has passed them down for centuries, so people are encouraged to follow their hearts, see what traditions and rituals feel right for them, feel free to make up some of their own, especially if there are children involved. People have their own rich traditions for honouring those who are no longer with them, and the Internet and email allow communication across the miles with others who have been through similar experiences, or who understand or perhaps can suggest what has helped them (Mantell, 2008).



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Bereavement rituals are simply activities that are done in memory of a loss in order to help facilitate transforming grief. Dr Kolone (2007) includes bereavement rituals in sessions and recommends them outside of weekly sessions. Bereavement rituals might include:

- Lighting a memory candle at the beginning of each session
- Sharing special memories and photographs of the deceased
- Writing messages or drawing on a balloon bouquet and releasing them
- Reciting poems or prayers that are meaningful to the client
- Sitting in silence
- Watching movie clips about grief and loss and discussing how one relates to the movie clip

**2.9. Role of family and community towards the bereaved people**

As it has been discussed previously, culture plays an important role in the management of bereavement related conditions. Rituals formed the backbone of their treatment. This section continues to explore further the role that the family and community play towards management of bereavement. Loss often happens in a family context. The family members grieve and mourn individually and as a group. A sudden or violent death may be particularly difficult for the family to process because of the intense anger often involved, "It didn't have to happen." However even if the death is the long expected release from a painful illness, it can still be a powerful experience (Morgan, 2004).

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If a parent dies, the children may experience a double loss, for one parent has died and the other is too overwhelmed to provide much nurturing. At this time, the extended family and the community can step in to support the grieving family. Marriages may be strained and even fall apart under the strain of death and mourning. Spouses may grieve differently and may resent the way that the partner behaves and each may be too overwhelmed to reach out to the other.

Those in non-traditional family structures may face additional complexities in their process of mourning. They may be denied legal protection afforded to other families. Church and extended families may not recognize their grief. Mourning, though a painful process can also be a way for families to grow together, hence petty conflicts seem less important in the face



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of the loss. Relationships seem more precious because they are fragile and impermanent and family members may learn to support each other and truly listen (Morgan, 2004).

In family centered collectivistic societies, important events, such as births, marriages, sicknesses, and deaths are occasions for assemblage. Individuals are seldom without the support of their group. Thus, when they are faced with problems, others come to their rescue. In Africa, the whole family often escorts the sick member to the healer and may observe and assist in the treatment. Patients who are left unattended by significant others are apt to feel anxious in many cases, in the African tradition, the sick will be accompanied by the other member to the healer to assist during counselling (Vontress, 1991).

### 2.10. The role of traditional healers in bereavement

According to Sisodia (1997), traditional healing is the spiritual/systematic and interactional in nature. Healing the bereaved in the context of traditional healing is grounded in ecologically sound rituals and ceremonies that facilitate experiential healing. In the context of bereavement, the target clients are members of the community burdened by the painful loss of loved one. The role of traditional healers is to prevent deep sorrow from degenerating into chronic negativity. According to Sisodia (1997), grief rituals and processes indigenous to rural African communities are directed at healing four memory components of the bereaved, the fact, the behavioural, the event and the prospective.

#### 2.10.1. The fact memory

Refers to that aspect of human memory system that seeks answers to a question such as: What happened? The memory seeks clarity regarding the facts around the death: that is, whether it really took place, how and why it took place, where, when and who might be responsible. If the memory cannot be satisfied with the answers received, the result is a certain kind of restlessness. Certain funeral rituals and processes incorporated in the program of grief work in traditional Africa, are specifically designed to prevent this experience of disquiet in the bereaved's fact memory, hence it is said the traditional healing system is proactive and creative (Sisodia, 1996).



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### 2.10.2. Behavioural memory

There are two principal aspects of behavioural memory. The first one is the existing knowledge of how grieving people are attended to in the culture for example, that relatives and neighbours should come to show support and sympathy and their expectation that they should be treated in the same way. The second is their cultural memory of specific processes for legitimate grieving and mourning. This memory offers them the image of how to proceed, and the expected cultural rituals and programmes that would be organized for them to facilitate their healing. Healing comes to the bereaved when these expectations are fulfilled. Culturally, the bereaved are never left in the dark about what is expected of them or what to expect from the culture (Williams, 1996).

### 2.10.3. The event memory

This memory is not concerned about what happened and why it happened but its major concern is to give answers to the question: Why me again? Most of the bereaved tend to be preoccupied with feeling of threat, with the recent death acting as a reminder of previous adversities and deaths. In situations such as these, the community effort is directed at effecting healing by dispelling the illusion that the bereaved person is under special threat. The 'downward arrow technique' that community members apply during their therapeutic speeches is intended to convince the bereaved that he or she has not suffered more than anybody else in the world. The event memory is concerned with how people react to life and stresses in difficult circumstances particularly when the adverse conditions being faced are a reminder of past suffering (Lazarus & Lazarus, 1994).

### 2.10.4. The prospective memory

This refers to the bereaved preoccupation with interruptions to family routines and on-going projects, such as family house still under construction, loans and other outstanding matters which the deceased person had been involved with. Prospective memory relates to the bereaved with the disruptions wrought by death and the loss of dreams for the future (Raphael, 1993).

This memory also is concerned about what must be done to give the deceased a decent burial to facilitate his rest and happiness in the hereafter and his dignified passage to the land of ancestors. In this way the problem of grudge against the living by the deceased is prevented.



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Community intervention promotes healing in the prospective memory of the bereaved persons through helping them to give the deceased a decent burial and assisting them to attend to crucial projects left incomplete by the deceased. In this way the bereaved is enabled to feel a less sense of disruption (Raphael, 1993).

**2.11. Provision of support by traditional healers**

Clients and their families who consult with them may move into their huts or compounds, staying there until their sick person is healed. Some studies conducted in Liberia (Vontress, 1991) indicated that sometimes itinerant healers move about a given region of the country, staying with families in need until the ailing person feels better, before moving on to cure those who are sick in other families. In the same study, a Kenyan woman interviewed in the States said, "Traditional healers take more time with you than Western-trained doctors." She also indicated that they are usually from the patient's own ethnic group, a fact that makes the sick person feel comfortable and understood. In a similar vein, Makinde (1978) explained that the Babalawo or community seers in Nigeria create a climate of trust, acceptance, positive regard, and empathic understanding, all of which contribute to the restoration of well-being.

Traditional healers often encourage self-reliance by stressing the importance of diet, exercise and rituals, all of which may have real preventative value. The proximity of healers also reduces transport costs, and their fees usually start with an initial minimal fee and the balance is paid only when the patient is cured (Blackett-Sliep, 1989). People continue to visit traditional healers despite the introduction of free health care for all citizens in the public health services, as an indication of the value they attach to the care they receive from traditional healers. The success of traditional healers in treating psychological problems is well documented and often recognized (Hoff, 1992). A large part of a healer's practice is devoted to counselling individuals whose problems are the consequences of rapid social and economic changes including bereavement in the community (Abdool Karim; Ziqubu & Arendse, 1994).

**2.12. Community support for the bereaved**

As the shock of the loss fades, there is a tendency on the part of the griever to feel more pain and sadness. Well-meaning friends may avoid discussing the subject due to their own



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discomfort with the grief or their fear of making the person feel bad. As a result, people who are grieving often feel more isolated or lonely in their grief. People who are grieving are more likely to fluctuate between wanting some time to themselves and wanting closeness with others. They may want someone to talk to about their feelings. People who are not grieving should be good listeners to the bereaved; acknowledge their pain; asking about their loss; remembering their loss and be always available anytime they may be needed (Wolfelt, 1997).

When one first hears the news that one has a serious illness, the first reaction is often to shut it out of awareness. Denial is not all bad; in limited amounts, it may serve a protective function. However, you must eventually take a careful look at the situation. At such a time, it may become helpful and even necessary to talk to friends and loved ones about your illness and your life plans (Morgan & Laungani, 2004).

Many of us are not used to sharing deeply personal feelings with others. Our society has tended to avoid open discussion of illness and dying. Many people are reluctant to reveal their true wants and needs. However, one may discover that others may be wondering what they want. They are often happy to get a clear message from you. They may be at a loss as to what to say to you. If one brings up the subject of one's illness, it breaks the ice and may eliminate an awkward barrier. One may start to cry. This is not necessarily bad. It may actually make it easier for both of them to express their intense emotions. Discussing one's illness or impending death with someone else may lead to a new and special sense of closeness. Crises can strip away artificial barriers and help us focus on what we really value in each other (Morgan & Laungani, 2004).

When one is confronted with serious health crisis, one needs support. Friends and relatives can provide that. Some of one's thoughts and feelings may seem grotesque or morbid. If one's friend is able to hear one's concerns, he or she may reassure each other that these concerns are normal. One may have to make significant life decisions such as how to carry on with life without the deceased. Discussing these decisions aloud with a confidante may help one clarify what one truly wants to do (Morgan & Laungani, 2004).



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When a person talks to someone about his illness, he must be open about any strong feelings he may be experiencing or that this other person feels his friend may be showing. This ultimately eases any sense of awkwardness. People should not always have to use words to express their thoughts or feelings. Silence, hugs, or holding hands may express a great deal. Tell the other person what he or she has meant to you. Be open about any regrets for past actions or omissions (Morgan & Laungani, 2004).

Every moment in a person's life carries the potential for growth and a new sense of meaning. One always hope for a reprieve or even a cure, but whether or not it comes, one can still experience growth personally and in closeness to others.

**2.13. Traditional healers' diagnostic methods and or techniques of bereavement**

To a person who is grieving, grief counselling techniques can really go a long way in healing the pain and providing the much needed emotional support. Grief has always been an important part in our lives as people. It engulfs our existence when someone very close to us departs from this mortal world, leaving us in utter despair and with various questions. At some point acceptance becomes a necessity as life has to move forward, for the good and better times. Underneath here follows the different techniques that are used in the treatment of bereavement both on the traditional and western perspectives.

Traditional healers use a variety of procedures to diagnose clients' problems. Some take a rather long "medical" (psychological, physical, and spiritual) history as do their Western counterparts (Retel-Laurentin, 1969).

Others are said to be able to diagnose from a distance without ever seeing the patient, whereas others arrange an elaborate ceremony designed to invoke the spirits of ancestors to obtain needed answers (Diallo & Hall, 1989). Often medium from remote communities are used for such diagnosis. Anthroposcopy is one of the techniques used for diagnosis in traditional healing. Using this technique healers are able to tell a client's name and where he comes from by just looking at the client.

Another technique is called knowing by lithomancy (bone throwing). In this technique traditional healers are able to know what their clients' problems are. Traditional healers use



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many other methods of divination to discover knowledge about their patients such as crystal gazing, turning randomly to passages in the sacred book, hearing things inaudible to normal hearing and seeing things invisible to normal sight. These are just a few of unusual abilities healers often display in diagnosing their patients. These techniques can be used for the treatment of bereavement related problems; it is similar in the diagnosis of all diseases. Counselling is one of the techniques that can also be used in conjunction with other mentioned techniques (Vontress, 1991).

In traditional healing, the ability to diagnose an illness is seen as a gift from the Gods and ancestors. Traditional healers consult the spiritual realm by invoking and conferring with the ancestors (Mariana & Hewson, 1998). Ancestors have always been playing a major role in the life of traditional healers. In many cases, traditional healers are selected by ancestors before they can receive training. Bodibe and Sodi in Mashamba (2007) stated that since ancestors cannot talk to their people directly they choose a person (Traditional Medicine Network, 2003) to be the mediator between the dead and their people. Traditional healers are the mediators between the dead and the living. Those who are chosen as traditional healers are given special powers by the ancestors. The powers include the ability to heal and to divine.

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According to Asaah, Manu and Ombaku (2003); Sandlana and Mtetwa (2008), diagnosis in African healing is often carried out using the senses, such as taste, touch, smell and sight as well as by consulting the spirits and oracles. As part of diagnostic processes, traditional healers determine the nature of the problem by examining the symptoms directly and by using questions to reveal the illness in the context of the patient's life, social relationships and physical environment. Because people are the products of the community, they ask every aspect of the patient's present and past activity, focusing on the behaviours that can cause conflict with others (Mariana & Hewson, 1998).

Throwing of bones is one of the oldest forms of divination used by traditional healers to communicate with ancestors. Bones give the traditional healers direction to the right treatment. The throwing of bones also helps the traditional healers to obtain the history of the patient as well as to confirm what the patient has said about his or her problem. After the healer has struck rapport in a calculated and deliberate manner with the client, he would



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continue to ask questions which are related to the person's functioning. The traditional healer will then explore all of these areas carefully and try to make sense of an individual's world and his problems. Throughout this exploration by the traditional healer, the client is free to agree or disagree with what the healer says (Mariana & Hewson, 1998).

Traditional healers also use their dreams through which ancestors give them diagnostic insights (Sandlana & Mtetwa, 2008; Mariana & Hewson, 1998). Sometimes the ancestors will show the healer, through dreams, the problems of the patient before the patient arrives for consultation (Peltzer, 1993). In some cases the ancestors might even show the traditional healer the kind of treatment that he or she has to use for the patient (Rinne, 2001). According to Fourie in Peltzer (1993), the traditional healer would then prepare the treatment so that when the patient arrives for consultation, he or she would find the medication ready. Traditional healers also use spiritual power of ancestral spirits or gods to diagnose a patient's problem (Peltzer, 1993).

### 2.14. Overcoming grief and bereavement related conditions

Various methods and ways exist that help a great deal in the management of bereavement related conditions (Mariana & Hewson, 1998). The following are some of the helpful ways that can be used in overcoming of feelings of grief and bereavement:

#### 2.14.1. Connecting with the spiritual self

Trying to understand oneself at a spiritual realm helps an individual to connect with his conscience which will ultimately guide on what to do next. One needs to connect with the inner person, trying to listen to that inner person for answers and wayforward.

The most debilitating grief is the one that results due to the loss of a loved one. It becomes difficult for all people to bounce back to natural life after the death of a beloved one. However, grief has to be dealt with positively because it can have negative implications on the life of a bereaved person. To manage grief, one can resort to spirituality that is more of a lifestyle rather than a skill to deal with crisis. Every one of us has an inner self, our inner world where our core values, realizations and experiences and lives blossom. If death is managed skilfully, it can give the bereaved person deep insights about life. Meditation is the most effective way advised in counselling sessions to understand the nature of the mind. It



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helps one to accept life the way it is. Therapists can help during meditation to help the bereaved person. Meditation has various positive effects on our mind and body. Various types of meditation techniques teach us to be aware of our thought patterns and exercise control over our body and mind. Moreover, meditation enhances the feeling of well-being and gives a sense of spiritual satisfaction (Sandlana & Mtetwa, 2008).

### 2.14.2. Journaling one's thoughts

Individual's mind wanders if there is no specific focus that the individual wants to direct his thoughts to. To be able to heal faster from grief, bereaved people are encouraged to write down all those things that make them think about the deceased. If there is unfinished business with the deceased, all that must be written down. As the individual connects with his conscience he or she will be able to know what to do and how to move on with life.

The immense importance of writing our thoughts in our journal has been expressed by behavioural psychologist a number of times. Writing what makes us feel sad or annoys us empties the mind and the bereaved becomes free from incessant thinking. It must be habit for the bereaved individuals to pen down their feelings in a journal as it helps to relax the mind. The bereaved individual writes all his or her insecurities, moments of loneliness and expectations from life and whatever they may need to express. It helps to heal their sorrows. Choosing to do various tasks can slowly and gradually help the bereaved individual to pay tribute to the deceased person and at the same time, they feel better as they have expressed themselves to the best of their abilities. It has been found that writing a biography of the deceased person, constructing a memory book in remembrance of the deceased person, sculpting art forms and getting involved in various creative means of expression do help to channelize the energies of mind from the same topic that haunts the mind and heart all times (Mariana & Hewson, 1998).

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### 2.14.3. Seek professional advice

The moment one loses something important as in a person, one becomes confused and more stressed. Many psychological problems may begin to show up rendering the person useless at some points. Seeking professional help is one alternative solution to one having a speedy recovery from this condition. As musch as professional help is important, support from family and friends has to be a point of departure (Sandlana & Mtetwa, 2008).



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Many people grieve without professional help. Some, however, may seek additional support from licensed psychologists or psychiatrists. And support resources available to the bereaved may include grief counseling, professional support-groups or educational classes, and peer-led support groups. In South Africa, local hospitals and clinics may provide a first contact for those seeking bereavement supports (Sandlana & Mtetwa, 2008).

It is important to recognize when grief has turned into something more serious, thus mandating contacting a medical professional. Grief can result in depression or alcohol- and drug-abuse and, if left untreated, it can become severe enough to impact daily living It recommends contacting a medical professional if one can't deal with grief, one is using excessive amounts of drugs or alcohol, one becomes very depressed, or one may have prolonged depression that interferes with his or her daily life. Professionals can use multiple ways to help someone cope and move through their grief. Hypnosis is sometimes used as an adjunct therapy in helping patients experiencing grief. Hypnosis enhances and facilitates mourning and helps patients to resolve traumatic grief (Sandlana & Mtetwa, 2008).

Lichtenthal and Cruess (2010) studied how bereavement-specific written disclosure had benefits in helping adjust to loss, and in helping improve the effects of post-traumatic stress disorder (PTSD), prolonged grief disorder, and depression. Directed writing helped many of the individuals who had experienced a loss of a significant relationship. It involved individuals trying to make meaning out of the loss through sense making (making sense of what happened and the cause of the death), or through benefit finding (consideration of the global significance of the loss of one's goals, and helping the family develop a greater appreciation of life). This meaning-making can come naturally for some, but many need direct intervention to "move on".

Support from family and friends coupled with other counselling techniques of grief are of utmost importance in the management and treatment of bereavement. Grieving, in essence is a healthy process as it makes us to become more compassionate and it is a sign that we are sentimental human beings. Grieving is never a sign of weakness or poor self-control, the only thing is that, people should ensure that grief does not stop them from living their lives in a positive way. Losing a loved one is heart-breaking. However, as we grow in this journey of life, we do realize that losses are not the end of life. Human beings are just vulnerable to attachments in life. People get attached to jobs, careers and most deeply to human beings;



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those few people who touch the cords of our loved ones. The moment we feel this connection has been lost, our hearts drown in pain and sadness. With the support and care of the family and friends, grief counselling can work wonders (Sandlana & Mtetwa, 2008).

### 2.14.4. Conversation between the griever and the deceased

People mourn and grieve in different ways. Some people prefer to talk to the deceased which might appear like a person is not normal but it would have helped him. Since there is no formal way of mourning, it would not be wrong for some people to opt to talk to the deceased in spirit. From an African perspective it is believed that the spirit of the dead person lives with us guiding and advising us on life issues. In this way all unresolved issues with the deceased can be sorted and the bereaved will be able to move on without holding back.

The converstation between the griever and the deceased can be a very emotional technique. The counsellor places an empty chair in a room and the bereaved is instructed to visualize that his deceased loved one is occupying that chair. This technique gives the bereaved the chance to finally say all the things left unsaid when the person was still living (Sandlana & Mtetwa, 2008; Mariana & Hewson, 1998).

### 2.14.5. Individual counselling

Some grievers are not ready or not comfortable dealing with the loss around a lot of people. In this case, they can always turn to their counsellor, psychologist, or even a pastor whom they can individually talk to. These counsellors may help a person bring out some feelings the bereaved are trying to avoid such as guilt, denial, anger, etc (Mariana & Hewson, 1998).

Traditional counselling in traditional healing is not only done by talking, it can also be done through engaging the client into some activities during consultation. During consultation, traditional healers may talk of possible ways to diagnose and treat what the client is suffering from. Effective treatment is achieved based on correct diagnosis while misdiagnoses lead to an ineffective treatment (Traditional Medicine Network, 2001). Traditional healers seem to always strive for correct chord as far as diagnosis of the problem is concerned. To enhance the diagnostic process, traditional healers would make the bereaved to dance or follow specific rituals such as washing with herbs (Sandlana & Mtetwa, 2008; Mariana & Hewson, 1998).

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Traditional healers use different diagnostic methods and these include:

- Pulse diagnosis: traditional healers look at the interaction between the heart pulse and the blood vessels
- Tongue diagnosis: traditional healers look at the colour of the tongue
- Urine analysis: they look at the colour of the urine, smell and consistency of urine
- Nail hand iris diagnosis: traditional healers also base the diagnosis on the colour of the iris (Traditional Medicine Network, 2001).

Treatment involves protecting client from further harm or suffering from the same sickness. All these aspects form part of counselling which traditional healers conduct during consultation. Traditional healers believe that once they talk about diagnosis and treatment with their clients, it makes them feel more comfortable around them. Traditional healers also use steaming for the protection purposes, to wash off bad luck and evil spirits. Steaming is considered more effective than bathing because of the higher temperature (Traditional Medicine Network, 2001)

**2.15. Caring for the bereaved by traditional healers**

Traditional healing practices are understood to be effective in alleviating symptoms of emotional and psychological sufferings associated with conditions such as separation, post-traumatic stress disorder, grief and loss and many other conditions (Schreider, 1995). Post – traumatic stress disorder, grief and bereavement may be manifested in a variety of ways in different populations and cultures. It was realized in a study conducted in Ethiopia of a woman who lost her baby during a long exodus and who, because of environmental conditions could not be purified, it was realized later that she could not respond to any treatment. All the cultural signs and symptoms that she suffered due to complicated bereavement could be treated after traditional purification rituals and healing were performed (Schreider, 1995).

A study conducted by Kayombo (2005) in Zambia found that traditional healers have a significant role in caring for orphans in communities using a holistic approach (Kayombo, 2005). This approach entails taking into account both basic needs and psychosocial support to make a whole support package. This kind of support endeavours to help the affected orphans strengthen their personal coping capacities, hope, security, trust and to reinforce support from family members and friends.



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Grandparents who were caring for orphans appear to be overwhelmed with the orphans, resulting in them selling even their assets or borrow money to meet daily needs at home because of abject poverty. Many non-governmental organizations (NGOs) and community-based organizations (CBOs) that are involved in taking care of orphans in Tanzania and elsewhere in developing countries, follow traditional methods of focusing on basic needs like food, clothing, shelter and medical care and going to school. Caring for orphans should go beyond this by taking into consideration psychosocial support that helps these children to cope with life. It has to be remembered that the death of parents affects children socially and psychologically and has a great impact on the orphans' daily life. People caring for orphans need to capture this aspect as well to make them cope with life more easily (Kayombo, 2005).

In the same study, Kayombo (2005) also found that traditional healers use a holistic approach when handling orphans by taking into account both basic needs and psychosocial support to make a whole support package. The analysis of traditional healers' activities when caring for orphans, underscores The International Federation of Red Cross and Red Crescent Societies belief that key components of psychosocial support for orphans are on-going interaction and presence with the aim of bolstering feelings of security and hope and eventually attempting to meet nearly all essential components in each of the spokes of psychosocial model. This support endeavours to help the affected orphans strengthen their personal coping capacities, hope, security, trust and reinforce support from family members and friends. Traditional healing practices are usually accompanied by certain rituals, and each methodology has specific relevance to certain sacred teachings held by indigenous people. It is the reason why many African cultures perform bereavement rituals.

No support is stronger for a bereaved person than the support of family and friends. If this basic support system is supplemented by the professional expertise, it can make a massive difference in helping a person to cope better with grief. Professionals help the bereaved person with various grief counselling techniques that are in essence, meant to enhance the overall emotional and physical health of the individual. Grief counselling works wonders with the support and care of family and friends (Frank & Smith, 2002).



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## 2.16. Mourning in the family

A major loss often brings up echoes of past losses. If the family members still have intense unresolved grief, it may complicate the way that they mourn the current loss. Loss often happens in a family context and family members grieve and mourn individually and as a group. The method of death, sudden or the culmination of a long illness is an important factor. A study by Schreider (1995) concluded that when a family member dies, the entire family is affected and each person grieves their own personal loss in their own unique way. As a result of death in the family, roles and responsibilities will shift; relationships change; communication and mutual support among family members may suffer. It is during these times that members of the family must stand together for one another and assist each other in deciding which one of them takes which responsibilities and also learn how to compensate for the absence of such responsibilities. Personality patterns differ within a family. Differing personality patterns among family members will affect how each one individually expresses, experiences, and deals with grief. It has also been found by the same study that people tend to prefer one pattern of response over the other. It is important during times of mourning to know how you and your own family respond to death or sudden shock. This will have to do with how you have related in the past. If a family is used to openly talk about their feelings with each other, they will be able to communicate well about the death and changes it brings. Families in which people do not talk about the feelings and tend to deal with problems individually will probably have difficulty acknowledging the death and its impact. During these stressing times it may be imperative to seek help from the extended family members in relieving stress on immediate family members. Family members should not lose focus during these hard times. Instead, they should encourage one another to nurture themselves, eating balanced diet and having enough rest. It is of utmost importance for family members to give themselves permission to be happy. Family members should be surrounded by people who understand and support their religious beliefs in case a family believes in it (Schreider, 1995).

## 2.17. Cultural expressions of grief and bereavement

Each society specifies manners such as rituals, styles of dress, or other habits, as well as attitudes, in which the bereaved are encouraged or expected to take part. An analysis of non-Western cultures suggests that beliefs about continuing ties with the deceased vary. In Japan, maintenance of ties with the deceased is accepted and carried out through religious rituals. In the Hopi of Arizona, the deceased are quickly forgotten and life continues on. Different



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cultures grieve in different ways, but all have ways that are vital in healthy coping with the death of a loved one.Grief is a multifaceted response to loss. It focuses more on the emotional response to loss. As explained in the introduction and background of the study, grief also has physical, cognitive, behavioural, social and philosophical dimensions. Common to human experience is the death of a loved one, whether it be a friend, family, or other close friend. While the terms are often used interchangeably, bereavement often refers to the state of loss, and grief to the reaction to the loss. There are different types of losses, such as loss of employment, pets, status, and a sense of safety, order, or possessions, to the loss of the loved ones. There are variety of responses to grief that are influenced by personality, family, culture and spiritual, religious beliefs and practices (Marian; Fredric & Morris, 1984).

Bereavement is regarded as a normal part of life for all people and carries a degree of risk when limited support is available. Severe reactions to loss may carry over into familial reactions and cause trauma for children, spouses and any other family members; there is an increased risk of marital breakdown following the death of a child, for instance. People who grieve are able to work through their loss independently and accessing additional support from bereavement professionals may promote the process of healing. Grief counselling, professional support groups and peer-led support groups are primary resources available to the bereaved (Stroebe & Shut, 2008).

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Bereavement takes place within the context of families and communities and is played out through social interaction. Specific bereavement practices vary depending on the cultural background of the patient. For example, failure to follow through with certain traditional practices or rituals after death of a patient can have a devastating impact on the family of the deceased and can result in an experience of unresolved loss and lack of closure. If nurses are unaware of or insensitive to these cultural needs, the family may view the care provided in a negative way (Stroebe & Shut, 2008).

Cultural diversity refers to the differences between people based on a shared ideology and valued set of beliefs, norms, customs and meanings evidenced in a way of life. Because of cultural diversity, people will have different interpretation and understanding of what grief and bereavement are. Studies have shown that when practitioners and patients come from two distinct cultures with different, perhaps even conflicting beliefs, there is a strong potential for



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misrepresentation and poor communication by all participants. Literature on bereavement also indicates that culture counts in the care of individuals experiencing mental health problems. Recent research has shown that bereavement may trigger a unique and previously unrecognized psychological disorder that can disrupt people's lives for at least two years after a significant loss. This disorder is known as Complicated Grief. It is characterized by a persistent longing for a deceased person, and it can often occur without signs of depression. The symptoms of complicated grief, while appearing to be normal reactions to the loss of a loved one, are significantly associated with later impairments in global psychological functioning, such as mood problems, sleeping and self-esteem problems (Stroebe & Shut, 2008).

When discussing the cultural beliefs and practices of a specific ethnic minority population, it is always important to avoid blanket generalizations. Assuming that all individual members of a certain culture think believe and behave exactly alike can result in stereotyping and an insensitive approach to patient care. Nevertheless, a review of the literature does reveal some examples of culturally specific perspectives on grief and bereavement that health care professionals need to be aware of, and below are some of them (Stroebe & Shut, 2008).

### 2.17.1. Cross cultural responses to bereavement and grief

Death, grief, and mourning are universal and natural aspects of the life process. All cultures have evolved practices that best meet their needs for dealing with death. Hindering these practices can disrupt the necessary grieving process. Understanding these practices can help clinicians to identify and develop ways to treat patients of other cultures who are demonstrating atypical grief. Given current ethno demographic trends, health care professionals need to address these cultural differences in order to best serve these populations (McGoldrick; Hines & Lee, 1991). Grief, whether in response to the death of a loved one, to the loss of a treasured possession, or to a significant life change, is a universal occurrence that crosses all ages and cultures. However, there are many aspects of grief about which little is known, including the role that cultural heritage plays in an individual's experience of grief and mourning. Attitudes, beliefs, and practices regarding death and grief are characterized and described according to multicultural context, myth, mysteries, and mores that describe cross-cultural relationships.



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The potential for contradiction between an individual's intrapersonal experience of grief and his or her cultural expression of grief can be explained by the prevalent (though incorrect) synonymous use of the terms "grief" (the highly personalized process of experiencing reactions to perceived loss) and "mourning" (the socially or culturally defined behavioural displays of grief) (Rando, 1993). Individual and intrapersonal experiences of grief are similar across cultural boundaries. This is true even considering the culturally distinct mourning rituals, traditions, and behavioural expressions of grief experienced by the participants. Health care professionals need to understand the part that may be played by cultural mourning practices in an individual's overall grief experience if they are to provide culturally sensitive care to their patients.

In spite of legislation, health regulations, customs, and work rules that have greatly influenced how death is managed in South Africa, bereavement practices vary in profound ways depending on one's cultural background. When assessing an individual's response to the death of loved one, clinicians should identify and appreciate what is expected or required by the person's culture. Failing to carry out expected rituals can lead to an experience of unresolved loss for family members. This is often a daunting task when health care professionals serve patients of many ethnicities. Helping family members cope with the death of a loved one includes showing respect for the family's cultural heritage and encouraging them to decide how to commemorate the death (Ryan, 2002).

**2.17. 2. Spiritual/cultural aspects of bereavement**

The theme related to spiritual and cultural aspects of bereavement covers material that is focused on spirituality, including religion and the cultures in which these occur. There is, across the majority of themes in this review, literature related to culture. However, there was a range of material (mostly text and opinion) that explored the spiritual and cultural dimension of death and bereavement and which we considered related specifically to health and social care. It was therefore decided to provide an overview and synopsis, particularly as the SEHD (Scottish Executive Health Department) had published guidance on Chaplaincy and Spiritual Care in NHS(National Health Service) Scotland (NHS HDL , 2002) based on a report from the Working Group on Spiritual Care in the NHS(National Health Service) (McGregor, 2002). The guidance instructed NHS (National Health Service) Boards to develop and implement a spiritual care policy. In conjunction with this SEHD (Scottish



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Executive Health Department) also produced guidance on culturally competent services (NHS HDL, 2002).

The spiritual care guidance affirms the need to develop policy and practice in this area through establishment of relevant structures and processes within each NHS Board. The term 'Spiritual' is viewed as a more appropriate term to cover the 'work'. However, the guidance highlights the problem of a lack of information on people's spiritual affiliations (and needs) and also the difficulty of quantifying the amount of time that is devoted to spiritual care and how it is being carried out. What appears important is having an appropriate range of religious and spiritual personnel involved to support patients, their families and staff (Marrone, 1999; Lomas, 2004). Lomas (2004) also indicates that such departments should offer staff the opportunity to 'offload', which suggests a counselling function. One of the key differences across all religions and cultures is the private versus public event of death and mourning. As Parkes, Laugani and Young (1997) point out in some cultures, death and mourning is a social affair, and in others such as in Northern Europe and the US it is a private restrained affair. They indicate that there is 'no evidence' that one approach is better than another in terms of impact on the bereaved. However, they are clear Laugani and Young, (1997) that we should be aware that there are considerable intra cultural differences that exist and there is a need to avoid stereotyping. According to Parkes, Laugani and Young (1997), the loss of 'traditional religions' and the increased secularisation of society has resulted in many rituals and responses to death and bereavement being extinct. The end result is that services, such as those provided by bereavement counsellors, now provide a crucial role in provision of human comfort, facilitation of mourning and reducing traumatic grief. Walter (1996) identifies this move to individually focused spirituality in bereavement care being fostered by the hospice and palliative care movements. Individualisation of faith means the person is the authority, beyond religion and medicine, and their self-awareness and search for meaning is the most important (Doka, 2002). How nurses are able to provide care in such circumstances is questioned by Walter (1996) as few know what is meant by the spirit. However, this move to secularity is mirrored in the move to develop and offer a broader and better level and range of spiritual care throughout NHS Scotland (HDL, 2002). This guidance also highlights the need for those who directly care for patients and their families to have skills, which demand professional development education and training. It does not identify issues related to spiritual care in pre-registration/ undergraduate curricula.



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What rituals and practices are available may be considered as helpful in assisting those who have a loss to grieve (Doka, 2002). Stroebe (2004) however, in reviewing the evidence on religious variables (including beliefs), concludes that the evidence is uncertain and cannot be accepted as showing that beliefs (religious) influence outcomes in bereavement. This is not to suggest that for many, with such beliefs, these are not helpful but merely to highlight the difficulties surrounding research into this area where definitions, specifications and confounding variables are not concise or considered. Austin and Jennings (1993) study is an example of the problems in determining definitions and specifications and the lack of control over confounding variables. However, the study by Walsh, King, Jones, Tookman and Blizard (2002) seeks to address some of these problems and identifies spiritual (not just religious) belief as an important factor in assisting the grieved and that it may be more useful in identifying those who are having difficulty readjusting to life after loss. It may be that such a dimension fits approaches such as the logotherapy of Victor Frankl, which is a search for meaning and purpose (Walter, 1996) and may be better termed existential, rather than spiritual. The way in which chaplains engage with death, dying and bereavement and the amount of involvement is relatively unknown. Gordon (2004) highlights the potential for Christian clergy to utilise the continuing bonds model of grief (Klass, Silverman & Nickman, 1996) in conjunction with theology as an aid to facilitate grief and bereavement. Attending to religious or spiritual beliefs in psychotherapy may be problematic and viewed as creating conflict between the therapist and client (Golsworthy & Coyle, 2001).

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However, Azhar and Varma (1995) indicate that for those with religious faith (Muslim) religious psychotherapy may result in better outcomes and less reported symptoms of depression. However, Marrone's (1999) review of spirituality in death, dying and bereavement concludes that what is important is that the ways in which meaning is 'rediscovered' is less important than the process itself. A finding echoed in cancer patients by Murray and Grant (Research Matters, CSO website) and by Golsworthy and Coyle (1999) who also concluded that spiritual aspects are an inherent part of other forms of support, other than psychotherapy.

The practical matters related to death are of course important and all of the NHS board policies/protocols/procedures reviewed contain some element of direct description of what to



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do after death, including in relation to the religion of the deceased. This is also found, for example, in procedure manuals such as that produced by the Joanna Briggs Institute. Nine Nurses, according to Quested and Rudge (2003), are obliged to care for the body of a dead patient in a manner reflective of the values and culture of the institution, no one else undertakes this. As has been described in other parts of this review the inclusion of relatives and family into this procedure can be helpful. It may be considered that this ritual is one way of delineating the move of the person from life to death Funerals, like last offices, also facilitate the transition from life to death and provide an opportunity for public displays of grief (Romanoff & Terenzio, 1998). However, there is a perceived lack of on-going ritual in secular western countries to assist the bereaved, despite an acknowledgement that they can be useful. They may play a role in allowing the bereaved to move on but in a transformed way which may also maintain connection to the deceased rather than an absolute 'letting go'.

Stroebe and Schut (1998) highlight a variety of different cultural variations in 'normal' grief. They suggest that their dual process model of coping with loss can fit to different cultural contexts. The model identifies the experience of bereavement as oscillating between loss orientation where the person is engaged in grieving and restoration orientated where the person is adjusting to life in the changed world and avoiding grief. The degree to which oscillation occurs will be determined by many factors including cultural and spiritual. Irrespective of model of grief, Parkes (2000a) argues that there are some universal components of grief that are common and related to the psychological attachments of the individual. However, in addition to this universal core it must also be acknowledged that bereavement will be shaped by cultural context (Catlin, 2001).

### 2.17.3. Common grief reactions

This may vary widely from person to person and vary in the same person over time. People do not have the same set of reaction but there are common reactions that people go through during these trying times. Grief reactions may include difficult feelings, thoughts, physical sensations and behaviours.

Feelings: people who have experienced a loss may experience a range of feelings, including shock, numbness, sadness, despair, anxiety, guilt, loneliness, helplessness, relief and



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yearning. The bereaved may start crying after hearing a song or comment that makes them think of the person who has died. They may even start crying for no reason.

Thoughts: common thought patterns, confusion, disorientation, difficulty concentrating, preoccupation, and hallucinations (briefly thinking that you see or hear the deceased person). Physical sensations: It is common for grief to cause physical sensations, such as tightness or heaviness in the chest and throat, nausea or an upset stomach, dizziness, headaches, physical numbness, muscle weakness or tension, and fatigue. It may also cause vulnerability to illness.

### 2.18. Traditional healers in primary health care

WHO (1995) findings indicated that in South- East Asian and far Eastern countries, over 80% of people live in rural areas and 80% of trained health manpower being urban based, hardly 10 to 15% of the people have access to officially-provided health care facilities. This makes people in rural areas to seek health care from practitioners of indigenous medicine. In the developing countries, traditional healers are an important resource who should be fully employed in an effort to provide adequate health care. They include herbalists, divine healers, spiritual faith healers, traditional midwives, shamans, traditional Chinese doctors, bone setters and others (WHO, 1995). There are many elements in the traditional systems which are beneficial while many others are not. In the United States, it is estimated that 30% of population use herbal medicines, acupuncture, and homeopathy (WHO, 1995). It is equally important to collect information about the attitude, knowledge and practices of traditional healers and give them proper and adequate training according to the local needs of the community. This is what this study intends to do so that health profession can recognize the significant role that traditional healers can play towards primary health care. Traditional healers therefore need recognition, respect and appropriate reward. They should be viewed as allies in the delivery of primary health care and it is therefore necessary that such health systems are evaluated for therapeutic significance, cost-benefit ratio and their socio-cultural impact. The South African government passed an Act in 2007 which allows for traditional health workers to practice but the scope of their practice has not been identified yet (WHO, 1995). Besides cultural expressions of grief and bereavement and the responses of cultures on these issues, traditional healers were found to be very useful in health delivery among people of South Africa. The following section shows the role that the traditional healers have in the health system of South Africa.



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## 2.19. The role of traditional healers in South Africa

There are about 200 000 traditional healers in South Africa who already are an important resource. These traditional healers can be used to increase the number of health practitioners on the primary health sector. Up to 80% of African population in our country consults a traditional healer before starting with school. These traditional healers could enhance the quality of care through community-based approach and their acceptability and accessibility to patients. Failure to recognize the existence of traditional healers as providers of primary care poses problems and denies the South African community a democratic choice of primary health care provider at grassroots level (Setswe, 1999).

Traditional healers and their medicine play a very significant role in primary health care in many developing countries and the World Health Organization acknowledges that their use have increased in recent years. Of late there has been a growing interest in traditional and alternative systems of medicine in industrialized countries. A study was conducted in US in 1992 which showed that about a third of the population made at least some use of alternative treatment such as herbal medicines, acupuncture, chiropractic, and homeopathy. Another study in European countries showed the same results (Zhang, 1996). According to Chipfacacha (1994), the first contact between a Black African patient and health care services usually takes place in the traditional healing system. It is therefore important to note the challenges health workers face if traditional health service and primary health care are to be a success.

## 2.20. Cultural differences in bereavement process

Grief is an experience felt all over the world by people who have lost a loved one through death. Studies have found that the manner in which grieving takes place differs from culture to culture. South Africa is no exception to the rule and diversity of South African cultures is displayed in the grieving process (Bopape, 1995; Elion & Strieman, 2001). A cross cultural study looks outward, seeking an opening to the varieties of cultural expression around the world; and it looks inward, because an understanding of others can enrich our understanding of our own culture. All people are shaped to some extent by the culture into which they are born. The human expression of grief is a product of culture.



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People experience the feelings of grief, sadness and loss in unique ways. Grief can be described as the pain of the mind which is produced by loss or misfortune. It does not matter whether it has been experienced as a result of the death of a loved one, a divorce, the end of relationship or some other traumatic life change, grief will always transcend age and gender. On the other hand, bereavement can be defined as the experience of being deprived of something meaningful and valued, such as the loss of a loved one by death. This kind of feeling can be shared between family members and can be a group experience. Cultural diversity in Africa is high let alone in South Africa as a country, there is an ever-growing need for the health care profession to become culturally competent in all aspects of care delivery, and this includes the care that is to be provided to grieving patients and their families. Studies on cultural diversity have indicated that there is a need for culturally sensitive grief/bereavement educators and counsellors, and that the health care providers must continue to expand their knowledge of many waysin which people grieve (Glazer, 1998).

Recenttly, there is a growing body of knowledge about the relationship between culture, grief, and bereavement. Some studies have indicated that people's interpersonal experiences of grief are similar across cultural boundaries. At the same time, research has indicated that it was clear that cultural traditions, beliefs and values do make a difference in how people outwardly express their grief and how they try to cope with it. For health care professionals, it is of utmost importance to understand cultural practices in order to be able to determine the impact of grief experience of patients (Orr, 2012).

Bereavement takes place within the context of families and communities and is played out through social interaction. Some certain bereavement practices vary depending on the cultural background of the patient. For instance, if certain traditional rites and rituals are not performed during burial, it is believed that there will be devastating effects on the family of the deceased and that can result in an experience of unresolved loss and lack of closure. Cultural diversity is defined as the differences between people based on a shared ideology and valued set of beliefs, norms, customs and meanings evidenced in a way of life. Recent studies have indicated that bereavement may trigger a unique and previously unrecognized psychological disorder that can disrupt people's life for a t least two years after significant loss. This disorder is known as complicated grief, which is characterized by a persistent longing for a deceased person, and it can often occur without signs of depression. The



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symptoms of complicated grief, while appearing to be normal reactions to loss of a loved one, are significantly associated with later impairments in global psychological functioning, such as problems with mood, sleep and self-esteem (Kellehear, 2002).

When there is a discussion on the cultural beliefs and practices of a specific ethnic minority population, it is always important to avoid blanket generalizations. An assumption that all individual members of a certain culture think, believe and behave exactly alike can result in stereotyping and an insensitive approach to patient care. Studies have shown that in some communities, religion and family play an integral role in the grief and bereavement recovery process. Many Africans still believe that there is life after death. When caring for a grieving African patient, the traditional practitioner should have knowledge of the patient's culture because some patients would rely on their inner resources, such as spirituality and belief in God, as well as lessons learned from the past experiences, and use them as coping mechanisms to help them deal with grief and bereavement or any other life changing crisis.

Some African patients who are experiencing grief may initially appear stoic and unaffected by the loss but will eventually begin to express their feelings if they have the opportunity to interact with someone who shares or is sensitive to their culture. There will always be a strong bond where the traditional practitioner shares the same culture with the patient. Due to the fact that Africa has a diverse culture, there are certain cultures within the content that views crying as a healthy emotional response to a loss. Crying openly is seen as helpful. Family and friends will often encourage patients to outwardly express their grief. Many Africans embrace religion and spirituality, as well as a belief in the spiritual and psychological continuity between the living and the dead. As part of that spirituality, the family continues a relationship with the deceased person after death through prayer and visits to the gravesites. Grief and bereavement education and counselling are an important part of assisting patients in achieving grief resolution. Patients consulting the traditional practitioner should be told the differences between the normal grief and complicated grief. Emerging research suggests that the dead may be important role models for the grieving and may still play the role of significant others to the bereaved. People continue to relate to their dead as active and living memories at times of personal crisis and success (Stroebe & Schut, 2008). Culture influences how people appraise situations, yet similar perceptions of events trigger similar instinctual responses. A significant death might be regarded as a universal trigger of

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grieving emotions, although which death is significant enough to spark such a response depends on the value system of a particular culture.

## 2.21. Significance of grief

The main task of grieving is for the bereaved to be able to accept the reality of the loss and be also to understand its significance. It also helps the bereaved to be able to go through the confusing pain of grief and allows one to adjust to life alone. Finally grieving helps the bereaved to be able to let go of the person and finding a place for them emotionally. When a significant person dies, the issue of meaning becomes central for the survivors. After the death, survivors begin to ask themselves a lot of questions such as what the death could be meaning to them, what life means now that the significant other is dead. It is through answers that they get from questions like these which make them to change how they think about themselves, how they relate to others, and how they view life in general. Changes experienced by individuals in other cultures might be different from experiences that other people from different cultures went through. An individual seeks to make sense of his or her experience using cognitive or mental models that are supplied by that individual's culture (Barley, 1997).

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Cultural forms, including models of grief, change as individuals in the culture accommodate their cognitive models to make sense of deaths in their lives. Grief is conceptualized as an innate process that, if allowed to run its course, will bring the bereaved to a new equilibrium in a changed world that no longer includes the dead person. The process by which people make sense of their world is called social interaction; this is a view taken by the constructivist model. According to this model, the purpose of grief is to reconstruct the autonomous individual, who, in large measure, leaves the dead person behind in order to form new attachments, which he or she accomplishes by working through and resolving negative feelings. When something important happens in an individual's lives, they do not just think about it; they talk about it with others. Grief and mourning do not just happen inside a person; they happen in the interaction between people (Bopape, 1995; Elion & Strieman, 2001). Differences in mourning behaviour might be attributable to structural differences in societies. It appears that mourning in small, closely knit societies is different from mourning in large, more loosely knit societies in which primary membership is in the nuclear family. In small networks such as a rural village, members identify with people outside nuclear family. When



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someone dies, people often find substitutes for the deceased in their immediate social environment.

The resolution of grief often includes cultivating bonds of emotion and meaning with the dead. This simply means that people who are important to us become part of our inner conversation and remain there after they die. People who are important to us may continue to play important roles in our lives and in the life of the community for many years after they have died. There are many instances where you would hear a person says I would not do this because I don't want to disappoint my father. This literally means that the late father even though dead continues to be part of the individual's inner conversation. People continue to form bonds with the dead (Barley, 1997).

**2.22. Grief counselling**

Counselling in general is seen as a form of support that assists individuals to adapt to events and issues that occur in their everyday lives, and of course, death and loss are events that do universally occur in the life of every human being. Thus, if counselling focuses on issues of adjustment and self-improvement, what makes grief counselling unique? The answer to this question lies in the understanding that grief is not a problematic response but an adaptive one. The goal of grief counselling is to assist the client to allow the adaptive aspects of grief to unfold without being misidentified as depression, anxiety disorders, or a traumatic stress reaction. Most grief counselling processes focus on grief as a process that may enhance a person's ability to return to life rather than as something that needs to be treated. Grief counselling practice will be concerned with facilitating the recognition and engagement of the client's strengths, normalizing a response that is often pathologised and marginalized socially, and providing a safe place for the client to discuss the more troubling aspects of this time of disorganization and adjustment. Traditional counseling typically takes the form of talk therapy and offers a proven way to treat and provide support for emotional distress including trauma, depression and anxiety. Traditional counseling is very effective in the treatment of a variety of conditions including bereavement (Stroebe & Hanson, 2001).

It is a form of psychotherapy that aims to help people to cope with grief and mourning following the death of loved ones, or with major life changes that trigger feelings of loss. Counselling involves helping people move through uncomplicated or normal grief to health



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and resolution. People experience and express grief in their own different ways and most of the time how they react to the loss is shaped by the culture in which they come from. Even close family members and spouses can grieve very differently, which can sometimes cause misunderstandings or tension. Many people do not feel well supported in their grief, yet they must find a way to work through this experience in order to lead healthy lives in future.

Signs that one needs grief counselling include:

- Feeling significant sadness, depression, anger, guilt, hopelessness, or anxiety
- Decreased ability to carry out activities of daily living
- Decreased sleeping since the loss
- Extreme emotions
- Concerns about your ability to cope
- Fear of losing one's mind
- Physical distress such as pain, fatigue, shortness of breath, chest pain, muscle tension
- Worry about one's family's coping
- Remorse over past behaviour
- Distress over other losses
- Multiple stressors
- Thought of hurting oneself or others (Stroebe & Hanson, 2001).

Grief counsellors believe that it is not uncommon for a person to withdraw from their friends and family and feel helpless; some might be angry and want to take action whereas others may prefer to laugh as a way of grieving. Grief counsellors also believe that there is a wide range of emotions and behaviours associated with grief. It is again believed that in all places and cultures, the grieving person benefits from the support of others (Stroebe & Hanson, 2001).

Where there is a lack of support, counselling may provide an avenue for healthy resolution. Grief is a process whose goal is solution. If the grieving process is interrupted by simultaneously having to deal with practical issues of survival or by being the strong one and holding a family together, grief can remain unresolved and later resurface as an issue of counselling. Grief counselling becomes necessary when a person is so disabled by their grief, overwhelmed by the loss to the extent that their normal coping processes are disabled or shut



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down. It includes thinking creatively about the challenges that follow loss and coping with concurrent changes in their lives. Very often people would feel disorganized, tired, have trouble concentrating, sleep poorly and have vivid dreams, and experience change in appetite (Nadeau & Winchester, 1998).

Bereavement counselling addresses several issues in a person going through bereavement. It can offer understanding of the mourning process and allows one to explore areas that could prevent one from moving on such as child abuse. This type of counselling helps to resolve areas of conflict which are still remaining and allows one to adjust to a new sense of self. Talking about the loss is usually helpful and allows a person to adjust to their new life with all its changes either good or bad. A person does not have to keep things bottled up or denying the sadness because these might prolong the pain (Worden, 2009).

Some important goals of grief counselling are:

- Helping the bereaved to accept the loss by helping him or her to talk about the loss
- Helping the bereaved to identify and express feelings related to the loss e.g. anger, guilt, denial and even sadness
- Helping the bereaved to live without the person who died and to make decisions alone
- Helping the bereaved to separate emotionally from the person who died and to begin new relationships
- Providing support and time to focus on grieving at important times such as birthdays and anniversaries
- Describing normal grieving and the differences in grieving among individuals
- Providing continuous support
- Helping the individual to accept his or her methods of coping
- Identifying coping problems the bereaved may have and making recommendations for professional grief therapy

The indigenous approach to counselling tactfully captures the importance of the family and the community as a mode of communication for therapy and moral values. However, the influence of Eurocentric counselling theory, research and practice among the African people has demonised and oppressed individuals and groups whose culture lies outside the Eurocentric counselling culture. It might be worthwhile for all community leaders, traditional



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healers, pastors and counsellors to employ the multicultural approach in order to cater for cultural diversity that has come with modernisation. Whichever grief counselling technique is used, it is advisable to choose the one that you are most comfortable with to be able to move on through the stages of grief such as denial, pain, guilt, depression and finally acceptance (Goldfried & Davila, 2005).

### 2.22.1. Goals of grief counselling and grief therapy

There is a difference in the goals of grief counselling and grief therapy. The term grief counselling is most often reserved for helping someone work through the process of grief via one-on-one counselling or through group work (Worden, 1991). The goals of grief counselling are to aid the individual through uncomplicated, normal grief to a healthy resolution of the tasks of grieving within a reasonable amount of time.

Goals of grief counselling typically include helping the bereaved move toward acceptance through guiding the individual to talk about the loss, who the person was to them, and the circumstances surrounding the death. In addition, it is important to help the bereaved label and describe their feelings and emotions encompassing the loss. Another important goal of grief counselling is to help the individual learn coping strategies for tough times, such as anniversaries, holidays, birthdays, and milestones. Letting the bereaved know that the emotions they are feeling are normal and expected is also a significant component of grief counselling. Two very critical constituents of grief counselling include helping the bereaved to understand their coping behaviour and to identify coping mechanisms that are problematic or unhealthy for the individual. Without these basic principles, the person may continue these unhealthy patterns and may need more extensive treatment such as grief therapy.

Grief therapy is a term used for more serious or complicated grief reactions that usually fall under four main types including exaggerated grief, chronic grief, masked grief, and delayed grief (American Society of Clinical Oncology [ASCO], n.d.a).

The main goal of grief therapy is to identify and resolve the conflicts of separation that interfere with the completion of the tasks of mourning, such as the four complicated grief reactions mentioned above. Grief therapy entails talking about the loss and determining if there is minimal or exacerbated emotions surrounding the loss. Grief therapy is intended to



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allow the bereaved to see that negative, uncomfortable feelings and emotions do not preclude more positive ones, and vice versa (Slate & Scott, 2009).

### 2.23. Implications for cross- cultural counselling

There always have been implications in the practice of traditional healing practices in many other countries including the United States. The implications are discussed based on the intervention strategies, the setting, diagnostic procedures and cross-cultural counselling relationship (Vontress, 1991).

#### 2.23.1. Intervention strategies in grief and bereavement

African healers use a variety of methods in helping their clients. Some of these traditional healers are more powerful than others, so the specific techniques implemented depend on the degree of power and magic that an individual healer possess. Generally healers are holistic in their approach to helping. When they treat any ailment and condition, they focus on the physical, psychological, and spiritual dimensions of existence. One of the good things about traditional healers is that they recognize that the mind can make the body to become sick and the body can make the mind to be sick also, and that the spirits can also cause both the mind and the body to be sick. It is evident that African healers generally assume responsibility for healing the patient. It is assumed that therapeutic authorities know what to do to help their patients get well. These observations suggest that American counsellors working with clients from Africa should take full responsibility for curing them, that they should use whatever methods necessary to do so, and that the strategies should recognize the significance of the spiritual in the lives of those who consult traditional healers (Vontress, 1991).

##### 2.23.1.1. Diagnostic procedures in traditional healing

The belief that people have about the nature of their problems is embedded in the culture they come from. This will also affect the way those problems will be solved. The belief in animism acts as a powerful force on the traditional African understands of difficulties in life. The notions that every object and being has a spirit and that the dead pass into an invisible dimension influence not only the healer's diagnosis of the problem brought on him but also the patient's willingness to accept the analyses of them. American counsellors who focus exclusively on the psychological component of human existence are apt to misdiagnose the problems of their African clients (Stoller, 1989).



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It seems reasonable to conclude that people who believe that their problems derive from displeasure of departed ancestors are apt to be affected by that belief. Although psychological instruments may be used to understand the presence of a psychological disturbance, it is not clear how such information by itself is useful unless counsellors can gain insight into the source of the disturbance. To be able to do this, the counsellors must feel comfortable exploring with their clients many of the traditional beliefs they hold about their difficulties. The beliefs affect the extent to which they consider the counsellor's intervention strategies beneficial (Stoller, 1989).

**2.23.1.2 The cross cultural counselling relationship**

Most Africans live in small, rural, and collectivistic communities in extended families headed by an elder. People who grew up in settings as this one are bound to be accustomed to and expect personal relationship. They are mostly concerned about each other as human beings not as the contributors in the local economy. In the United States, when these rural people meet the counsellors, they are inclined to inquire of their health and families before stating the reason for the consultation. Counsellors should reciprocate the personal focus and minimize concerns about the techniques relating to their culturally different clients. Although Africans have great respect for authority figures who have the power to help, they are suspicious of people who relate to them as if they have been programmed to be polite, but really do not mean it (Simon, 1990).

There is no decision that can be taken without consulting with the family first. It is crucial to ask one's uncles and aunts of their opinion before a decision can be taken. Counsellors should not expect their African patients to make decisions on the spot. Usually they need to consult the head of the family, especially fathers and uncles. In cases where the heads of the families are away, they may have to consult other members of their same ethnicity of their opinions before they can take a decision. Another factor affecting the nature of counselling relationship is socioeconomic status. Generally clients from wealthy African families are Europeanized and more able to benefit from American-style counselling than are clients from poor communities steeped in the culture. The same applies to Africans who have been staying in urban areas; they will be able to benefit from the American style of counselling.



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Counsellors should not assume that African clients are modernized simply because they dress and speak like Americans (Simon, 1990).

### 2.23.2. The setting (location)

In family-centered collectivistic societies, important events, such as births, marriages, sickness, and deaths are occasions for assemblage. Individuals are seldom without the support of their group. The group helps especially when one member of the group is beset with problems, they come to the rescue. In Africa the entire family often escorts the sick member to the healer and may observe and assist in the treatment. Patients who are left unattended by others may become anxious. In Africa healing often takes place in environments that might seem inappropriate by American therapeutic standards. African treatment can take place when there is loud music, chanting, dancing, and other activities going on simultaneously. It seems understandable that clients accustomed to such environments may be a bit anxious when left alone in a quiet private office with a counsellor. For some clients, the display of African artefacts and the presence of African music in the background may alleviate initial anxiety. Africans are very connected to their culture, and that is the reason why the setting has to be culturally sensitive if they are to benefit from American based counselling (Vontress, 1991).

### 2.23.3. Coping strategies used in bereavement counselling

Every individual has a different style of coping with any painful experiences. Some people deal with their loss by talking to family or friends; seeking counselling; reading poetry or books; engaging in social activities; exercising; seeking spiritual support; joining a support group or by letting themselves feel the grief. Talking to friends who have dealt with the loss in the past can help one to identify new ways of coping. It also depends on one's personality and lifestyle (Kelley, 1997).

A particularly important form of coping, associated with cognitive restructuring, is the act of talking with others about difficult events (Greenberg, Wortman, & Stone, 1996. Talking about the loss is likely to interact with retrospective reappraisals, with changes across the course of bereavement in the representation of the lost relationship, and with the particular social milieu in which the loss occurs. Kelly and McKillop (1996) concurred with Greenberg *et al.,* (1996) when it comes to the essence of talking about traumatic events. These authors



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maintained that talking about the traumatic events may only be helpful when listeners are discreet, non-judgmental, or likely to help.

Another important aspect of emotion regulation during bereavement appears to be the regulation or dissociation of negative emotions and the enhancement of positive emotions, particularly laughter (Bonanno & Keltner, 1997).

During the mourning period, the grieving individuals not only focuses energy towards the deceased, but most adapt the self to changes and continue life incorporating the loss, the good and the bad of the relationship. What is truly lost is examined; what roles, expectations, opportunities and hopes must be given up and what personal adjustment must be made all comprise the transactional aspects of the grieving process. The personal experience of grief must be processed through the eyes of the grieving individual as he /she sees his/her loss and its ramifications. Each secondary loss perceived requires its own grief response (Thomas, 2000).

Grief and bereavement are very individual processes that work for one person and cannot work for the other person. Most people receive support during death but receive little support after the death. Grief usually causes a variety of unwanted feelings, some of which may have surfaced until after the funeral when you have some time to yourself to reflect. Usually counselling helps people to manage their grief and assist them in expressing their emotions and feelings. Counselling can also make a person to be able to maintain his or her everyday life while working through their grief (Orr, 2012).

Support has always been the key to coping with grief, close family ties where one can talk about the deceased and share memories. Even though counselling can help but it cannot replace this kind of support. This support deals with family the same way as for the individual. Working through the pain and loss can help people to remember and accept the deceased in a way that people can move forward with their lives. There are many ways in which people deal with bereavement in the family. Some people prefer drinking whereas others prefer crying to cope with the pain and the loneliness (Orr, 2012). This has been confirmed by Alexander (1997) who maintained that the bereaved patients must be supported as they go through treatment suggested by traditional healers. Help might be required at the



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beginning with day-to-day matters which the bereaved cannot handle due to immediate lack of strength, money, friends and family support. Help might also be needed through the very early stages of grief, for example when telling someone about the death. Someone should be helped to handle shock and the life-death crisis (Alexander, 1993).

When we help grieving people, we should not pretend to do so when our aim is to get more attention from them. Some people help for the purpose of profit or getting a reward. It also makes someone's life harder if we expect him or her to get over the misery at once. When we help the grieving person, we should be good listeners. It is the basis of what is called counselling skills. A helper listens with empathy. The listener becomes a part of the other person, but does not give advice or pass judgment. You have to let him or her talk and the listener should murmur, nod and smile. There should always be eye contact. You should never touch him or her when asking questions. It is good to ask open ended questions so that the bereaved person may have time to express his or her feelings (Parkes, 1972).

According to Graham, Tiso, Gwyther and Harding (2013) the bereaved are able to continue with normal life if the deceased is rested peacefully. For the deceased to rest peacefully, there must be recognition of rituals after death, which of course will differ from culture to culture. To Graham *et al.* (2013), timing of ceremony of rituals accompaniment to ancestors will vary. If the deceased is the father in the family, then there must be a cow to be slaughtered as a way of a sending off ritual for the person. Following the release ceremony, also at a variable time, another ritual is performed to welcome the spirit home, to protect the household and guard the family. For the relief of psychosocial suffering and other related symptoms, traditional healers believe that funeral rites and bereavement rituals are crucial. If these are done, it is then said that the deceased has died a good death. Not adhering to the clan rituals or wishes of the deceased was described to have considerable consequences for those who remain alive.

### 2.23.4. Further strategies for supporting the bereaved

Strategies to enable the provision of support to residents and families could include:

- Being sensitive to who is considered to be immediate family and next of kin. It should be remembered that friends may play the role of relatives for some residents.



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- Ask the resident who whey would like involved in their care and support and the level of involvement.
- Clarifying who the decision makers are within the family and with whom information should be shared – resident, family, community representative (perhaps a community elder or religious leader).
- Not assuming that the family is always supportive - there can be conflicts within the family, either interpersonal or with respect to care.
- Respecting the customs, practices, protocols and beliefs of people from different cultures. For example, for some Indigenous Australians speaking the name of a deceased person can cause considerable stress.
- Communicating in ways that are appropriate. For example avoid the use of jargon and translate information into terms the family may understand.
- Recognising that dying is an event in many cultures and even residents and families who do not acknowledge their culture, its practices or any religion may turn to their culture or religion for support.
- Checking with the family regarding their special needs and how they would like things done when a loved one dies.
- Developing communication networks with cultural representatives to support the care team identify how to look after the grieving family and how to access bereavement support.
- Being aware of your own values, beliefs, expectations and cultural practices, and consider how this impact on the care you give to people from cultures different from your own.
- Not assuming English proficiency. Information is subject to misinterpretation, even if a person speaks English fluently. English may not be the first language for the resident or for the family members.
- Not presuming literacy levels or levels of understanding. Making assumptions about poor levels of comprehension and skill can result in a patient feeling patronised.
- Respecting beliefs and attitudes. People have different reactions towards death. These are built up over a lifetime, and cannot be dismissed without creating a barrier in the communication process (Mungabareena Aboriginal Corporation; Wodonga Institute of TAFE & Mercy Health Service Albury, 2004).



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### 2.23.5. Bereavement support activities for the family and residents

It is important to inform other residents and their families of the death. This can be done by directly approaching those close to the person and telling them of the death and then communicating it to the rest of the residents. This could be the responsibility of the pastoral care person or the senior nurse. Each facility is able to put in place their own ways of informing residents:

- Involve pastoral care workers in supporting the residents;
- Conduct a service for the deceased resident following the death to which residents and staff may attend;
- Conduct a memorial service at regular intervals inviting the families of residents who have died, residents and carers;
- Provide the family with information about bereavement support services in the community; and
- Acknowledge the first anniversary of a resident's death via a card to the family (Mungabareena Aboriginal Corporation *et al.*, 2004).

### 2.24. Grieving strategies among the adolescents.

This age group has the same capacity of understanding grief as an adult does. In fact, this age group views themselves as adults, however they are caught somewhere right in the middle developmentally. Pottmeyer and Scott (2008) contend that adolescents have trouble stopping "the developmental clock" to deal with the death of a loved one. Grief compounds and complicates the confusion that teenagers already face without an additional trauma. Teenagers are not children but are not yet adults, and when they are grieving the loss of a significant other they do not know which direction to take, the emotional dependence and sadness like a child, or the strong and brave approach of an adult. They will usually not reach out and embrace support from adults because that would make them appear childlike. Yet most will not seek solace in a peer for being afraid of looking weak. Many times, this creates the idea in them that they must face it alone and keep it together on the outside. The results of unresolved grief and bereavement can lead to on-going mental health problems ranging from depression, social withdrawal, substance abuse, defiant behaviours, and academic problems (Pottmeyer & Scott, 2008). Caregivers and counsellors for this age group can help by letting the teenager know that the confusion and emotional turbulence they are feeling is normal and that it is okay to cry or express those undesirable emotions. Remind the adolescent that they



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are available and will help in appropriate ways. Be aware that grief at this age challenges and contradicts the teenagers' view of themselves as invincible and may create questions and doubt in their religious views and understanding of the world (ASCO, n.d.b). Counselling techniques to use for this age group can include relaxation/yoga, cinema, music, expressive (drama and projective arts), and narrative (journaling, creative writing, letter writing, poetry) therapy.

### 2.24.1 Grieving strategies among adults

In an adult's lifetime, one will likely experience grief in a number of different relationships, including, but not limited to, the loss of a parent, spouse, sibling, friend, family member, co-worker, or child. Many factors play into how an adult will grieve including what the nature of the relationship was with the deceased; grieving over the loss of a parent is likely much more intense than grieving over a neighbour. The cause of death is often times a large component in the depth of one's grief; typically an anticipated death offers more comfort versus a sudden, unexpected death. If the bereaved has not effectively dealt with past losses, the grief process can be more complicated and multifaceted when facing another loss. The personality and typical response to change is also a component when an adult grieves; if one does not have a healthy reaction to loss or adjustment, they will not likely react in a healthful manner. One's availability of support from friends and family also strongly impact how one will grieve. Religion and spiritual belief also plays an important role in the bereaved (Glazer, 1998).

According to Worden (1996) and Grollman (1990), an adult who is grieving will likely review their own life and appraise their accomplishments, shortcomings, goals, and their meaningfulness in the world. One may also envision their own death. If the adult is grieving over a spouse, parent, or child, they are likely to experience many adjustments that influence grief; these may include a change in routine, responsibilities, priorities, relationships, goals, and activities. Grief in adults is displayed uniquely from one person to the next. Emotions and feelings also run along a full scale and may vary in the individual over time. Many adults preoccupy themselves to avoid their feelings while others become fixated on the loss and are unable to function for a period of time as they once did.



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### 2.24.2. Approaches/techniques used in bereavement and grief

One effective coping technique is to encourage a bereaved adult to attend a support group with people who are experiencing a loss similar to their own. Journaling and relaxation techniques are often times very therapeutic for a grieving adult. Encouraging eating well and getting adequate sleep and exercise are also important. It is also significant to remind the bereaved to take time making major decisions, such as moving, changing jobs, etc. Supporting the bereaved to find an outlet for comfort is beneficial through promoting one to review past hobbies or seek out activities to help fill their time and renew their joy (Glazer, 1998). The approaches and techniques for this age group are the same as those one would use with adolescents. One should also help the bereaved to secure additional help in doing tasks that their loved one was able to do. Also, helping the bereaved to establish a caregiver or helping them to find community support services is of great importance since many in this population do not know what services are available for them to help with tasks that they may not be able to take care of themselves (Slate & Scott, 2009).

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### 2.24.3. Grieving strategies among the elderly

Grief in the elderly is slightly different than the grief that an adult experiences because at this point in one's life, many are more focused on dying than living. They are no longer looking forward to the future with anticipation of reaching milestones and goals. Instead, this time in their life is one of reflection. Loneliness, at least to some degree, is a central component in most elderly people, which intensifies exponentially when they experience the loss of a loved one. Grief is presented in the elderly with an increased likelihood of having feelings of sadness, loneliness, and depression. The elderly will tend to ruminate over their loss especially if they have faced many losses in a short period of time (i.e., most of their friends or siblings have deceased) (ASCO, n.d.b).

## 2.25. Interventions in bereavement

There are a few recent reviews in the area of interventions in bereavement, which are drawn on for the purpose of this chapter. At the root of all strategies to assist people who are bereaved is the desire to help individuals deal with the physical, emotional, social and practical problems which may arise following the loss of a loved one (Schut, 2001). At a national and international level this can take the form of agreed assumptions and principles and national strategies (International Work Group documents, Department of Human



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Services, 2004). In the political context, the desire to see all services working together is often expressed. At an individual level, there are a variety of strategies from counselling through various types of group therapy and social support (Forte, Hill, Pazder, & Feudtner, 2004). Despite many care options, from health, social, statutory and voluntary bodies, there remains a lack of consensus at to what constitutes the optimal type of support (Forte *et al.*, 2004).

Studies into the efficacy of bereavement interventions suffer from a lack of rigorous methodology. Forte *et al.,* (2004) included 74 studies in their review and noted that methodological problems in study design, replication, theoretical heterogeneity and variations between studies hamper the ability to draw firm conclusions. These views are echoed by others (Centre for the Advancement of Health 2003; Allumbaugh & Hoyt, 1999).

In their review of the efficacy of different interventions, Schut (2001:p.731) conclude that based on the evidence to date, 'the more complicated the grief process appears to be, or to become, the better the chances of interventions leading to positive results'. One of the problems with studies that have been conducted in this field is related to the recruitment of participants who may not have sought bereavement interventions themselves. Such studies may result in no effect or a negative one. The timing of interventions may also be significant with interventions in the early period of loss affecting and possibly diminishing the natural social support of family and friends.

Schut (2001) distinguish between primary, secondary and tertiary interventions. The focus for primary prevention is all bereaved people; secondary prevention relates to people who are at higher risk of developing problems and tertiary prevention would be for those who have developed problems.

**2.26. Emotion and self expression**

At the heart of any consideration of the bereavement experience is the expression of emotion and feelings. The loss of someone, can also involve what Bowman (2000) calls 'shattered dreams' when people struggle to make sense of what has happened and experience more than just the loss of the person. People are characterised by their ability to communicate in many ways and by many means. In the early stages of loss this could be verbally (Parry, 1994) or in



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writing (Range, Kovac & Marion, 2000; Stroebe, 2002; O'Connor, Nikoletti, Kristjanson, Loh & Wilcock, 2003). There is some evidence, particularly in the area of traumatic deaths, that writing about the experience can help people (Range *et al.*, 2000; O'Connor *et al.*, 2003) although Stroebe (2002)could not support this in their study of emotional disclosure.

Throughout this review the importance of individuals being able to tell their 'story' is mentioned frequently. This has been called 'death review'by some (Parry, 1994) which incorporates the need people have to describe the circumstances of the death. This process of describing and adding meaning and emotion to what happened may be repeated frequently in the early stages. This may be harder for some than others and men particularly may have problems expressing their emotions (Crossland, 1998). Certainly, not talking about it must not be confused with not grieving. Combining therapy which promotes verbalisation with other forms of therapy, such as art therapy has been shown to be more beneficial than 'conventional' therapy alone in those with complicated grief (Schut, de Keijser, van den Bout, & Stroebe, 1996).

### 2.27. Counselling and psychotherapy

Traditional counselling is a "talk therapy" that gives you the opportunity to work with a qualified professional counsellor to explore a range of personal issues that may include understanding yourself, your personality and your motivations better. It is difficult to generalise about the provision of counselling for people who are bereaved due to the variety of individuals and professionals involved from the voluntary and statutory sector (Machin, 1998; Parkes, 2000; Gallagher, Tracey & Millar, 2005). It is also difficult to conclude who will most benefit from counselling. However, Parkes (2000) concludes from some of the more recently published studies and years of experience in the field, that people who have suffered especially traumatic and unexpected types of loss and are vulnerable in other ways may benefit from counselling. Those who do not have other support from families and friends may also benefit. Jordan and Neimeyer (2003) conclude that the efficacy of formal interventions for the bereaved is distressingly low, far below that of most other types of therapeutic interventions but that most grief is self-limiting with a naturally occurring decline in grief symptoms and that the greatest efficacy in studies is where the bereaved self-identified for bereavement-related distress. The type of counselling may not be a significant factor (Schut, Stroebe, van der Bout & de Keijser, 1997).



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## 2.29. Social approaches in bereavement

The range and quality of the literature in this section is very mixed due to the range of treatments and lack of homogeneity between studies. The review by Forte *et al*. (2004) of the literature in interventions and bereavement care used the terms intervention or support or counselling or therapy. Due to the diversity of the treatments reviewed, the process was therefore difficult to compare. Although there are some treatment effects in seven of the interventions, Forte *et al*. (2004) felt this was due to differences in the interventions. The fact of the matter is that patients who were supported were able to heal faster than those who did not have support. The study below was conducted to prove this. However, six of the studies showed no effect. Some studies even documented improvements in bereavement symptoms in the control groups. Tudiver; Hilditch; Permaul and McKendree (1992) also report such findings in their study of widowers who had participated in a nine weekly semi-structured peer group programme, which had a focus on mutual help. All subjects showed significant improvement over time (baseline to eight months) in social adjustment, social support and psychological well-being, with no difference between the intervention and control groups. It was reported that the more recovered men had dropped out of the study earlier and the more distressed men remained in the mutual-help group which may have impacted on results. Similar findings have been documented in a review by Kato and Mann (1999), with some suggestion that social activities groups were actually harmful to participants.

In exploring the nature of social support, a Finnish study (Kaunonen; Tarkka; Laippala & Paunonen-Illmonen, 1999) of widows and widowers found that the widowed person received social support most often from their own family (68.6%) and friends (41.5%). There is great value in social support as this makes the bereaved to heal faster. Thuen (1997) reports similar findings with professional support reported at 9.7% helpful. Kaunonen *et al* (1999) suggest that time provided by the social network was seen as the most important means of support, followed by the means to express themselves by telephone or face to face contact. Although the widowed perceive the support they received as most helpful, however, they felt they benefited from the social support that they also gave to other grieving family members. Social support facilitated expression of feelings and without support, the widowed reported functioning like 'zombies'.


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Age may be a compounding factor in the nature of support, as Thuen (1997) reported that younger respondents received more support from professionals and from colleagues as compared to older respondents. Perhaps social support is more effective in relieving the negative impact for older individuals. In exploring gender effects on social support, Thuen (1997) concluded that social support was only of benefit in the later phases of bereavement and that female respondents receive slightly more support from friends compared to males. Stroebe; Hanson; Stroebe and Schut (2001) also found similar findings, in that the widowers tended to have lower levels of social support and that the effects of depression and loneliness related to bereavement appeared to be stronger. However, Stroebe *et al.* (2001) concluded that although there were evident sex differences in bereavement outcomes and social support, there was no evidence that social support influences those differences. In contrast, Casserta and Lund (1996) found that men whereas likely as women to engage in social contact with other members with social group meetings. In exploring the timing of the social support Casserta and Lund (1996) found the frequency of contact increased over time with the support group meetings.

Perhaps as Thuen (1997) suggests, social support is only beneficial to individuals in the later phases of bereavement which he records as 30 months or more. None of the studies explored the implications of high and low risk bereaved individuals and the relationship to social support or integrated on-going evaluations to assess efficacy. Cultural and spiritual implications or nature of the loss were also not explored, which may have a strong bearing on social needs.

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**2.30. Professional approaches in bereavement**

It is by far imperative to have professional intervention in the treatment of bereavement and grief as many people continue to be lost due to insufficient treatment of this condition. The specific literature in this section is low; however other literature from the intervention section had pertinent points to contribute. Increasing numbers of deaths are occurring in hospitals rather than at home (Centre for the Advancement for Health, 2003), which increases the need for health professionals to understand grief with basic counselling skills becoming increasingly crucial (Wilson & Youill, 1996). However, most bereaved individuals are treated on an outpatient basis and are living at home in the community (Schut, De Keuser, Bout & Stroebe, 1996). Therefore, Parkes (2000) suggests health professionals not only have the



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opportunity but the responsibility to assess bereavement risk in family members before or at the time of death. Yet Machin (1998) reported that despite assessing for risk and the clients' need for counselling, they have little opportunity to engage in this within the current political and economic climate in health and social care. It has been well documented that bereavement following a sudden death is one such risk factor, and health professionals should target such high risk individuals (Parkes, 2000; Potocky, 1993; Wilson & Youill, 1996). In assessing the risk factors and symptoms of high risk individuals Potocky (1993), states that there are currently no standardised definitions of high risk or high distress individuals for professionals. However, Parkes (2000) identifies these individuals as people who have unusually or unexpected types of loss or people who are vulnerable.

Earlier, Raphael (1977) had identified four independent characteristics for morbid grief in spousal bereavement as individuals with low social support during the crisis, who have a moderate level of social support coupled with particularly traumatic circumstances of the death, have a high ambivalent relationship with the spouse and have a concurrent life crisis at the time of the death. Such individuals who are identified at high risk are likely to benefit from counselling (Parkes, 2000). Individuals who do not present with such risk factors, Potocky (1996) suggests, are experiencing normal grief and are not in need of professional help. However, they may all benefit from the range of voluntary group information and resources that now exist.

There are financial implications of providing support systems in hospitals, hospices and funeral homes, although the cost should be set against the long-term expense of supporting relatives and close friends in the community (Wilson & Youill, 1996). Co-operative efforts to make the best use of available resources should be made and not focus on the intrapsychic experience in isolation of the wider community, nor merely on secondary or tertiary prevention (Potocky, 1996). Services provided should be carefully selected, with training and supervision undertaken by accredited organisations (Parkes, 2000).

**2.31. Summary**

Grief and bereavement are normal emotions that are very personal and are accompanied by pain and hopelessness in patients across cultures. It has been noted that culture and traditions can play a very important role in managing bereavement and grieving process. Different types of grief have been outlined and discussed thoroughly in this study. Concepts of death



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and dying have been detailed and explained from an African perspective. Burial and mourning customs were also outlined and further explained. It has been noted from this study that African like others nationalities resist the daily contemplation of death and as such they do not set aside any money for their funerals while still alive. Africans also do not make preparations towards dying. Many Africans have death denying attitude when it comes to how death is conceptualized.



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For counsellors to effectively support the bereaved individuals, they need to have a working knowledge of current theories of bereavement. The literature in thanatology is relatively new in comparison with other fields of study, and most of the current thinking in grief counselling is grounded in ways of thinking about grief, loss, adjustment, and coping that have been reported and published within the last 20 years. There is a separate and unique body of literature in this area that has direct application to grief counselling. One of the most important aspects of the study of bereavement that is kept in mind is that grief is not just a psychological issue that is experienced by the grieving individual in isolation. Grief can be experienced and expressed in many ways, which include, thoughts, feelings, and emotions; however, it can be experienced physically through bodily symptoms, socially through changes in interpersonal dynamics and expectations for the bereaved individual, spiritually as a quest for meaning or existential suffering, economically through changes in financial status and expenses incurred after the loss and practically through changes that occur in one's day to day routine as a result of a loss (Doka & Martin, 2010).

Another aspect of grief counselling is an understanding of the complexity of the experience and the factors that shape an individual's response to loss. For example, when there is a loss within a family system, each individual family member will experience grief, depending upon his or her relationship to the deceased person and other family members, who provided care giving if needed, and the grieving styles of members (Gilbert, 1996). Individuals tend to grieve in ways that are congruent with age and developmental stage, according to their personalities and attachment styles (Doka & Martin, 2010; Stroebe, 2002).

According to Harris (2009-2010) grief counsellors need to have a good understanding of how many different areas intersect in one experience. For example, exploring only the feelings associated with the loss without understanding the social underpinnings and the impact of the concurrent stressors that shape these feelings would provide an inaccurate and overly simplistic account of the client's full experience. Understanding current bereavement theory and research allows the counsellor to appreciate the normative aspects of grief that may inadvertently be labelled as pathological or abnormal by someone who does not have this



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awareness. For example, the dominant view of grief until recently was the 'grief work' hypothesis (Stroebe, 2002), which stated that individuals must do the 'work' of grief by talking about the loss and their feelings, and if a bereaved person did not do this, it was assumed something was wrong with that individual. The grief work model also posited that the goal of grief was to help the bereaved individual to 'let go' of their loved one in order to move forward in life. In the mid-1990s, research with diverse groups of bereaved individuals demonstrated that many individuals seemed to cope just as well afterwards. In addition, the continuing bond theory, derived from research by Klass, Silverman, and Nickman (1996) demonstrated the normalcy of bereaved individuals continuing a relationship with the deceased. These researchers found that the ability to find a way to remain connected to the deceased individual often helped bereaved individuals to move forward in their lives after the loss.

### 3.1. Psychological theories on grief and bereavement

Several psychological theories have been advanced to explain the experiences of grief and bereavement. For the purpose of this study, the following theories will be discussed: behaviour theory, cognitive stress theory, cognitive appraisal theory, the attachment theory and Hopson's theory of change.

#### 3.1.1. Behaviour theory

Behaviour theory works effectively with difficult grief reactions by taking clients through the stages inherent in the grieving process, and uses both cognitive and behavioural techniques to cope more effectively with both the clinical symptoms of depression or anxiety as well as an aid in the healing process. This theory encourages the bereaved to think about their deceased beloved ones and that people should allow themselves to go through the grieving process which is what the study sought to emphasize and elevate, hence its relevance to the study (Marian *et al.*, 1984).

This theory is also based on the idea that people's thoughts and not only external things such as people, situations and events cause their feelings and behaviours. The benefit of this fact is that people can change the way they think, feel and act even though the situation has not changed. It is one reason that this theory is relevant to this study. The researcher has realized



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that what is needed is to change the way people think about the loss of the person who died so that they can continue with life and function as normally as they used to before the incident. If the bereavement process is conducted properly, people can be assisted in adapting easily with the circumstance surrounding them (Wright, 2004). A cognitive aspect in this theory is an element of trust. It is believed that the bereavement process will be faster if there is good rapport between the bereaved and the therapist. In behaviour theory, clients are not told what their goals should be and what they should tolerate, the approach is directive in the sense that clients are shown how to think and behave in ways to obtain what they want. Bereaved people need this kind of counselling (Wright, 2004).

### 3.1.2. The cognitive stress theory

This theory maintains that it is not simply the events in our lives that cause us stress, but the way people think about them. The relevance of this specific theory lies on the fact that people stress themselves with things they cannot change instead of focussing on the future without the deceased. Fava *et al.* (2004), suggest that any treatment that utilizes cognitive stress theory is very helpful and quicker than most therapeutic approaches and the clients can see the results within three to four weeks. This theory provides a systematic and theoretically coherent framework from which to consider difficult life events and their relationship to psychological and physical health. When applied to bereavement, cognitive stress theory affords a crucial distinction from traditional grief work assumption. Whereas in traditional grief death of a loved one is conceptualized uniformly as a severely difficult event that must be confronted and worked through, the cognitive stress perspective places its primary emphasis on the bereaved survivor's subjective evaluation of difficulties surrounding the loss (Bonanno & Kaltman, 1999).

### 3.1.3. Cognitive appraisal theory

In cognitive appraisal theory, an event is psychologically stressful only to the extent that it is "appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being" (Lazarus & Folkman, 1984). Primary appraisals assess what is at stake in a given situation, that is, the degree to which the person may come to some harm or benefit. Secondary appraisals assess possible coping options to prevent harm or to improve the prospects for benefit. Cognitive appraisal theorists also argue that cognitive appraisals and



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coping are pivotal in our understanding of stress. Coping as a process involves some form of thought, action or feeling that is used, modified or eliminated to deal with an event that elicits some form of psychological stress (Lazarus & Folkman, 1984).

Application of cognitive appraisal theory to bereavement indicates that the degree to which a loss is stressful depends almost exclusively on how it is evaluated by the bereaved survivor. In other words, a person may experience pain or sadness at the loss of a loved one but may not necessarily experience the loss as an enduring stressor which is the reason for basing my study on this theory as well. Support for the mediating role of cognitive appraisal in adjustment to loss was provided by several recent studies that used content analyses of verbal bereavement narratives. This study is also grounded to this theory inthe sense that for one to have full recovery from the symptoms of grief, one must be able to appraise (Bonanno & Kaltman, 1999).

### 3.1.4. Hopson's theory of change

Unexpected transitions in the lives of people make them to change and adapt to those changes. Transitions may involve losing some precious things like losing a beloved one through death. This specific theory of change as a theoritical framework is more aligned to this study as the study sought to provide suggestive coping strategies so as to enable normal continuity to the life for the bereaved individuals. There are lots of changes that happen in everyone's life. These changes may involve some experiences of loss. For example, leaving home to start a job or going to university involves losing the security and comfort of your family home with someone to cook and wash for you. Throughout our lives we are undergoing transitions, moving from one part of our lives to another or one status to another. We start our transitions when we are born and become a person, going to school, moving to the 'big' school, going to college, going to work, getting married, having children, becoming grandparents, losing our own parents and so on (Kolone, 2007). These are expected transitions. Unexpected transitions would be things like divorce, becoming chronically ill or disabled, being orphaned at a young age, being adopted, being a teenage parent and winning the lottery. Transitions are not all bad but they do all involve loss of something (Spall & Kallies, 1999). Hopson used a 7-stage theory to illustrate the process we go through when we have a transition in our lives. These stages are:



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- Immobilization: Hopson believes that when a transition occurs the first reaction is immobilization. You find yourself unable to move and having feelings of shock. This can be for pleasant as well as unpleasant changes.
- Minimization: This is where we try to make the transition less important by trivializing it, making light of it or joking about it.
- Depression: This is where reality kicks in and a person has to start working through what the transition means to you in terms of change.
- Letting go: This is where the new is embraced and the old is allowed to fade into the background. It is a facing up to the fact that the change has to happen and a person cannot go back.
- Testing: This is time when a person is not completely comfortable with his new status or situation and has to keep checking that it is real and testing it against the old situation.
- Searching for new meaning: The old is now a thing of the past and the new situation is becoming more familiar. The person needs to find a comfortable new reality and fully understand the new situation.
- Internalization: This is where a person no longer have to think about the changes you have made, they are all second nature and familiar (Kolone, 2007).

Based on this theory, it can be argued that anyone suffering the loss of a loved one is also expected to go through these seven stages. This theorical perspective relates well with the study since the study focuses on restoring one's health after the loss of loved ones. Any bereaved person is likely to go through these stages towards full recovery from grieving.

### 3.1.5. Task Centered approach

The ultimate objective of this study is to provide suggestive coping strategies for the bereaved since they still have to continue with life after death of their beloved. The task centered approach as a framework enables the people to do the following: to reorganize their lives; to live with the reality that death has occurred, to adjust to the environment without the deceased and lastly, to work with their grief in order to continue normally with life. The researcher therefore sees this approach as directly aligned to this study for the reasons mentioned above.



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This approach is often termed problem-solving. Instead of wining about the current situation, one must focus on tomorrow. This task is focused on the completion of tasks that will directly help the client with their problems. Focus is not on why the problem has happened to me but is on one's future plans. Sticking to a problem prevents a person or delays a person from achieving his future plans. The best way to achieve results is to take action. The most important consideration is to SMATRC (Specific, measurable, attainable, realistic and time related an challenging) on the objectives set for the future. You do tasks which will help you solve your problems such as doing the opposite of what the person has been doing, or looking for jobs by going to companies. These tasks are positive, at least a person is doing something positive rather than doing nothing (Milner & O'Byrne, 1998).

Grief work, stages, and phases - are all terms that refer to the several models about grief that have been proposed. Models regarding the process of grief abound and depending on the writer, 3 to 12 stages or phases of grief are described (Attig, 1991 & Corr, 1991). Sigmund Freud (1957) began with the concept of having to do 'grief work', that is, a specific job should be finished before the next job begins.

According to Kubler-Ross (1969), the stages of denial, anger, bargaining, depression, and acceptance as described in On Death and Dying (1969) are experienced not only by those dying, but by families and friends while grieving. Emotional reactions may also involve shock, numbness, and pain. Allowing time and space to externalize such feelings facilitates dealing with loss and moving on with life's activities. In the course of bereavement, these stages often act as defence mechanisms helping the bereaved cope with extremely difficult situations. Kubler-Ross lists the stages of grief in a specific order; however, in the normal process of grief, they last for different periods of time, will replace each other, overlap or exist simulataneously at times.

As an antidote to what many came to perceive as a kind of passivity inherent in the stage model of grief, Worden (1991) developed a more active grieving model which defines four tasks necessary for the individual to complete. Worden states: "Phases imply certain passivity, something the mourner must pass through. Tasks, on the other hand are much more consonant with Freud's concept of grief work and imply that the mourner needs to take action



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and can do something" (p.35). Each person will react differently to loss, but in general, the work of bereavement entails the following developmental tasks:

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- To accept the reality of the loss: At first, people may react to the death of their loved one with numbness, shock and denial. The first task of grieving is to come to acknowledge and realize that the person is dead. This task takes time because it involves an intellectual acceptance as well as an emotional one. Traditional rituals, such as the funeral help many bereaved people move towards acceptance.
- To work through the pain of grief: It is necessary to acknowledge and work through the pain associated with loss or it will manifest itself through others symptoms or behaviours. Not everyone will experience the same intensity of pain or feel it in the same way. One of the aims of grief counselling is to help facilitate people through this difficult second task so they do not carry the intense pain with them throughout their life.
- To adjust to an environment in which the deceased is missing: Adjusting to a new environment means different things to different people depending on what the relationship was with the deceased. The bereaved may feel lonely and uncertain about a new identity without the person who has died. This loss confronts them with the challenge of adjusting to their own sense of self.
- To emotionally relocate the deceased and move on with life: Individuals never lose memories of a significant relationship, yet eventually grieving individuals need to look forward and continue with their lives. They may need help in letting go of the emotional energy that used to be invested in the person who has died, and they may need help in finding an appropriate place for the deceased in their emotional lives. Completing the necessary grief work enables them to focus less on the loss and connect with other people by investing new energy in on-going relationships (Worden, 1991).

### 3.2. Conclusion

In summary, models of the grief process can be viewed as "generalized maps", in that each theory is an attempt by an investigator to understand and guide the grieving individual through their pain. However, humans are unique and cannot be forced into particular patterns



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of behaviour. Each individual will travel through grief at his/her own speed using an appropriate route. The other complication issue is the issue of cultural diversity. People from different cultures will have different expressions and understanding of grief and bereavement. Grief occurs across all ages and cultures. However, the role that cultural heritage plays in an individual's experience of grief and mourning is not well understood. Attitudes, beliefs, and practices regarding death must be described according to the myths and mysteries surrounding death within different cultures hence so many psychological theories developed around grief, mourning and bereavement.



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# CHAPTER 4: RESEARCH METHODOLOGY

## 4.1. Introduction

In this section, I outline the methodology that was used in this study. I start with a discussion on qualitative research as an approach that was used for the present study. The strength and weaknesses of this approach are highlighted. In the second part of the chapter, I discuss the research design that was chosen as appropriate for the study. In this regard, I briefly give an outline of the exploratory research design, including the phenomenological method that was used in the investigation. The third section looks at the setting for the study. The fourth section provides information on how sampling was done. The section on data collection provides information on how data was collected. The data collection method that was chosen is explained including the data collection instrument. The data analyis method is described in detail whilst the issues relating to trustworthiness of the study are highlihted. The last part of this chapter focuses on the ethical considerations for the present study.

## 4.2 The qualitative approach

The researcher used the qualitative method in order to have in-depth understanding of traditional healers' notions of bereavement and grief. According to Barbie (2010), the strength of qualitative research is its ability to provide complex textual descriptions of how people experience a given research issue. It is a flexible way to perform data collection, subsequent analysis and interpretation of collected information. Another advantage of qualitative research is that the researcher obtains a more realistic feel of the world that cannot be experienced in the numerical data and statistical analysis used in quantitative research (Merriam, 2009).

Qualitative research however has some shortcomings. The approach is not an appropriate means of arriving at statistical descriptions of a large population (Barbie, 2010). The data is collected from a very few cases or individuals which means findings cannot be generalized to a larger population. Rigor is more difficult to maintain, assess and demonstrate and subjectivity leads to procedural problems (Merriam, 2009; Hesse-Biber & Leavy, 2006).

To ensure that the shortcomings of qualitative research do not impact negatively on the current study, the researcher was very conscious of the issues of subjectivity. Furthermore,


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the study is not concerned with generalizing findings to the larger population but to describe what is happening in the setting that is studied, Thulamela Municipality.

Qualitative research is characterized by the fact that a researcher delves intensely into an issue in order to understand it (Moutain & Marais, 1990). Such a stance makes it possible to obtain information that facilitates an understanding of the meaning that individuals have ascribed to their life-world (Gubrium & Sankar, 1994). With this approach I was able to understand traditional healers in their natural setting as people who are currently practicing and seeing people for different ailments and conditions. In qualitative approach, data is in the form of expression, sentences, photos and symbols. I was able to listen to expressions made by people with a first-hand experience about traditional healers and the healing process. Participants were traditional healers who have dealt with bereaved people who provided a deeper understanding of the topic. The qualitative approach therefore helped me to obtain first-hand information from the traditional healers within the municipality.

### 4.3. Research design

A research design is a plan for conducting a study (Muchinsky, 2003). For the purpose of the study, an exploratory contextual research design was used. According to William (2006), exploratory design refers to a research that is conducted to gain insight into a situation. Exploratory studies employ an open and inductive approach aimed at uncovering new insights into a phenomenon (William, 2006). This links with the aim of the present study which is to analyse and explore the notions of bereavement and grief counselling by traditional healers.

The advantage of using exploratory research design is that the design allows the use of open-ended questions and such probing questions give participants the opportunity to respond in their own words rather than forcing them to choose from fixed responses. Another advantage is that exploratory research allows the researcher flexibility to probe initial participant responses (Maree, 2007). Whilst the advantages of exploratory research are acknowledged, there are also limitations that are associated with this strategy. For example, Barbie (2010), is of the view that this particular research design seldom provides satisfactory answers to research questions. To address this disadvantage, I ensured the trustworthiness of the data in order to have relevant answers to the research questions.


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Based on Davidson (2000) and Jones (2001), I identified a phenomenological methodology as the best means for this type of study. Phenomenologists, in contrast to positivists, believe that the researcher cannot be detached from his/her own presuppositions and that the researcher should not pretend otherwise (Hammersley, 2000). In this regard, Mouton and Marais (1990, p. 12) state that individual researchers "hold explicit beliefs". The intention of this research, at the outset (preliminary focus), was to gather data regarding the notions that traditional healers have with regard to bereavement management and grief counselling.

The phenomenological research design in particular was used in this study. According to Descombe (2003), phenomenology is associated with the way people experience their lives and is an approach that focuses on how life is experienced since it is more concerned with the human experience. The phenomenological inquiry is particularly appropriate to address meanings and perspectives of research participants. The major concern of phenomenological analysis is to understand how the everyday, inter-subjective world is constituted from the participants' perspective (Schwandt, 2000). A phenomenological study is one that focusses on descriptions of what people experience and how it is that they experience what they experience (Patton, 1990). I identified and described the healing process from traditional healers' understanding of bereavement, a typical human experience. A phenomenon is a thing that is known to us through our experiences and it is experienced directly rather than being conceived in the mind as some abstract concept of theory. A phenomenon is something that stands in need of explanation, something that, as yet, remains known to us only in terms of how it appears to us directly through our senses.

When dealing with the way people experience events of their lives, phenomenology stresses the need to present matters as closely as possible to the way that those concerned understand them. The task of the exploratory research is to present the experiences in a way that is faithful to the original. This methodology allowed me to see through the eyes of others, to understand things in the way that such people understand themselves and to provide a description of matters that adequately portrays how the group in question experiences the situation (Descombe, 2003).


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According to Muchinsky (2003), a research design is a plan for conducting a study. The same is perceived by MacMillan and Schumacher (2001) who posit that a research design is a road map or blueprint that describes the procedures for conducting a study and the methods to be employed when collecting empirical data. Explorative research design was used in this study in order to conduct the investigation from a phenomenological point of view. One of the reasons for conducting a qualitative research is that the study becomes explorative, allowing the researcher to seek and to listen to information and to build a picture based on ideas (Creswell, 1994).

## 4.4. The population and setting

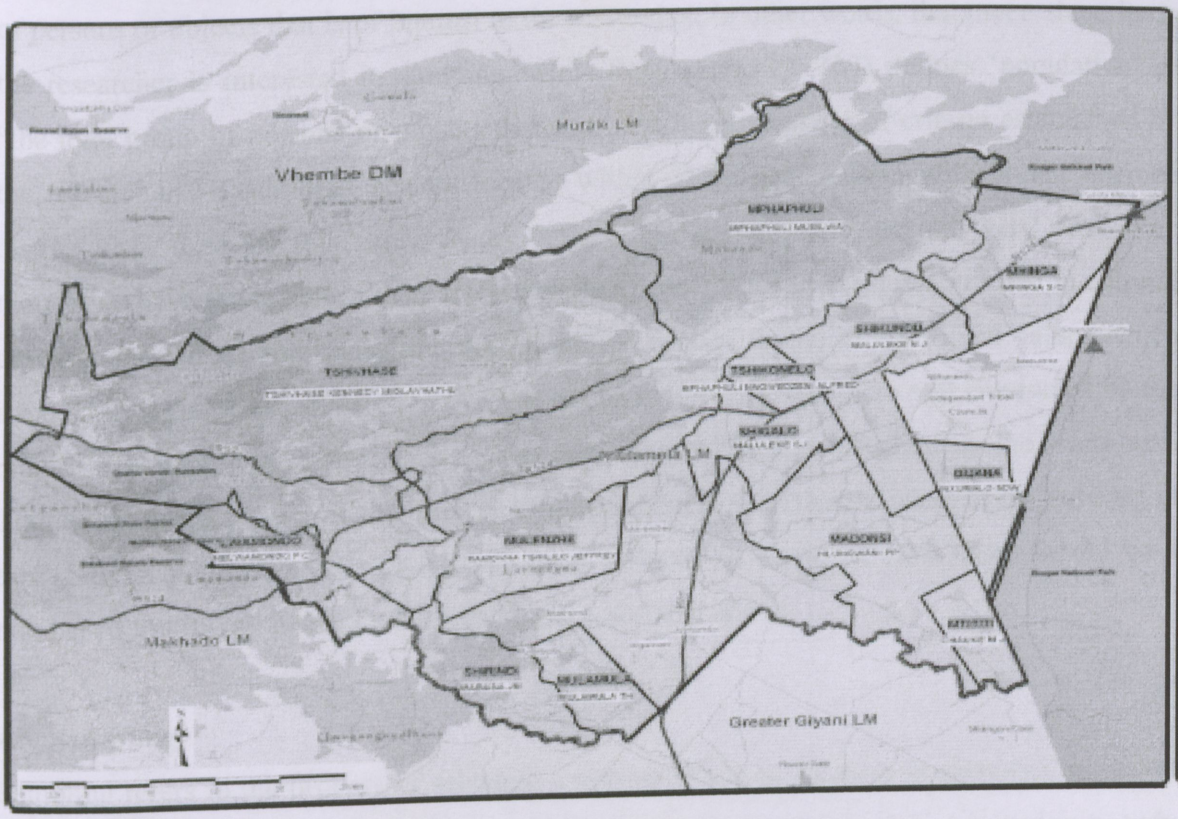



Figure 4.1. Thulamela Municipality Map

Vhembe District Municipality is located in the northern part of the Limpopo province. It shares borders with Zimbabwe and Botswana in the north-west and Mozambique in the south-east through the Kruger National Park. The Limpopo River valley forms the border between the district and its international neighbours. It includes areas that were previously under Venda and Gazankulu Bantustan's administration. It is comprised of four local municipalities: Musina, Mutale, Thulamela and Makhado. The District Municipal offices, as well as the Thulamela Local Municipality offices, are located in the town of Thohoyandou. It covers a geographical area that is predominantly rural. It is a legendary cultural hub and a


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catalyst for agricultural and tourist development. Thulamela alone has more than 200 traditional health practitioners, which justifies reasons why they are the first line of consultation by the majority of the people in the area. Though Thulamela municipality has some towns, there are many parts which are still very rural and are far from the local towns. According to Census 2011, the municipality had about 618 462 population. With a growth rate of 0.78 % the number could have increased. The municipality has about 38% of unemployment rate which also serve as one of the reasons why the majority consult the easily accessible and affordable traditional healing systems in the country. Approximately more than 80% of the population in the area consult with the traditional healers for many ailments and conditions. The situation has been like this for many years and even now people continue to use their services for some of the reasons stated elsewhere in this study. Burns and Grove (1994: 240) define population as a group of persons or objects that is of interest to the researcher, in other words, that meets the criteria the researcher is interested in studying, while Seaman (1987: 233) defines 'population' as "the total group of persons or objects that meet the designated set of criteria established by the researcher". Traditional healers located within Thulamela municipality under Vhembe district were used for this study. Many parts of the municipality are still very rural even though we have fewer semi urban areas. People in these areas are still deep rooted in cultural customs and values and consulting the traditional healers is one of traditional values which are held in high esteem. Rituals and ceremonies for different things are still conducted by the majority of people in many parts of this municipality; hence this area as the study site. Traditional healers should have been practicing for more than twenty years to be included in this study. Thulamela municipality has many villages in it and as such there should be a number of traditional healers within its borders as stated above.

### 4.5. Sampling

Sampling refers to the process of selecting a portion of the population to represent the entire population (Polit & Hungler, 1990). It specifies how participants are to be selected in a study (Rosnow & Rosenthal, 1996). Sampling was used to achieve representativeness of the research population (Jennings, 2001).

A sample refers to a subgroup of a population (Goodwin, 2005). This view is shared by Stoker (1989), who states that a sample for a study is a selected finite set of persons, objects or things that the researcher employs in his/her study. As such, the sample forms a subset of elements of the population. The sample is essential because it is not feasible to study the


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whole population directly because of prohibitive size, cost, lack of time and lack of accessibility of the whole study population. Similarly, Cohen, Manion and Morrison (2007) contend that the quality of a piece of research stands or falls not only by the appropriateness of the methodology or instrumentation, but also on the sample that has been chosen. The population size was used to define the sample size.

A combination of purposive and snowball sampling techniques were used for this study. Snowball sampling is a technique that involves identifying and sampling relevant cases. This technique allowed me not only to find participants for a study but also to have the desired number of participants to use (Babbie, 1992; Neuman, 2000). Purposive sampling is when the researcher selects participants on the basis of his or her own knowledge of the population by picking participants who are relevant to the study (Babbie, 1992; Neuman, 2000). Purposive sampling was used to select the first participant. The first participant was purposively selected because he was a traditional healer who has dealt with cases of bereavement and grief. This sampling method was preferred because it enabled me to choose participant who illustrated some feature or process that was of interest for the study (Silverman, 2000). The same point is explained by Welman and Kruger (1999) who consider purposive sampling as the most important kind of non-probability sampling to identify primary participants. I chose the sample based on my personal judgment and the purpose of the research (Schwandt, 1997). Its advantage is that it permits the researcher to use people who have good grounds in what they trust in and the sample size involved is be very small and it is unlikely to be known with exactness.

Traditional healers selected for this study as has been mentioned earlier must have been practising for more than 20 years and experienced so that they can represent the profession when it comes to issues around grief and bereavement. It is believed that in a period of 20 years and above the traditional healer could have dealt with several cases of medical conditions including bereavement. It is assumed that traditional healers who are part of this study have been in practice for a long time and are believed to be fully conversant with legal provisions in the South African constitution. As a result of their experience they are also believed to have a better understanding of areas of collaboration with western trained doctor. This has been the rationale behind the selection of traditional healers with the specified years of experience. Novice traditional healers would not have the wealth of knowledge regarding



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the practice in general. The first traditional healer who was purposely selected was able to identify others whom he knew to have handled bereavement related conditions. Through snowball sampling, traditional healers who handle or have been handling cases of grief and bereavement were selected. Participants in the study were selected irrespective of gender, race and level of education but on the bases of expertise in handling cases of bereavement-related disorders. Snowball sampling method is generally used for low incidence or rare population groups, where sampling poses a big problem. When the defined population with the sample is unavailable, this method can prove effective in finding the sample subjects. It involves finding one subject and researching the subject. Then, the subject is used to suggest more sample subjects through friends, family and acquaintances. In this case the cost of locating samples and researching is not very high. The researcher does not spend time and money trying to find the sample subjects; rather they are being brought to the researcher. Sampling refers to the process of selecting a portion of the population to represent the entire population (Polit & Hungler, 1990). It specifies how participants are to be selected in a study (Rosnow & Rosenthal, 1996).

Gender was not a qualifying criterion for selecting participants for this study, this merely was done to avoid sampling bias where it could have happened that there referred cases are all men or women. In this regard, the researcher started by identifying one traditional healer who is known to carry out bereavement rituals and grief counselling. This traditional healer was, in turn requested to identify other traditional healers that he/she knew who were involved in similar bereavement work. Through this process, a total of ten (10) traditional healers in Thulamela municipality were identified and requested to participate in the study.

### 4.6. Research instrument

Research instrument is a tool used to collect data or information when conducting a study or a research. In this present study, an interview schedule was developed and used to collect data from participants by means of personal interviews. Personal interviews are an excellent research method when there are highly knowledgeable individuals whose expertise is needed for the understanding of an issue. The use of personal interviews provides researchers with insights, new hypotheses, and understanding through the process of interaction. They allow for extensive probing, follow-up questions, discussion, and observation of emotional reaction



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not possible in a quantitative study such as a telephone or mail survey. Personal interviews allow analyses of thoughts, attitudes, behaviours, and opinions that have a high level of content validity (Babbie, 2006). Personal interviews are an appropriate qualitative data collection methodology in a variety of settings including exploration of issues in sensitive areas such as internal agency evaluations or internal agency satisfaction studies. Personal interviews allow participants to share qualitative information in a manner that allows freer expression of ideas and opinions. A semi-structured interview was used to collect qualitative data. I prepared an interview schedule to guide the qualitative data collection process (See Appendix A: The Interview guide). I had the opportunity to obtain detailed information about the participants's feelings, perceptions and opinions along with asking more detailed questions and clarifying ambiguities and pressing on for full answers or following up on incomplete answers. The interviewer may also use precise wording and tailor it to each candidate and clarify certain questions as requested by each participant. Also, questions can be delved into deeper until the interviewer gets a full sense of what skills and knowledge the participant can provide for the study.

Interviews also help to have closer contact with participants. The instrument had two sections: section A focused on the biographical information of the traditional healers whereas Section B comprised of a number of questions about the treatment itself, the manifestation of grief, participants' understanding of what bereavement is, and methods that they used in managing bereavement and how they carried out counselling if they did.

**4.7. Pretesting**

According to Banks and Olszewski (1997), pretesting is used to identify and correct flaws in the instrument under development. Although designing the perfect instrument can be a daunting task, researchers can still create effective instruments. To determine the effectiveness of an instrument, it is necessary to pre-test it before actually using it (Goodwin, 2005). This helps researchers in determining the strengths and weaknesses of the instrument concerning question format, wording and order. Pretesting enables the researcher to clarify the research study goals and objectives which guide the entire research enterprise. Identifying and addressing problems in research early in the process give researchers enough time to improve the research instrument, ensuring quality data (Vandam & Rankins, 1998).



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For the purpose of this study, a pre-test was conducted with two traditional healers who were not part of the actual study. Pre-testing helped the researcher to refine the measures the researcher wishes to use in the actual study (Pelham & Blanton, 2007). Through pretesting I was be able to see if participants really understood the questions so that they can provide relevant information for the study. Pretesting therefore assisted in detecting possible flaws in the measurement procedures such as ambiguous questions, inadequate time limits, to identify unclear questions and also afforded an opportunity to note participants' non-verbal behaviour that may possibly signify discomfort or embarrassment about the content or wording of the questions. Such information enabled a review and refinement of the instrument (Welman *et al.*, 2005).

**4.8. Data collection**

The data for this study was collected by means of personal interviews conducted with the participants in their homes. Data collection is a term used to describe a process of preparing and collecting data (Creswell, 1994). All questions in the interview guide were asked to each participant. According to Cooper and Emory (1995), a personal interview is a two-way conversation initiated by an interviewer to obtain information from the participants. Its greatest value lies in the in-depth and detailed information that can be obtained. Interviews also helped an interviewer to have closer contact with participants. Personal interview treats the interview as an instrument for extracting and transmitting information from the interviewee and helps an interviewer to understand the closed world of the participants as is required in phenomenological studies.

Data for this study was collected by the researcher using semi-structured interviews. The reason for using semi-structured interviews was that they gave participants a free choice to respond (Cooper & Emory, 1995). Face-to-face semi-structured interviews were conducted in order to obtain detailed information regarding the issues around grief and bereavement as seen from the traditional healers' point of view. Gubruim and Sankar (1994) state that the benefit of conducting face to face interviews is that they enable a researcher to gain participants' cooperation by establishing a relationship with them, which therefore facilitates a high response rate. It also helps the interviewer to have closer contact with participants. It treats the interview as an instrument for extracting and transmitting information from the



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interviewee to the interviewer. It also helps the interviewer to understand the closed world of the participants.

Semi-structured interviews that included open-ended questions were used as a tool to collect data. Open ended questions are easier to measure, record, code and analyse. The reason to use open ended questions was that they give the participants free choice of words than close-ended ones. The method gave the researcher and participants much more flexibility than in the structured or unstructured interview and questionnaires (Cooper & Emory, 1995).

I was able to follow interesting avenues that emerged in the interview and the participants were able to give detailed information. This technique was much suitable for this study on traditional healers. I gained insight of the experiences, notions relating to bereavement and grief counselling techniques that traditional healers have in handling patients who have gone through bereavement and mourning. I spent approximately an hour and a half with each traditional healer when conducting in-depth interviews. This kind of interview gave participants greater freedom to express their unique experiences and even to share with me what seemed to be the correct explanation and interpretation of bereavement from a traditional point of view. The interviews were recorded on audiotapes, transcribed and analysed for commonly occurring concepts, ideas and themes that provided insight into traditional healers' experiences in dealing with bereavement related issues.

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Face to face interview is the only qualitative type of data collection method that allows the interviewer to observe both the respondents and their reactions to the questions posed (Neuman, 2000). But this method has its disadvantage of having the highest cost, particularly with large samples, in that interviews may need to be conducted by a number of researchers who may want to be paid some form of allowance including travel, food, accommodation to just cite a few. Further, because of the face to face nature of interviews, this type of survey introduces the highest level of bias where characteristics such as appearance, tone and voice in either the interviewer or participant may influence: a) how participants answer questions or b) how interviewer interacts with participants and c) how the researcher interprets the resultant data. Despite all its disadvantages, the face to face interviews were deemed fit for this particular study since the sample size was not that big. It is with these reasons stated above that face to face interviews were employed to collect data in this study (Neuman,



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2000). The fact that face to face interviews [boilerplate] advantages than disadvantages as illustrated above left the researcher with no choice but to consider face to face interviews as the most appropriate tool to collect data for this study.

The interviews were recorded on audiotapes, transcribed and translated for commonly occurring concepts, ideas and themes that provided insight into traditional healers' perceptions on best bereavement counselling and its treatment. During interview sessions, the research assistant recorded information on a paper to guard against technical errors that may occur to electronic instruments used for data collection. Transcription and translation of data was done by the researcher, guided by the field notes that the research assistant had written down.

A semi-structured interview enabled the researcher to gain a detailed picture of the participants' notions about bereavement and grief counselling and processes, techniques in the management of the phenomena as explained above (Smith, Harre & Langenhoven, 1995). In addition, the flexibility of the semi-structured interview gave the researcher the latitude to discuss issues around bereavement and grief as perceived from traditional healers' point of view and to follow up interesting disclosures that emerged. To validate the findings, the researcher tested the findings obtained through the qualitative approach against validity and reliability looking at the four criteria of trustworthiness of study developed by Lincoln and Guba (1985) to establish the "truth value of the study". The credibility, transferability, dependability and conformability of the research findings were tested.

### 4.9. Data analysis

According to Cooper and Emory (1995), data analysis in phenomenological research involves reducing accumulated data to a manageable size, developing summaries, looking for patterns, and applying statistical techniques. Cresswell (1994), provides the following explanation of data analysis as the process of observing patterns in the data, asking questions of those patterns, constructing conjectures, deliberately collecting data from specifically selected individuals on targeted topics, confirming or refuting those conjectures, then continuing analysis, asking additional questions, seeking more data, furthering the analysis by sorting, questioning, thinking, constructing and testing conjectures and so forth.



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The data was analysed in accordance with the four phases of phenomenological explication as recommended by Kruger (1998):

- **Obtaining a sense of the whole:** during this phase the transcripts were read several times to get an understanding of the participants' language. The goal is to identify essence of shared experience that underlies all variations in this particular learning experience. Essence is viewed as commonalities in the human experience. I tried to get the sense of the responses to different questions in order to construct sound themes. As I read several times I was able to make conclusions as to how the participants have answered a particular question.
- **Discrimination of natural meaning units (NMUS):** During this phase I broke down the data into natural meaning units, I organized themes in order to analyse the data easily. This is also called phenomenological reduction, where I bracket out the world and presuppositions to identify the data in pure form, uncontaminated by extraneous intrusion. It is a stage where the researcher puts together what is related to each other so that it would be easy when theme formulation was to be done.
- **Transformation of natural meaning units into psychologically expressed central themes:** I reflected on the NMUS, which were still in the natural language of participants. The meaning units were scrutinized to derive the central themes. This can also be termed as bracketing where a researcher locate within the personal experience or self-story, key phrases and statements that speak directly to the phenomenon in question. I again had to interpret the meanings of these phrases so that I can be able to get the subjective interpretations of these phrases. I had to be able to inspect these meanings for what traditional healers reveal about the essential recurring features of the phenomenon being studied and finally I was able to offer a tentative statement or definition of the phenomenon in terms of the essential recurring features identified.
- **Synthesis of central themes into consistent psychological structures:** This phase was divided into steps. Step one: all central themes were synthesized in order to communicate the psychological insight. Step two: psychological description under the investigated phenomenon were developed. It is also called the development of structural synthesis containing bones of experience; the true meanings of the experience of deeper meanings for the individual.



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The entire analysis process aims to examine lived experience from the ones who produced the experience rather than imposition of other people's interpretations. It should be the interpretations of the participants in the phenomenon under study that define the commonalities of the lived experience in the phenomenon. It is not the researcher's own thinking of the phenomenon, the other researchers' experience of the phenomenon, or the theoretical descriptions of the phenomenon that are under analysis (Rossman & Rallis, 1998).

Data analysis was also described by Lewis and Michael (1995) as a process of inspecting, cleaning, transforming, and modelling of data with the goal of highlighting useful information, suggesting conclusions, and supporting decision-making.

### 4.10. Trustworthiness of the study

The aim of ensuring trustworthiness in a qualitative enquiry is to demonstrate the integrity of the investigation and the collected data. Trustworthiness of the study ensures quality findings and increases a reader's confidence in the findings (Lincoln & Guba, 1985). Trustworthiness of the study is discussed under the following aspects: transferability, credibility, dependability and confirmability. All these aspects have to do with the appropriateness and effectiveness of the methodologies used in collecting and analysing data.

**Transferability**: This refers to the ability of other people to understand and determine the applicability of findings to their situations (Polit & Hungler, 1999). One of the objectives of this study is to develop a cross- cultural grief counselling model. To avoid bias in the development of the said model, clinical psychologists who are experts in grief and bereavement counselling have formed part of the review of the model for its applicability to bereaved people in general. The applicability of the model did not lie solely on the reactions from the traditional healers but also on the evaluation of its effectiveness and applicability by other psychology professionals.

**Dependability**: This is another criterion under trustworthiness, which requires that the findings should be reproducible using the same participants, data and context. It refers to the consistency of the data, data analysis and findings (Lincoln & Guba, 1985). To ensure



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dependability of all the processes involved. Pre-testing was conducted to evaluate the dependability of the instrument to be used for data collection and analysis.

**Credibility:** To ensure credibility of the study, information must be collected using multiples sources. In the case of this study, semi structured interviews and questionnaires were used to triangulate findings. Questionnaires were mainly used with the psychologists during model development and validation (see attached appendices). Interviews were used for data collection for the study whereas a questionnaire was used for the review of the model by the psychology professionals. To reduce bias in the findings, information was also collected from the professionals in the field of psychology, that is, the clinical psychologists. During data collection the researcher was actively involved in taking field notes to ensure that all valuable information has been captured. Information about the effectiveness of the model was captured using a carefully designed questionnaire which was filled in by the clinical psychologists. Another way of ensuring trustworthiness in a study was to return the transcripts to the participants for them to confirm their responses and this strategy was considered for this particular study (Lincoln & Guba, 1985).

**Confirmability:** This is another important aspect of trustworthiness in qualitative inquiries. It is done to limit bias in a research and maintain neutrality of the data. This is the reason the data was collected and confirmed by the participants and later reviewed by a team of experts, the psychologists in this field. At the end of the study, before finalization, the researcher had the whole study checked by colleagues who are experts in the field to ensure confirmability (Polit & Hungler, 1999).

### 4.11. Ethical considerations

**Permission to conduct the study**: Before data collection could start, ethical clearance was sought and was subsequently granted by the University of Venda's Research and Ethics Committee. The proposal was presented to the School of Health Sciences Higher Degrees Committee, and thereafter submitted to Senex for approval and finally submitted to the University of Venda's Ethical Committee for ethical clearance. In conducting this study the following ethical issues were taken into consideration:



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**Informed Consent**: It is of cardinal importance to ensure participants' right to privacy. Essentially, I assured the participants that any information that they offer will only be used for research purposes and nothing else. Before asking for the prospective participants's consent, I explained the nature and purpose of the study and all procedures that would be undertaken during data collection. The main aim was to give the participants all the information that would help them make informed decisions. Written consent was sought and the potential participants were asked to complete the consent form before data was collected.

**Voluntary participation**: I did not use any force to coerce the potential participants to take part in the investigation as participation was voluntary. The purpose of the study was communicated to the participants in advance. Each participant was expected to give his/her permission to take part in the study and I also informed the participants that they were free to withdraw from the study anytime during the course of the study.

**Confidentiality and anonymity**: It is the responsibility of a researcher to ensure that the privacy and safety of the research participants is safeguarded. In this regard, all the information obtained from the participants was handled in a confidential manner. I assured the participants of complete confidentiality, anonymity and privacy. The participants were requested to provide information anonymously as the participants were requested not to mention their names when interviewed. Code names were given to the participants to conceal their identity and the participants were informed of the outcome of the study.

**Beneficence**: I ensured that the dignity of all research participants is upheld by ensuring that they will not be used simply as a means to achieve research objectives, but that they benefit from the knowledge derived from the study. I treated participants in an ethical manner by respecting their decisions, protecting them from harm and making efforts to ensure their well-being. No participants were subjected to physical or psychological harm by the study. Significant efforts were made to protect the welfare and the rights of the participants. The research setting was a safe environment to meet the guidelines for participants' welfare and possible harm to the participants was minimized at all cost.

**Deception**: I did not subject the participants to any form of deception, whether physical or psychological. In essence, the researcher did not deceive the participants by withholding



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information or giving them false information for the purpose of coercing them to take part in the study. I did not use any form of deception in the present study. In case unforeseeable misunderstanding occurred, I briefed the participants about the deception and the reasons for it.



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## 5.1. Introduction

The following chapter presents the findings based on the analysis of traditional healers' notions of bereavement and grief counselling with a view to developing a cultural grief counselling model. The following themes emerged from phenomenological data that was analysed: cultural understanding of bereavement in the community; symptoms of normal grief; determining functionality of the cultural interventions in the treatment of grief and loss; effectiveness of intervention strategies; value of improved technology in traditional healing; strength of traditional healing methods in the treatment of bereavement; necessity of counselling in treating bereavement; critical aspects of counselling in traditional grief management; the use of counselling in dealing with bereavement; traditional bereavement rituals and customs; specific customs and rituals carried out for grieving children; ingredients used; cleansing process; specific animals used in the rituals; description of rituals performed; timing of the rituals and duration; treatment methods used in traditional healing; the effectiveness of bone throwing; provision of traditional healers support to the bereaved; increase in traditional healers' clientele and suggested coping strategies for the bereaved. For most of the themes stated above *vhulivhadza* will be seen as most prominent as it forms an integral part in the treatment and management of bereavement related conditions by the traditional healers and will be noticeable throughout the theme development. Conclusions made on several themes and subthemes were made based on the number of participants who answered in similar ways. This literally means that if many tradtional healers have answered in a particular similar way, the conclusion made followed the trend of responses to such questions. In cases where there were notable disagreements in the manner in which participants responded, that was also clarified. *Vhulivhadza* also constitutes ingeredients used in preparation and treatment of bereavement conditions. This is mentioned to avoid confusion to the reader with regard to the themes developed in this study.

## 5.2. Theme One: Cultural understanding of bereavement in the community

The study found that people going through bereavement display some notable behavioural symptoms. It is through these symptoms that the person may seek traditional healers'



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intervention to remedy the situation. Unattended symptoms may lead to further damage on the individual and the family concerned.

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### 5.2.1. Subtheme 1: Symptoms of normal grief

The study suggests that it is very normal for people to grieve after the loss of a beloved one. People manifest grief in different ways and present with different symptoms. From the participants's responses it has been indicated that there are certain similar presentations of someone going through bereavement and grief. Most of the participants agreed that people grieving would have persistent thoughts of the dead person; some of them begin to complain about bad luck that follows them everywhere. The findings also indicated that the grieving people are always under severe stress due to death that occurred in the family. Hallucinations and delusions are some of the symptoms of a person going through grief period. According to traditional healers, majority of people who consult them indicated having seeing the dead person coming back into their lives through dreams and this is largely interfering with their normal functioning. It was also reported in this study that the person who is grieving is usually suspicious of other people who they think might want to kill them because they have killed their beloved ones. Culturally people who are going through bereavement would present with symptoms such as inability to make decisions about life, swollen legs and development of a big tummy, carrying a sad face, inability to derive pleasure from any activity and always having unexplained worry about the dead person. The results of this study also indicated that culturally it is also very normal that a person grieving should not undertake long trips and should stay at home until the funeral arrangements are finalized.

> *Some of the clients would claim to have seen the dead person every time they sleep. If this happens and a person consults with us, we usually tell the woman to bring the mattress so that it can be cleansed also. The mattress is cleansed by the water mixed with medicines (*for **u handulula***), thereafter the woman is made to lick* **the muuluso**. *Some of it she is made to bath with it.* (Participant 3)

> *They have symptoms such as sleeping problems, no progress, always fighting at home, swollen legs, and persistent thinking of the deceased person, being heartbroken. These are some of the general symptom that they present with when they come to consult with us the traditional healers (*Participant 5*).*



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*They will constantly see dead people coming back into their lives and this would normally make them to be depressed and anxious. They always talk about the dead people; how important they were in their lives, that the situation would not be like this if the deceased was still alive. They become suspicious of other people who they think might have had a hand in the death of their beloved ones. This interferes with their functioning and in many cases they are stuck with the dead, progress stops, their lives revolve around the deceased person, some develop unexplained sleeping disorders. The top of your head may start moving up and down, and you have very white nails, development of big belly, swollen legs* (Participant 6).

*When a person comes here you can even see it yourself that this person is really suffering. From there I throw my bones to get direction on how to go on treating this person. They usually complain about family problems, they also complain about the shadow of the dead person and having bad luck and usually when we throw bones they tell us it is because of the dead person, nothing has been done when the person died* (Participant 10).

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As can be seen from the above extracts, it does appear that there are number of symptoms that are associated with this experience. For example, these include sleeping problems, as reported by (P*articipant 5)* and hallucinating about the dead people *(Participant 6).* It can therefore be suggested that the symptoms of grief are swollen legs, persistent thinking about the dead person, heartbroken, anxiety, being suspicious and violent behaviour at home

### 5.3. Theme Two: Determining functionality of the cultural interventions in the treatment of grief and loss

In every tradition people go through these conditions many a times. As people are born, others die. People rejoice when a new baby is born in the family and the very same people grieve as one of the members of the family dies. As the latter occurs, people often seek for intervention from the traditional healers as they have been the main custodians of human health. The overwhelming support that traditional healers enjoy in the communities is indicated earlier in the study. This theme goes deeper into trying to show the level of effectiveness of cultural interventions.



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### 5.3.1. Sub Theme 1. Effectiveness of intervention strategies

Results of the study indicated that the functionality of interventions from the traditional healers is based on the clients who have consulted. Most traditional healers who participated in this study indicated that clients would definitely come back to them after consultation to report if there was progress or nothing.

> *The success of my intervention as the traditional healer will depend on the client himself. If the client after taking my treatment is healed he will come back and notify me. It is after this that I know that my herbs have healed a person. It will always be a pleasure for me as the traditional healer to see progress in my patients. In cases where they are not better they still come back to tell me that it is not that better and as usual I will consult my ancestors through bone throwing to find out how to treat him further* (Participant 5).

From the above extract it is clear that traditional healer's intervention functions effectively as they boast of wider knowledge of herbs that are good and that can bring desirable results. Clients would in many occasions report back to the traditional healers to report of the progress regarding treatment they have been using.

### 5.3.2. Subtheme 2: Value of improved technology in traditional healing

Most participants indicated that these days because of improved communication technology, they find it easy to communicate with their clients. Traditional healers indicated that in the olden days things were easy since each and every community would have a traditional healers and it would be easy to even visit your client at his place of residence.

> *Even though majority of the participants indicated that people who consulted them would normally phone or come back, they still maintained that very few would not come back because of some reasons such as having to thank the traditional healer in a form of money. Some people after being helped do not come back even if something good has occurred in their life they tend to forget that they should come and say thanks. Sometimes I will tell them to come back and tell me if things have shaped well. Sometimes we will communicate telephonically to know the progress. The majority do*



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*not come back. Very few would come back to tell me that things have sharpened up and pay a little to just say thank you. When we first treat them we will tell them to come back in case they are fine or it is getting worse. Nowadays because of easy communication, my clients are able to phone and tell me of their progress if there is any. In cases where there is no progress they still phone so that I can further consult with the ancestors as to what to do next. I can say that they do come back and notify me of the progress* (Participant 9).

As can be seen from the above extract, traditional healers claim to know of the progress of their interventions from the clients in many ways. Some definitely will personally go back to the traditional healers whereas others would prefer to use telephone. The gist of the matter is that clients would always keep in contact with their healers (*Participant 9*). The same is also said for the healers, they are able to phone their clients regarding progress in the treatment.

### 5.4. Theme Three: Strengths of traditional healing methods in the treatment of bereavement

Traditional healers have strong belief in their techniques/methods that they use in treating bereavement and they have assurance of this since people would come back without the symptoms that they were suffering from. Traditional healers claimed that their interventions are so effective and if applied correctly there is no way a person cannot be healed of the problems he is suffering from. The findings also indicated that for as long as they have been helping people with their problems, they have been having positive feedback from their clients and that is why they are trusted by the people in their communities. The results indicated that the most common interventions that traditional healing employs are counselling, ritual performance and cleansing.

*I usually determine these from the participants or clients themselves. Normally after getting treatment from us they would come back to say all what they have been suffering from has stopped, then I know that my intervention was successful* (Participant 7).

*I can see it, it is obvious when a person is not sick or having problems anymore. When he comes to consult he will be complaining about this and that. Patients come*



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*back and tell me that they are fine and not having problems anymore. You would even see it through your eyes that this person is healed. If I realize that he is not completely healed I then seek help again from the ancestors who will assist me in coming up with another treatment* (Participant 4.)

From the above extracts, it appears that traditional medicine works since anybody who uses them will report back to the traditional healers with positive feedback. (*Participant 7*) said all his clients would come back with positive feedback that they are no longer having a problem that led them to consulting in the first place. It can therefore be said that based on the extracts traditional healing methods are powerful and have added strengths.

### 5.5. Theme Four: Necessity of counseling in treating bereavement

This study proves that traditional healing strategies in dealing with bereavement are very effective. It is for this reason that counselling was found to be one of the most considered thing to start with when traditional healers are seeing their clients who come suffering from grief related problems. It would not be important to just jump into giving medical advice and prescribing medication without talking to the clients. The necessity and value of counselling is shown underneath.

#### 5.5.1. Sub theme 1: The value of counseling in traditional grief treatment

Findings of this study indicated that counselling is an important aspect when treating a person going through a grieving period. Counselling is normally carried out after the bones have been thrown down so that traditional healers come to know the type of information that has to go to the client.

> *We build rapport by throwing the bones first and tell them of what we see of them. This has been quite helpful for us as traditional healers because it make the patient to feel at ease to can be honest with you. In this process we sort of welcome them to our place asking them where they come from and ensuring that the ancestors will help solve their problems. In the process we make them to accept the death of their beloved but it cannot end just there. The next step of course will be directed by the bones* (Participant 6).



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The extract above shows the value of counselling as one of traditional grief treatment modalities. The participant said that throwing of bones made it easier for traditional healers to know their clients' problems. He/she said in so doing they are welcoming their clients and also making them feel at home. This will usually be followed by counselling. From the above extract (*Participant 6*) it can be said that there is indeed some element of counselling that is done in traditional healing even though it may not be done in exactly the same way as in western system.

### 5.5.2. Sub Theme 2: Critical aspects of counseling in traditional grief management

The study revealed that most traditional healers practice empathy and sympathy when dealing with clients suffering from bereavement related problem. Establishing rapport is one of the critical features of their counselling and involves clients introducing themselves to the traditional healers, what has brought them to the traditional healer and having to describe their problems to the traditional healer. In return, the traditional healer would have an opportunity to relate the client's background and having to confirm his problems to the ancestors through bone throwing. The results further indicated that in this way their clients would become relaxed and at ease to an extent that they will be open about their problems to the traditional healers. It is also indicated that there are no steps that are followed when conducting their counselling process.

> *Traditional healers are like teachers and social workers and psychologists. We counsel our patients before we start with the processes involved. We tell them to always accept that their time had come, they had to part ways with us and it is of no use to be having them in our minds always. I know it's difficult to forget someone you so much loved. Getting them to forget about the deceased is minor to us the traditional healers. What we do is to prepare them vhulivhadza which we mix with some herbs and prepare a soft porridge. After eating this, they will take no time and in a few weeks they would have forgotten about the dead person and all the problems that were there would be gone in no time* (Participant 7).

The extract above shows the value of counselling as one of traditional grief treatment modalities. As in the above extract, the participant feels that the majority of traditional healers are like social workers and psychologist who do counselling as a way of helping their



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clients. From the above extract it can be said that there is indeed some element of counselling that is done in traditional healing even though it may not be done exactly the same as in western system.

### 5.6. Theme Five: The use of counseling in dealing with bereavement

During counselling process, they tell their clients to derive meaning from the death itself and help them to accept what has happened because it was bound to happen. Most traditional healers agreed that being stressful and suffering from depression is the work of the mind and counselling would help in correcting the mind so that people would be able to cope with life without their beloved ones. From the counselling processes, issues regarding introduction, determining problem and finding the cause of the problem and how the intervention will be are the things that would be discussed.

> *We conduct our own counselling. We would ask them to identify themselves and what brings them to us. We do this to make them feel at home so that they can be free to open up and tell me everything about their problems. In the process I will also tell them who am I so that we know each other. Depending on what brings them to me I will give a relevant advice. If a person comes with bereavement related problems, I tell him to first accept that he or she is gone for ever. I tell him to stop thinking about the deceased and plan on what to do next that the deceased is no longer there because I know this is a mind problem. If he does not take it out of his mind, it may be difficult even after my intervention as the traditional healer. But we really have a talk with our clients before beginning the process. We do not have step by step kind of counselling but we do talk to them* (Participant 8).

From the above extract it clear that traditional healers also have counselling as part of their treatment strategy but they don't rely solely on that as they have to also prepare and prescribe some medication from the plants and animals. When the patients consult with the traditional healers, they are asked to tell the problem in some cases and this is done to break the ice. In the western perspective this will be seen as establishing rapport which is one important aspect in counselling. It can then be said that counselling forms part of a treatment plan followed by the traditional healers.



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### 5.6.1. Sub Theme 1: Counseling as one of the cultural interventions: Effectiveness in the treatment of grief

Even though majority of the traditional healers have indicated the importance of counselling in the treatment of bereavement, there were a few who did not agree largely to that. The findings revealed that **few** of traditional healers regard their intervention as strong and adequate to an extent that counselling would not be necessary. These few according to the findings believe that once they conduct necessary rituals and cleansing of the members of the family, they will heal immediately and as such counselling would not be that necessary. This does not dispute the fact that counselling is seen as equally an important aspect in the management of bereavement.

> *Our medication is very strong, there is no need for serious counselling, of course we tell them to forget about the deceased but what we are sure of is that once we give our medication it would only take a few days for symptoms to totally disappear. Counselling is not that important but we sometimes tell them to be bold during these trying times and that they should learn to forget about the dead ones. They must learn to accept that it happened and it was bound to happen and they must carry on with their lives. Most of the people who come with bereavement related problems are women; men are strong and can adjust easily during these times. We rely mainly on the medication* (Participant 1).

As it can be seen from the extract above, the researcher is tempted to say that counselling is not done the same way throughout traditional systems. Other traditional healers see no significance of counselling, others do not include it but they are very few from the participants interviewed. It can therefore be stated that most traditional healers even though they might be seen as having aspects of counselling in their treatment plans, they do trust their medication for the cure of their clients' problems and not through counselling.

Findings also indicated that counselling is only appropriate to the adults since they are the ones who are seriously affected by the loss than children. According to the results of this study, it takes a few days to weeks for children to completely forget about the dead person. Traditional healers find it necessary and suitable to talk sense to the adults than to the children.



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*Yes counselling has to be there to assist the bereaved in accepting that what happened was bound to happen and life must just continue but if there are problems that arouse because of this, they should be treated hence the explanation above. The counselling is more effective to adults because they are the ones who are seriously affected. We tell them it was time for death to come to the family and they must learn to live with it even though it is difficult* (Participant 2*).*

As it can be seen from the extract above, counselling is crucial to adults and not to children or young children. To the participant, counselling works better for adults who can understand when told to live with the fact that the deceased is gone and will never come back. In many cases, adults are the ones who are affected severely by grief than children. As such it can be concluded that even though counselling is seen as important, it cannot be applied across stages of human development as it has been explained above.

### 5.7. Theme Five: Traditional bereavement rituals and custom related to bereavement

Outcomes of the study indicated that rituals and customs are essential components during funeral arrangement. There is a strong belief that if these customs and rituals are not carried out calamities may befall the community and immediate family members. These rituals and customs differ from children to adults. Adults have particular specific rituals that are conducted for them and the same goes for children. The study revealed that it is not every traditional healer who can perform these customs and ritual. There is expertise in traditional healing. There is no general traditional healer who knows everything, one has to have a strong standing in different diseases treatment. Others are good at mental health problems whereas others are good at bereavement related problems.

#### 5.7.1. Sub theme 1: Specific customs and rituals carried out for grieving children

##### 5.7.1.1. Ingredients used

Findings indicated that to prevent children from suffering from bereavement related illnesses with symptoms such as sudden loss of weight, swollen legs, loss of memory and sleeping tendencies, a special soft porridge is prepared for them. The soft porridge usually is mixed with root from the grave and *vhulivhadza*. Traditional healers have different terminologies used to refer to this kind of soft porridge



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*When the burial site is being prepared, the main root which is found in the grave is cut peeled off the barks and boiled in water and a soft porridge is then prepared. This soft porridge will then be given to the bereaved people in the family and some close relative so that immediately after the burial they totally forget the loss and move on with their lives. To the children, this soft porridge mixed with that root from the grave is believed to cure children from Makuma which is a tendency to lose weight or is a sudden loss of weight which happens as a result of losing a beloved one from the family. It also affects the grown-ups in the family. Nowadays people have distanced themselves from this practice* (Participant 1).

*The root that the diggers come across with is cut and cleaned. Some traditional healers would peel off the barks while cleaning the roots and they cook soft porridge including those roots. Those things about bad luck; swollen legs and joints that hurt will be gone. Children can be cured by this too* (Participant 6).

From the above extracts from the two participants, it is believed that the roots found when a gravesite is being prepared are able to treat bereavement related problems. *Vhulivhadza* forms part of the mixture which is added when soft porridge is being prepared. It therefore can be said that the roots and *vhulivhadza* mixed in soft porridge can cure any bereavement related condition.

**5.7.1.2. The cleansing process**

Results of the study also showed that children are also made to cross under the corpse of their parent. It will normally be the first born and the last born child who would be made to cross under the corpse. It is believed that other children will be covered in between so there is no need for them to be cleansed for this purpose.

*The same will be done to the children of the deceased, the first born and the last born child so that they don't inherit their father's sicknesses or what made their father to die. The bones from the goat which was used for the ritual are grounded to form white powder which will then be smeared into their joints so that when the corpse decomposes they become stronger and be immune from his sicknesses. The bereaved*



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*people would be given some medication to stop them from thinking about the deceased* (Participant 4).

*Usually after people have left the family, there is medicine which is sprayed all over the yard to prevent dreams and images of the dead person. After this even the whole members of the family, relatives are made to lick something called Muuluso which is mixed with certain powder for them to completely forget about the dead person. After this we can tell that the treatment has come to an end. During the funeral especially before burial, the eldest child and the last born are made to pass under the corpse. We are talking about the olden days when there were no coffins* (Participant 2).

The two extracts above show that cleansing is an important aspect towards bereavement recovery. According to these extracts, a goat is slaughtered, its bone are crushed to form powder (*muuluso)* which will then be smeared on the joints of the surviving ones to rid them of the possible sicknesses of the deceased. This is called cleansing. Cleansing also involves children crossing under the corpse before burial. This ritual is done by the first and the last born in the bereaved family. It can therefore be suggested that cleansing forms an integral part towards the treatment of bereavement. The psychological interpretation of this is that children will be able to detach from the deceased completely and in this way the bond that existed will finally be broken and the children will let go off the deceased. Psychologically thinking of the deceased will be there for sometimes since the deceased was dependent on for so many years.

**5.7.1.3. Special animals used in the rituals**

It is again revealed that specific animals are used for these kinds of ritual. A goat will be used. For the death of a man in the family as he goat is used and for the death of the woman in the family a she-goat is used for this rituals

*If the deceased is a man, a he goat will be slaughtered and if it's a woman, a she goat will be slaughter. A knife is not used for the slaughtering of the goat; it has to be drowned in water mixed with some medicine until it dies. After that the twitching meat of the goat are cut and cooked without salt. What normally happens is that we mix the meat with vhulivhadza so that after members of the family shall have eaten then they*



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*will be able to quickly forget about the deceased. If a deceased is a man when the corpse comes back from mortuary in the morning, the skin of that goat will be used to dress him so that when he wakes up he is dressed and can be able to fight for the living* (Participant 9).

*It is done immediately after death. The family of the deceased will have to perform some rituals called u luvhedza. If a deceased person was a male person, a male goat is used for the ritual. After it has been killed and skinned off, the twitching flesh is cut into small pieces and used in this ritual. It is this flesh and mbinzhane (a small piece of a liver which is attached to the big liver). Nowadays these will be cooked but in the olden days they were eaten raw.* (Participant 4)

**5.7.1.4. Description of rituals performed**

Another ritual for the children is *Shothodzo.* According to the findings of this study a half-broken clay pot (*Dongo or Gamba*) is filled with water mixed with *vhulivhadza* to facilitate forgetting. During this *Shothodzo,* children would be made to eat *Mafa* to avoid sleeping sickness called *Vhulungwane. Mafa* is a meat from the goat that was used for the ritual. It is usually eaten raw but these days traditional healers cook this meat and no other thing should be added to it after eating this meat, children would be splashed with water from the half-broken clay pot (*dongo*).

*Shothodzo is when dongo or gamba is taken and filled up with water mixed with some concoctions. A muembe plant (one medicinal plant) is used for shothodzo. This Muembe plant will be grounnded at the end to make a brush. The grinding is done by a stone. The brush part of the plant will be used to get water from the dongo which will then be splashed on the inside and outside of the hands, and together with all joints. This is done to get rid of the shadow of the deceased so that it should not bother the living* (Participant 2).

As it can be seen from the extract above and the summary made of the different quotes from the participants, *Dongo* (half-broken clay pot), *Mafa* and *vhulivhadza* and not forgetting the roots from the grave form part of the rituals called *shothodzo*. It is then believed that shothodzo heals one completely from any bereavement related condition. Cultural rituals



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quicken the grieving period and this was found to be effective from the early years until recently.

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**5.7.1.5. Rituals and customs for the adults in the community**

It has always been a belief that when people die their spirits remain behind. Some spirits may be bad and others are good. In case where the spirit of the dead person is troublesome a specific ritual must be performed. These rituals would benefit both the family affected and the community from which the deceased was staying. The results of the study showed that the following description of ritual was used by the majority of the traditional healers who formed part of this study; a *Gamba* or *dongo* (half-broken clay pot) would be filled with water. This water would be mixed with herbs that assist in the forgetting process called *Vhulivhadza*. The following types of plants are used for this ritual; *Phila, Tshititingwane, Mipeta, Bophavhafu, Mutanzwa, Mutungu, Muswoswo, Muembe* and *Mutshetete*. One of these medicinal plants will be used as a brush to splash water from the half-broken clay pot. This is normally a ritual which is performed during a funeral when the deceased is being buried or immediately after the burial.

> *I know it's difficult to forget about the beloved person, but if you are always thinking about the deceased and it is interfering with your day to day life then something must be done to make you forget so that you can move on with your life. What we do as traditional healers is to prepare you vhulivhadza to facilitate forgetting of the deceased person. Some people get affected by the death of their beloved one to an extent that they can even think of committing suicide that is where we come in as traditional healers to assist you with forgetting. Bopha is Mafa. It is a type of a plant which was used in the olden days before coffins. They would tie the corpse with Bophavhafu and bury their beloved person. Part of this Bopha is cut on both sides and make it brush like at the other end and use it to splash water from dongo to different parts of the body including hands, feet, shoulders, necks, knees and all jointed areas in the body. The water in the dongo is mixed with different herbs including vhulivhadza to make people forget of the deceased. The household will have to be cleansed and fortified. In cases where the head of the family has passed on, they will change the entrance to the household. Makuma is avoided when rituals are performed during the burial of the deceased. Makuma is a kind of sickness where you*



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*feel fatigue all the times being caused by the fact that you married someone's wife whose husband died. The wife must be freed from the husband through cleansing so that she can continue with the life without problems. In this way Makuma and vhulungwane and vhuumba (sleeping disorder) can be avoided. The deceased clothes must not be put on after the death. These clothes have to be cleansed first before they can be used by other people within the family. A traditional healer is called to do the cleansing (u dzindisa) so that other people can use the clothes. Cleansing is part of u luvhedza which is normally done for the deceased to peacefully rest and not having to come back to interfere with the living. In the olden days immediately after the burial, a branch of muswoswo plant and Mutshetete plant are cut from the trees and are planted at the head of the grave and the other one on the feet of the grave. All the mourners especially the relatives were to leave the affected household when leaves from those planted braches have dried and fallen down. This was normally done to reduce death incidents in the family. It would take a long time before death can come back to the family. This is no longer applicable today since people are erecting tombstone hence a lot of deaths in families and communities these days. Every weekend people are being buried because people have distanced themselves from the cultural ways and have adopted modernization. It was also believed that by the time those leaves shall have fallen, members of the family would be strong to face challenges of life without thinking of the dead person* (Participant 5).

From the very detailed extract above, *Phila, Tshititingwane, Mipeta, Bophavhafu, Mutanzwa, Mutungu, Muswoswo, Muembe and Mutshetete* are some of the medicinal plants that are used for the treatment of bereavement. In the olden days some of these plants will be planted on the grave and it was believed that the spirits of the dead person would go to the tree planted and not bother the surviving. Nowadays tombstones have taken over and no plant can be planted there, hence a lot of depressive symptoms amongst the bereaved. They take time to heal from bereavement. It can be said now that traditional healing can really manage bereavement if people can go back to their cultural ways of doing things.



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### 5.7.1.6. Timing of the ritual and its duration

The study also showed that another ritual is performed immediately after burial. It is known as cleansing (*u luvhedza*). This is done to cleanse the people, to help them forget the deceased and to fortify them, to give them protection from the dead person's spirit. According to the findings there are two specific animals that are used for this purpose, a sheep and a goat. A sheep is used in cases where the dead person died and was buried outside of the home graveyard. The deceased is brought back by the head of the sheep which is prepared by the traditional healers. During the bringing back of that deceased, every ritual would be performed as if a fresh corpse is being buried. A goat is slaughtered by being drowned into *mpambo* (a home brewed beer used for rituals). It must have urinated on itself before it is drowned to death in that homebrewed beer. The skin will be removed; the twitching meat will be cut and cooked without salt. This is known as *Mafa*, once you eat this during the performance of this ritual you are guaranteed healing from all the problems and sicknesses of the deceased. The remains of the goat meat are wrapped and dug somewhere in the yard. After this all the properties of the deceased are cleansed with herbs so that other people in the household can use them. The same goes to the house he was using; it is also cleansed, removing the spirit out of the house.

> *When a person dies there are rituals which have to be performed, the clothes must be cleansed so that they can be used by other people because it is believed that they are dirty because the owner is not alive anymore. If a person died of an accident or has been shot and died outside home, his corpse is not allowed to enter the household before certain rituals are performed. People nowadays look down on these cultural issues. His spirit must be brought to the cemetery by going to the spot where he died and take some soil there and take to the graveyard. This is how things should be done but it is no longer done this way that is why there are so many problems that are being experienced by those left behind* (Participant 10).

> *During preparation of the burial site, the grave; roots dug from the grave are taken and cleaned so that they can be prepared with the soft porridge for children at the deceased home to eat. These roots are mixed with vhulivhadza and given to the first born and last born who will pass under the coffin of their mother or father. This was done to make them quickly forget about the deceased. I know this because I have done*



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*it and treated the people who came suffering from bereavement associated problems. I have managed to stop what they were experiencing as a result of losing their beloved ones* (Participant 8).

*Mipeta and vhulivhadza would be used together with muuluso which facilitate forgetting of the deceased person. There are several symptoms that indicate a person is suffering from bereavement related problems such as a sleeping disorder (vhulungwane). This person will be sleepy all the time. Once a root from the grave is cut and prepared with the soft porridge, it is believed that some of the symptoms of bereavement problems would just disappear. Bone aching is one of the sicknesses that is associated with bereavement. If traditional healers are consulted they can tell the origin of the sickness. In many instances, this kind of sickness is caused by a ritual which was not performed when the husband was laid to rest. After his death the other man marries that woman and ultimately suffers from bone aching because it is believed that the two were not separated. As his body decomposes, the new man will start to have bone problems. It is important that the wife just like any close relative including children must be cleansed to be able to carry on with their lives* (Participant 6).

As it can be seen from the extracts above, timing of cleansing is crucial when it comes to treating the bereaved. All rituals have to be performed just before or during or immediately after the burial so that the medication can be effective. The reason why this is done during those times stated above is that the corpse is still fresh and by the time it rots, everything will end in the grave and nothing will bother the bereaved and the surviving ones. If the deceased had a sickness, such sickness should not bother the bereaved. The cleansing goes to the yard, the house and to the clothes that the deceased was using would be also cleansed.

### 5.8. Theme Seven: Differences between treatment methods employed for the management of bereavement and other conditions of ill-health

The consultation process would not be complete if the clients do not receive treatment from the traditional healers. Traditional healers just like the western practitioners have diversity of treatment methods that they use for various ailments and conditions. Most of the treatment methods are informed by the nature and type of the disease that the person is suffering from.



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Nevertheless, there are some commonalities in the way they treat the patients suffering from various conditions, such as bone throwing. Bone throwing is a medium in which traditional healers have dialogue with the ancestors to receive the type of medication and the nature of the disease the person is suffering from. This theme tries to show how grief related conditions are treated as opposed to other medical conditions.

### 5.8.1. Subtheme 1: Treatment methods used in traditional healing

Most traditional healers who took part in this study agreed that treatment methods for bereavement related problems are different from treatment methods employed for other conditions of ill health. Findings also revealed that it is a normal practice for all traditional healers to throw bones for diagnosis and treatment purposes. Traditional healers agreed that they dont always throw bones to diagnose bereavement problems because the symptoms in many occassions are obvious from the naked eyes.

> *The first step is the same for every traditional healer. It is imperative for any traditional healer to throw bones before you can start with the dispatching of medication to your clients. A difference will be noticed when it comes to the medication that is prescribed. Usually for the treatment and management of bereavement related problems, certain rituals are conducted after the bones are thrown. With other ailments, after throwing bones, the traditional healer will be disclosed of the medication used to treat specific diseases from the client. With the correct use of medication you will never go wrong. I don't just start by prescribing medication, I throw bones first and find out what is the problem, if the problem is revealed as bereavement, the ancestors will tell me so. There are those that will come and be straight forward and tell you what they are suffering from, those ones you just prepare your medication and dispatch* (Participant 1).

> *Yes, there is no way you can treat conditions the same way. Bereavement is totally different from other ailment that is why there is a specific treatment that is done to manage it. All traditional healers who are genuine cannot do without bones. Bone throwing is of essence in traditional healing because we come to know how we treat our clients. The very same bones will inform us if we have to conduct a ritual or just give medication where necessary. You cannot cleanse the household to treat someone who is suffering from HIV or any other illness. There are certain specific techniques*



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*used for bereavement related problems which are not used in treating other ailments* (Participant 6).

Added to the extracts above, it can be said without reasonable doubt that there are different ways of treating different ailments, sicknesses and conditions, but something common to all traditional healers is the use of bones for diagnosing problems of the clients. Bone throwing is a common denominator to all traditional healers; they can only differ when it comes to medicinal prescriptions. It is believed that the same sickness can be healed by different medicines and this is dependent on the communication between traditional healers and the ancestors. It can be said that bone throwing from the extracts above help in confirming problems that clients suffer from.

### 5.8.2. Subtheme 2: The effectiveness of bone throwing in traditional healing

Findings of this study also revealed that there is no significant difference when diagnosing bereavement related problems and many other diseases. According to the results; bone throwing is a basic technique employed before any diagnosis or treatment can be suggested to the client. The difference lies in the treatment but for diagnosis, bone throwing is a must, it is a tool that traditional healers cannot do without. It is also suggested by the results that after clients have related their problems to us as traditional healers; it is our duty as traditional healers to verify their problems through bone throwing.

*Treatment would differ of course. Whatever we hear from the patient we confirm it first from the ancestors through bone throwing. We do this because it is not all the time that you find people being honest with us. Sometimes they come to say they are suffering from headache and when you throw bones you realized that it is a sexual disease. A person bereaving, rituals will have to be performed but for a person suffering from other things, the ancestors will lead the way as to how treatment should go* (Participant 7).

One of the findings of this study is that many of the clients who consult with the traditional healers are not honest when they relate their problems to us. People tend to lie because they are ashamed of their problems. As soon as bones are thrown and say what they are saying; people would agree even though they had initially lied to the traditional healer.



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*You don't just take a word from the patient or client about his problem, you need to confirm that first with the ancestors who have all the powers because if you don't do that you will treat wrongly and sometimes you may even give wrong medication. I will throw bones to confirm what the client will be telling me and from there I will be led as to how I have to treat this client. The only difference will be when it comes to dispensing medication, for a bereaved person, it will be medication and specific rituals which might be different from when I am treating someone coming with an illness. We do this because many a time clients come and say the wrong things to us and for us to avoid wrong diagnosis; we throw bones which would guide us. The funny part is when you tell him what the bones are saying, he agrees but he did not tell the truth in the beginning* (Participant 8).

*Yes we treat them differently because they have different problems, but before we start helping them we need to throw bones to find out why the person is having all these problems. If you check carefully, for all ailments, sicknesses we throw bones first for correct diagnosis. We do this all the time because it is not all the times that clients will come and tell the truth about their problems to us. Sometime the client will not have to take any medication from us because we can tell him exactly what he needs to do to be better or fine and if he follows that you find that he is better but there are some cases where the client has to be given medication to get rid of the problems he is suffering from. When a person is suffering from a headache and another suffering from bereavement related problem, they are both treated differently* (Participant 10).

As it can be seen from the extracts above, it is clear that bone throwing is a general diagnostic method used by the traditional healers to confirm problems stated by the clients as they consult. For example, Participant 8 indicated that traditional healers do not just take the client's word, to confirm or verify the client's problem, traditional healers would throw bones that will tell of the real problem that the client is suffering from. Participant 10 said that before traditional healers can start helping the client, the first thing that they do is to throw bones to detect the client's problem. As such it can be suggested that traditional healers use bone throwing to diagnose people's problems.



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### 5.9. Theme 8: Provision of traditional healers support to the bereaved people

It has always been an age old practice for traditional healers to provide continuous support the clients who consulted with them. In the olden days it would be easy to even visit the clients after consulting with the traditional healer because of the close proximity with their clients.

#### 5.9.1. Subtheme 1: Client's individual attention

To some extent the traditional healer would prefer to stay with the client for close observation and supervision on how treatment should be taken. In many cases where the traditional healer would like to stay with the client, that would be done with the knowledge of the family which the client is coming from. Preferably, the client must be accompanied by a very close relative.

> *If after intervention the person's problemsstill persist, we advise for the person to come and stay with me so that I can have close supervision and be able to observe how he takes my medication. It sometimes happens that the clients do not understand the direction on how to use certain medication. As the client will be staying with me I will be giving support on how to conduct himself for speedy recovery. After the intervention and the client has gone home, we normally have follow ups from time to time to find out about the progress. It does not end when we give treatment and some medication. If I realize that the client is not getting any better I consult with my ancestors through bone throwing to give me direction on how to treat the client further* (Participant 8).

The above-mentioned quote indicates that it is of utmost importance to monitor and evaluate the progress of the client. This is in line with the western perspective where clients are hospitalized to be monitored as they go through treatment. The good thing which makes this practice affordable and accessible is the issue of follow up which is normally done by the traditional healers after they have discharged their clients. Traditional healers develop a positive relationship with their clients to an extent that they will keep contact with the clients until they are healed from their diseases, this is not there in the western healing. One can then suggest that traditional healers have the interest of their clients at heart which is why they make continuous follow up with their clients. In cases where the clients are not recovering



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from the illness, the traditional healers will ask for the client to come back for further treatment.

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### 5.9.2. Subtheme 2: Telephonic support from the traditional healers

Findings revealed that in these days where things have been made easy technologically, traditional healers are now beginning to even use telephones to give support to their clients; they no longer have to go to their families to get support. Traditional healers would from time to time communicate with their clients about many other things including how they are responding to their treatment.

*Our support is a bit different in the sense that once a person gets healed from me he now trusts me to come back to me in case he is suffering from other sicknesses. Sometimes when he comes for other things he does not even pay because we would have established a good relation. There is no need for support because once he is treated he will become healed completely to an extent that he would not need a support. When we treat, we treat permanently so that no other support will be needed unless it is a support for other things. We tell them to come back if they are not getting any better but it is very unusual for a person to come back to say he is not getting better. There is always follow up so that I know if he has gotten any better* (Participant 7).

From previous subtheme it was indicated how sympathetic traditional healers are to their clients. Because of the good interests that traditional healers have of their clients, they are bound to support them in all means. Making follow ups to monitor and evaluate the progress is a way of showing support to their patients. It is then believed that once a patient consults with the traditional healer and gets help, he develops trust with the healer. In the olden times, traditional healer would go to the home of the client to check if health has been restored. The same exercise is done through the telephone; traditional healers do not have to go their clients's homes. Trust that develops binds the traditional healer to establish if the client's problem has stopped or is continuing.



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### 5.9.3. Subtheme 3: Continuous availability of traditional healers

The availability of traditional healers also makes it easy for their clients to come back in case the treatment is not yielding good results. As they come back for further treatment they don't have to pay money for consultation, they consult for free.

> *In the olden days you would find that in every community there would be a healer. In this way it used to be easy to always check with your clients after they have consulted you. We still do this even these days because of the improved communication technology. We phone our clients to find out if they are well, if they are not having problems. We still do this for every person who has consulted with us. From time to time we would check with them if the symptoms are not recurring. In this way we become attached to our clients at a personal level that is why they will even refer other people to us because of the good relations that we tend to develop with our clients* (Participant 1).

> *After treating and prescribing medications, we don't just end there, we advise him of the dangers of clinging to the dead that it is of no use. Life must continue without the dead person in your life. We also fortify him so that such thoughts never occur to him again. It is important to reorganize your life in order to move swiftly forward without any problem. We even tell them that now that we fortify you don't be arrogant and negligent, you must be disciplined and have control of your life* (Participant 4).

From the two extracts above, it is clear that traditional healers are accessible because they are found in every corner of the village. Follow ups are easy even if it means going to their houses personally, that would not be a problem for them. As it has been echoed in previous themes, if clients are far, they can be reached through telephone. Treatment of diseases does not end with the prescription of a medicine, traditional healers further advise on the lifestyle appropriate for full restoration of health.

Results of this study also indicated that even though there is support given to the clients, it is not always necessary to do so. Some traditional healers claim that if patients follow the instructions on how to take the treatment and perform correct rituals, they will heal and there won't be a need to provide continuous support.



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*Besides the counselling we give to them, we tell them to always feel welcome in case there is no betterment in their conditions. They must come back for further treatment but in many cases our ancestors tell us the exact things that must be done and if it followed properly there is no need to come back with the same complaint. Since we don't only treat the observable symptoms, we also fortify them but still warn them to be always careful in life* (Participant 6).

As it can be seen from the extract above, traditional healers still value support which can be done through counselling but they claim that if patients can follow instructions properly on how to go about treatment, they will get healed. Follow ups, counselling and support can be crucial in traditional healing but the essence of healings lies on the proper use of medication prescribed by the traditional healers.

### 5.9.4. Subtheme 4: Increase in traditional healers' clientele

The findings of the study also indicated that the traditional healers' clientele increases due to the continuous support that they provide for their clients. Good rapport and relations that they establish make them to be more trusted to the community at large, hence large numbers of people consulting with them.

*Yes we do fortify the living to get rid of all those problems that he has been suffering from but at the same time we tell them to be disciplined and have self –control. We also tell them anytime they feel like it is coming back, I mean the symptoms, they should feel free to come back for further treatment. This is helpful to us as the traditional healers because that is how we get people coming to us. The support that we give to our clients even though it may not be a tangible one, I think my ever presence to my client is enough to gain good reputation. It is one typical feature of us because from time to time we make these follow ups to our clients so that whenever they start feeling any other problems they will be just free to come back to us at no extra cause unless it is a new sickness* (Participant 10).

*We communicate regularly with our clients to find out if there is progress. It is important to us because we will be able to know what needs to be done further.*



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*Normally I don't charge my clients if I realize through my bones that they are going to die. When you check with your client, you are doing yourself as the traditional healer good because with that support, the client will be able to trust and even refer others to you. If I realize that some further intervention has to be done, it is not charged anymore. The initial charge will cover any further treatment on my side as the traditional healer. If I realize that there could be problems at his home I will prepare the medicine myself* (Participant 9)

In these extracts above, it can be said that due to traditional healers' availability, their ability to establish rapport, and their affordability, makes them to be a very trusted source in the community. The fact that traditional healers communicate regularly with their clients to check their progress makes them to be most favoured in the community. This is also coupled with the support that they show to their clients through visiting and phoning them to see if they are recuperating from their illnesses. It can therefore be said that probably the support that they give to their clients is the reason why traditional healers throughout the world especially in Africa enjoy support by the people.

### 5.10. Theme Nine: Suggested coping strategies

It transpired in this study that it is crucial to give treatment to the diseases and problems that the clients present with to the traditional healers. It does not end with prescription of herbs and other forms of treatment; coping strategies must be suggested to the clients so that the symptoms do not reappear. Self-discipline and self-control were echoed to be the main preventative measures for certain conditions not to reappear. From time to time traditional healers would give advice on how to conduct oneself during the treatment period and even after treatment. According to many traditional healers who participated in this study, mental health is largely dependent on people's lifestyles.

*After we shall have treated a person for any illness we still advice the person to lead a healthy lifestyle and have control over one's life. We normally fortify them after treatment, that is, we give them extra medication in different forms to protect them from further attack of the same or different illness. We would tell them to take good care of themselves and that they should feel free to come back if things are not right.*



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*Once we treat and tell them these they normally do not have recurring problems* (Participant 1).

*I will normally tell them to quickly come back to me in case they can feel that those symptoms are returning to them. I tell them to find something that they can be doing to take the mind away from thinking about the deceased person. It should be something that is quite challenging which will keep them thinking about it, at the same time they will be continuing with my medication. Taking the medication alone without engaging in other demanding things such as exercises and other activities may not completely prevent the problems from creeping in because all is in the mind. That is why I said earlier that we traditional healers are like social workers* (Participant 7).

From the above statements, it is clear that traditional healers would advise their clients on how to conduct themselves if they are to have speedy full recovery from their illnesses. As part of a suggested coping strategy, traditional healers felt that lifestyle, self-control and discipline are the main strategies one can follow to recover. For example, *Participant 7* said that he normally tells the clients to come back in case the symptom reappear after prescription, and he said he always advise his patients to stop thinking about the deceased to attain full recovery in no time.

Even though suggesting coping strategies is crucial after treatment, there are other traditional healers who still believe that if proper medication and rituals were performed, there is no need to suggest coping strategies since the person would have healed permanently. Most traditional healers claim that their treatment interventions are effective and have been so for many years.

*Coping strategies are not that necessary because our medications are strong, there is no need for us to tell the child or any bereaved person of the copying strategies. If the treatment, that is all the rituals and customs where properly followed andthe correct medication were dispatched, there is no need for ways of dealing with stress caused by bereavement. I have never had a situation where I told my clients of the coping*



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*strategies. I would give them medication and after that they are healed of all the symptoms* (Participant 2.)

*If he can use the medication and treatment properly, there is no need to advise him on how to cope with these problems in case they emerge again. Our treatment and any of our interventions is very strong to an extent that we may not have to advise on how to cope after the treatment. If a client is coming saying that he is seeing the deceased every day in his dreams and after my treatment he stops from seeing that person, how then do you advise him on coping strategies?. It will not be necessary at all. Nonetheless we still tell them to feel at home in case the symptoms show up again. Luckily with us traditional healers, we do not charge again, the client just comes and we check with the ancestors at no extra cost* (Participant 8).

From the above responses, it shows that not all traditional healers believe that there should be coping strategies suggested. For example, *Participant 2* indicated that coping strategies are not that necessary because their medications are strong and there is no need for them to tell the bereaved of coping strategies. *Participant 8* said that if clients can use the treatment properly, there is no need to advise them on how to cope with these problems. It can therefore be said traditional healers strongly believe in their practice. According to them if prescription is made and followed properly, clients can get restored from whatever problems they have.

### 5.10.1. Subtheme 1: Connectedness of traditional healers to their clients

The results of this study suggest that some traditional healers tend to feel close and connected to their clients after treating them. Most traditional healers believe that in so doing, the ancestors continue to guard and protect them and always show them how they should conduct themselves in many situations to avoid further problems showing up.

*We don't even tell them anything because we know that once we perform rituals and prescribe our medication it is highly unlikely that we will have to follow them up. All the clients that I saw I became connected with them to an extent that I can feel if there is something that they need even without them telling me. This means I continue to give them support, my ancestors guard them so that they are safe from any danger. Our medicines are very strong, once you take it if you believe in them youcan be*



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*healed of any condition that you may be suffering from. I can say this is a spiritual connection. It is only through this type of connections that I am able to be in touch with my clients* (Participant 3).

From the statement above, one can tell that once one consults with the traditional healers, it is highly unlikely that he will not go back again. This is due to the treatment that clients get from the hands of traditional healers. Looking at the positive results of their consultations, clients are likely to stay connected to their healers and they can even refer other people to consult. From the extract, it is clear that once a client goes back to the traditional healer, it would not be for the same illness or problem. Therefore, it can be said that traditional healers boast of their medication. They claim that their medication is so strong as to heal whatever problems ther are. Ancestors guide traditional healers on which treatment or medication to prescribe for various conditions and this has never gone wrong.

### 5.11. Theme Ten: Techniques/methods used in treating bereavement

For every condition, there is a technique or method that is used. People are not treated using the same techniques throughout. The same goes with bereavement, there are specific techniques that traditional healers employ in its treatment and management. Death and funeral rituals are still seen as compulsory to be performed if the livings are to continue living an undisturbed life. This theme tries to show the major traditional techniques that are employed in dealing with grief related conditions.

#### 5.11.1. Subtheme 1: Diversity of techniques in the treatment of bereavement related conditions

It emerged from previous themes that there are different techniques that are used for treating grief stricken people when consulting with the traditional healers. These techniques are different and are used differently for treating various conditions of ill-health.

*The only way that I know to be used traditionally in treating and managing bereavement was always through performance of rituals and the cleansing of the members of the family, clothes of the deceased and the whole household to prevent the deceased from causing problems among the living relatives. The rituals are the same as I have explained earlier where we prepare soft porridge and mix it with*



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*vhulivhadza and let every member of the family eat it. These were methods that were used a long time ago and we are still using them even today* (Participant 10).

Cleansing of members, clothes of the deceased, cleansing of the room where he used to sleep are seen as rituals to be conducted to deal with bereavement in a correct way. This is evident in the above extract. It can therefore be stated that there are various rituals that are performed when a person dies in the family such as those mentioned above.

### 5.11.2. Subtheme 2: Major traditional techniques in the treatment of grief and bereavement

The results of this study showed that there are two major techniques that are used for the treatment of bereavement related problems such as counselling, bone-throwing, cleansing and *u luvhedza*. These techniques are referred to in different terminologies. Traditional healers also revealed that they are given the names of herbs differently due to their training. These techniques are in other traditional healing quarters called *Dzumo* and *Shothodzo*. It was only through description of these techniques that it emerged that they are referring to the same thing but using different names.

*Shothodzo is when dongo or gamba is taken and filled up with water mixed with some concoctions. A muembe plant (one medicinal plant) is used for shothodzo. This Muembe plant ouldl be ground at the end to make a brush. The grinding is done by a stone. The brush part of the plant will be used to get water from the dongo which will then be splashed on the inside and outside of the hands, and together with all joints. This is done to get rid of the shadow of the deceased so that it should not bother the living* (Participant 3).

*We are always giving counselling. Before we treat we make them feel better by telling them that death occurs in every family and at one stage he will died as much as everyone will die eventually. We tell them before we can start with the intervention you needed to have accepted that the one who died was bound to die but life must go on. I think this is very important because it also makes him feel at home just to have someone listening to his problems and willing to assist it is quite important. We also*



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*tell them to accept that the death is not the end of the world because if you don't you die soon* (Participant 10).

Results of the study also pointed out the importance of bone throwing. According to the majority of traditional healers; counselling is followed by bone throwing. It is from bone-throwing that the traditional healers would be able to diagnose the problem and offer treatment thereafter.

> *What is normally done is to find out the cause of death of the deceased because how you treat a person is based on how a person died. We would throw bones to find out the real cause to the problems presented by the person to me. Through bone throwing we can then give them some medication which would make them to quickly forget about the dead person. The other thing that we normally recommend to our clients is that they conduct rituals which were not conducted during the death of the deceased and this will include performing cleansing of the clothes and the place where the dead used to stay like a room or a house. This must be cleansed to get the dead person out of the household and this will automatically stop all the problems that were presented by the client to me. We dispense medication and we perform unperformed rituals during death such as cleansing and fortifying the living relatives* (Participant 9).

As it can be seen from the extracts above, the major techniques which are used in the treatment of bereavement are counselling, bone throwing, rituals and medical prescriptions to facilitate forgetting. Participant 10 indicated that traditional healers always give counselling which is helpful for the client to accept that he has a problem. He further said that the only way that he knows of treating bereavement was always through the performance of rituals and the cleansing of the members of the family, clothes of the deceased to prevent problems to the bereaved. Participant 9 said that throwing bones helped them to find out about the real problems of the clients. Participant 3 concluded by indicating that '*shothodzo'* which is cleansing ceremony is necessary for the client to have full recovery of the bereavement related problem. As such it can be said that traditional healers use bone throwing, counselling and rituals to restore health of the bereaved.


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### 5.11.3. Subtheme 3: The last stage of counselling

Majority of traditional healers agreed that counselling is also helpful when one is treating people going through bereavement. The results of the study also showed that counselling alone would not be that helpful. Treatment begins at the traditional healers' home and ends at the client's home with the cleansing of the deceased property and members of the family including the whole yard.

> *U luvhedziwa and cleansing are the main techniques used for the treatment of bereavement related problems* (Participant 1).

> *In many cases involving bereavement, medication will be prescribed but the most important thing is to conduct a ritual called u luvhedza. When bones are thrown they can tell if there is one person whose rituals were not performed and for the problems to go away such rituals have to be performed. What is normally done during rituals is what I said earlier, the preparing of some soft porridge mixed with vhulivhadza and cleansing the whole family changing the entrance to the household if the deceased was the father in the family* (Participant 10 ).

As it can be seen from the above extracts, counselling is important in the treatment of bereavement related problems but coupled with other things such as medication and cleansing ceremonies. For example, *Participant 1* mentioned '*u luvhedziwa'* and cleansing as the main techniques used for the treatment of bereavement. *Participant 10* indicated that in many cases involving bereavement, medication would be prescribed but the most important thing is to conduct a ritual called '*u luvhedza'*. Even though traditional healers believe in some aspects of counselling, it is not counselling alone but medication and bereavement rituals play a major role in the treatment and management of bereavement.


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skewing expectations of difficulties inadvertently onto individuals who are coping adequately with their loss. In addition, research has shown that grief experiences of participants are typically designed to identify problematic areas rather than good coping, growth, and resilience. Few, if any, grief measures will ask about laughter and moments of joy, but almost all of them will ask about sadness, crying, and loneliness (Bonanno & Keltner, 1997). Even when clients contact a grief counsellor for assistance when they have difficulties with their grief, there are innate strengths and resilience that can be identified, and upon which the client can learn to draw in the counselling process. Grief counselling needs to be focused on the client's positive coping and inner resources, although recognizing that there are aspects to this experience that challenge the bereaved individual's view.

Professionals in South Africa are largely influenced by Western theories and model of grief and bereavement such as Kubler-Ross' five stages of the loss model and Scheneider's model of transformative grief (Watson, Lucas, Hoy, & Back, 2005), while the risk factors for complicated grief and cultural differences in South Africa may call for African specific models. This becomes the other reason behind the researcher's idea of constructing a culturally sensitive grief counselling model from traditional healers' responses.

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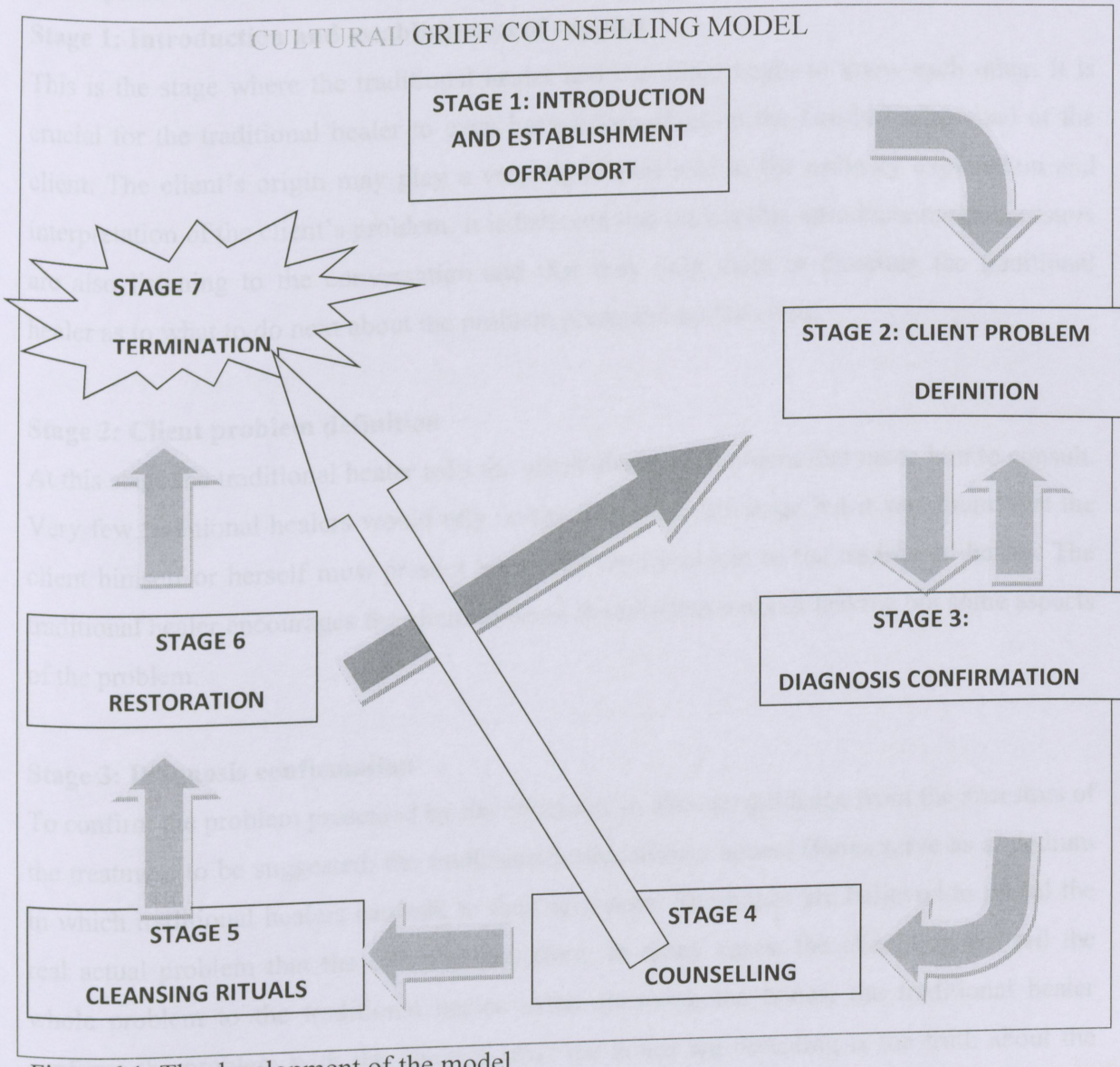



Figure 6.1. The development of the model

### 6.1.1 Description of the model

One of the objectives of this study was to design and develop a traditional grief counselling model. The model will serve as a guideline to scholars and students in understanding the ways or methodology followed by traditional healers in managing bereavement. The content of the model came from the responses of the participants, the traditional healers. This cultural grief model was a culmination of both traditional and western perspective since both parties formed part of review panel.


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**Description of the traditional grief counselling model**

**Stage 1: Introduction and establishment of rapport**

This is the stage where the traditional healer and the client begin to know each other. It is crucial for the traditional healer to even have information on the family background of the client. The client's origin may play a very significant role in the ordinary explanation and interpretation of the client's problem. It is believed that during this introduction, the ancestors are also listening to the conversation and that may help them in directing the traditional healer as to what to do next about the problem presented by the client.

**Stage 2: Client problem definition**

At this stage the traditional healer asks the client about the problem that made him to consult. Very few traditional healers would rely on the bones for this stage but it was found that the client himself or herself must present his or her own problem to the traditional healer. The traditional healer encourages the client to detail the problem without leaving out some aspects of the problem.

**Stage 3: Diagnosis confirmation**

To confirm the problem presented by the client and to also get guidance from the ancestors of the treatment to be suggested, the traditional healer throws bones. Bones serve as a medium in which traditional healers can talk to their ancestors. The bones are believed to reveal the real actual problem that the client suffers from. In many cases, the clients do not tell the whole problem to the traditional healer. After throwing the bones, the traditional healer confirms the problem with the client if what the bones are revealing is the truth about the client's problem. For a person suffering from bereavement related problems, the cleansing rituals will be recommended and this has to be explained to the bereaved person.

**Stage 4: Counselling**

From traditional healers' point of view, counselling is seen as having a conversation with the client about the presenting problem and its treatment modalities. Now that everything about the problem has been verified, it is time for the next step to be discussed. The traditional healer tells the client about the suggested treatment methods from the ancestors which have to be carried. The whole treatment procedure is carefully explained, giving the client chance to say his mind about the suggested treatment procedure. The client has to consent to the


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treatment procedure before it is carried out. Where there are questions to be cleared about the procedure, the client would be clarified at this stage.

**Stage 5: Cleansing rituals**

Immediately the client consents to the treatment procedure, the traditional healer begins with the process. The rituals will start with the clothes of the deceased followed by the place where the deceased used to sleep, the wife and lastly to the whole family members including the yard. During the performance of the ritual, the surviving members in the family are also given some medication (vhulivhadza) to make them completely forget about the deceased. The cleansing process is believed to separate the dead from the living to an extent that they will never have influence on the lives of the surviving members of the family and some close relatives. The cleansing rituals mark the beginning of life without the deceased.

**Stage 6: Restoration**

At this stage, the client stops experiencing the symptoms of grief completely. The cleansing ritual process is healing in progress. Traditional healers believe that immediately after this process, an individual is supposed to be healed from any grief related problem that was there. Very few people would find it difficult to forget the deceased due to the extent of attachment to the deceased. Some clients may default when it comes to taking treatment and that may make them to continue to have grief episodes even at this stage. The other reason could be that they maintained a lie even after bones have revealed the actual problem the client was suffering from. In a situation such as this one, the traditional healer goes back to stage 2 and continues with subsequent stages until restoration is maintained in stage 6.

**Stage 7: Termination**

Termination is reached through counselling. The client is given reassurance that he or she will never experience the problem again. Counselling at this stage is about talking to a client making him aware of the symptoms if they are to recur; it is also about the traditional healer's support and availability to the client. The traditional healer is convinced that he has done everything possible to see the client getting permanent healing. The client is given some herbs to protect and fortify him from related illness and other diseases. Coping strategies are suggested during supportive counselling at this stage. The treatment has come to an end.



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### 6.1.2. Validation process

**Steps in validation process:**

For the model to be used effectively on the public in general, it has to be validated. This is usually done to check if contents of the model have relations with bereavement and whether it will serve the purpose it is intended for. Validation process was done for a period of 2 to 3 weeks depending on the availability of the participants to be used for this purpose. By the third week I have already received all the copies of validation instrument from the participants. For about a week thereafter I analysed the pretesting results and I made necessary changes to the proposed model as suggested by each of the participant involved. The model that was later refined was based on the responses of all participants involved including those that were part of the study as actual participants (traditional healers).

#### 6.1.2.1. Population and sampling

Two traditional healers (other than the ones who were participants in the present study) and five clinical psychologists were selected purposively and requested to act as reviewers in order to validate the model in terms of its relevance and effectiveness. In this regard, two traditional healers, two clinical psychologists, two traditional healing researchers and two clients who have consulted traditional healers were selected purposively. These reviewers were requested to assess the model and to suggest improvements where necessary. Specialists in the area of western counselling were used as reviewers of the model. In this case, clinical psychologists were used.

#### 6.1.2.2. Administration of the model

Copies of the model were submitted to the panel of experts to check whether the model was usable. Weaknesses and strengths of the model were outlined by the reviewers. It was suggested that there should be a counselling aspect towards the end of treatment procedure in the model.

#### 6.1.2.3. Data collection

A questionnaire was developed and administered to the reviewers to gather some information about the applicability of the model. The information obtained through the questionnaires and the qualitative review process was analysed to determine whether or not the model was valid and applicable. The professionals furnished information about the applicability of the model.


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In that way, sufficient data was collected and from which decision on the use of the model was based.

### 6.1.2.4. Data analysis

Data collected through the use of a carefully developed questionnaire was analysed through content analysis. Content analysis has been used and it has been described in the methodology chapter in this study. Analysed data was used for evaluating the model. The model was approved with some suggestions. The important aspect of counselling such as building of rapport between the client and the therapist is evident in the model.

### 6.1.2.5. Content validity of the model

The panel of reviewers checked for content validity. Upon their satisfaction which came with recommendations, the trust worthiness of the study was conducted and the model can be made available for the public.

### 6.1.3. Guidelines for using a model

Upon approval, the model would be pilot tested for it to be allowed for public use with guidelines. The emerging cultural grief counselling model will add to the existing therapeutic methods that are used in the management of the experiences of grief and loss. The model will also provide strategies and guidelines for scholars and therapists seeking to understand the therapeutic approaches followed by traditional healers in managing bereavement.

### 6.1.4. Model validation findings and recommendations

Both clinical psychologists indicated that the model would be logical if an aspect of counselling is roped in. According to psychologists the terms used in the description of the model make the model to be easier to understand. Traditional researchers also indicated that the model is applicable since it captures crucial aspects in traditional healing. To them (traditional researchers), the model also encompasses aspects which are there in the Western definition of counselling such as establishing rapport, ensuring that the client is at ease throughout the process. Traditional healers indicated that talking to clients is important to find the presenting problem even though the confirmation would be made thereafter through bone throwing. Traditional healers have shown that it is crucial to couple counseling with the


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medical prescription (herbal treatment) as cited elsewhere in the study. Clinical psychologists as well as traditional healing researchers have agreed on the applicability and suitablity of the model to be used in grief counselling environment. To clinical psychologists, cleansing rituals will be synonymous with psychological interventions and treatment plan suggested to the client for speedy and full revovery. Initially there were no treatment plans in the model but after validation, the panel suggested that there should be cleansing rituals hence they are now there (in the model). Psychologists were more concerned about how counselling is explained and understood from the African perspective but traditional healing researchers gave direction on the understanding of counselling. In traditional healing, counselling does not occur in terms of phases and stages. Counselling is done through conversation with the client on many issues relating to the client's problem.

Bereaved clients indicated that the model appeared to be representing traditional healing accurately since they went through the same steps even though they were not logical. But they showed that traditional healers do not differ much in terms of their treatment. Since they were healed of their symptoms they agreed that the model was applicable and suitable. They did not have anything to change in the model especially after its refinement by other panel members.

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## 7.1 Introduction

In this chapter results were discussed based on the funeral rites and rituals that are performed before and after death from the cultural point of view. In addition to these, techniques that are used in the treatment and management of bereavement will also be discussed. Importance of counselling and the support given to the clients who consulted with the traditional healers will form part of the discussion. Results of the study were discussed and interpreted and later substantiated by the relevant literature.

The study uncovered that the effectiveness of cultural interventions could only be determined by the clients who paid a visit to the traditional healers. It was also reported that clients would from time to time go back to the traditional healer to thank him for the good work that he had done for him and this is made easy by the improved communication technology. With availability of phones to the majority of South African citizens it is now becoming easy to check progress with the clients that visit the traditional healers. In this very same study it was discovered that that there is a similar way in which the bereaved present themselves to the traditional healer. Similar symptoms were reported through the ten participants that took part in this study. Symptoms such as feelings of fatigue, always thinking about the deceased, swollen legs and sleeping sickness were reported common to the clients who visited the traditional healers. Continuous support from the traditional healers was indicated as something that increased the clientelle for the traditional healers. It was again revealed in this study that there are common rituals and customs done for the bereaved. The importance of grief counselling was also indicated as the most important aspect in the treatment of bereavement.

## 7.2. Definition of bereavement in the community

A study by Fitzgerald (1994) described the characteristics of the bereaved as somatic or bodily distress of some kind; preoccupation with the image of the deceased; guilt relating to the deceased or circumstances of the death; and the inability to function as one had before the loss. The findings of this study have proven beyond reasonable doubt that it is very normal



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and natural for people to grieve after the loss of a beloved one. People manifest grief in different ways and present with different symptoms.

Worden (1983) has indicated that there is no complete list of the experiences that comprise grief but the most common ones can be described under four categories such as feelings; physical sensations; cognitions and behaviours. The bereaved individuals would have prolonged feelings of loneliness, fatigue, helplessness, yearning, emancipation, relief and numbness. Grieving people also experience the following sensations: hollowness in the stomach; heavy and repeated sighing; tightness in the throat, tightness or heaviness in the chest; aching; overeating or loss of appetite; fatigue or insomnia; muscular weakness; tension and irritability. From participants's responses it has been indicated that there are certain similar presentations of someone going through bereavement and grief. Most of the participants agreed that people grieving would have persistent thoughts of the dead person; some of them begin to complain about bad luck that follows them everywhere. The findings also indicated that the grieving people are always under severe stress due to death that occurred in the family. Hallucinations and delusions are some of the symptoms of a person going through a grief period; this has also been indicated by the findings of this study.

According to traditional healers, the majority of people who consult them indicated having seeing the dead person coming back into their lives through dreams and this is largely interfering with their normal functioning. Moos (1995) lent support to the findings of this study by indicating that the bereaved people would have persistent thoughts that may trigger depression and anxiety. It was also reported in this study that the people who are grieving usually are suspicious of other people whom they think might want to kill them because they have killed their beloved ones. Culturally people who are going through bereavement would present with symptoms such as inability to make decisions about life, swollen legs and the development of a big tummy, carrying a sad face, inability to derive pleasure from any activity and always having unexplained worry about the dead person.

Vontress (2005) also supported the findings when he mentioned common behaviours that the bereaved would show. The behaviours may include sleep disturbances, appetite disturbances, absent minded behaviour, social withdrawal, searching and calling out, crying; visiting places or carrying objects that remind the survivor of the deceased. The results of this study also


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indicated that culturally it is also very normal for a person grieving should not undertake long trips and should stay at home until the funeral arrangements are finalized.

### 7.3. Factors determining functionality of the cultural interventions in the treatment of grief and loss

Results of the study indicated that the functionality of interventions from the traditional healers is based on the clients who have consulted. Most traditional healers who participated in this study indicated that clients would definitely come back to them after consultation to report if there was progress or nothing. Wimpenny et al. (2006) concurred with the findings of this study by maintaining the value in follow- ups after death. According to these authors, it is important to offer a wide range of intervention as the needs of different groups would allow. Follow up has been identified as important, particularly by the bereaved people and they should be given such an opportunity to be able to close this grieving process swiftly. If ever consultation was made to the traditional practitioner, it becomes important for them to hear how their care was received by the bereaved. In this way the traditional practitioners can also learn from those who have experienced it so that they can improve and change to be able to offer comprehensive and effective intervention.

Most participants indicated that these days because of improved communication technology, they find it easy to communicate with their clients. Traditional healers indicated that in the olden days things were easy since each and every community would have a traditional healers and it would be easy to even visit your client at his place of residence. Even though majority of the participants indicated that people who consulted them would normally phone or come back, they still maintained that very few would not come back because of some reasons such as having to thank the traditional healer in a form of money. Mantel (2008) concurred with the study findings by citing the value of communication in the treatment of bereavement. According to him every individual wherever he or she is can easily be reached for sharing experiences. Internet and email allow communication across the miles with others who have been through similar experiences, or who understand or perhaps can suggest what has helped them (Mantell, 2008).

Traditional healers have strong belief in their techniques/methods that they use in treating bereavement and they have assurance of this since people would come back without the


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symptoms that they were suffering from. Traditional healers claimed that their interventions are very effective and if applied correctly there is no way a person cannot be healed of the problems he is suffering from. The findings also indicated that for as long as they have been helping people with their problem, they have been having positive feedback from their clients and because of these that is the reason why they are trusted by the people in their communities. The results indicated that the most common interventions that traditional healing employs are counselling, ritual performance and cleansing.

**7.4. Significance of Counselling in treating bereavement**

Findings of this study indicated that counselling is an important aspect when treating a person going through a grieving period. Counselling is normally carried out after the bones have been thrown down so that traditional healers come to know the type of information that is relevant for the client. These findings were agreed to by Nadeau and Winchester (1998), who indicated the importance of counselling as a tool in the treatment of bereavement related problems. Bereavement counselling addresses several issues in a person going through bereavement. It can offer understanding of the mourning process and allows one to explore areas that could prevent one from moving on such as child abuse. This type of counselling helps to resolve areas of conflict which are still remaining and allows one to adjust to a new sense of self. Talking about the loss is usually helpful and allows a person to adjust to their new life with all its changes either good or bad. A person does not have to keep things bottled up or denying the sadness because these might prolong the pain.

The study revealed that most traditional healers practice empathy and sympathy when dealing with clients suffering from bereavement related problem. Establishing rapport is one of the critical features of their counselling and involves clients introducing themselves to the traditional healers, explaining what has brought them to the traditional healer. Elders (1985) lent support to the findings of this study with regard to the great value that counselling has to the people who are grieving. People often seek counselling support when they feel stuck in their grieving. In return the traditional healer would have an opportunity to relate the client's background and having to confirm his problems to the ancestors through bone throwing. The results further indicated that in this way their clients would become relaxed and at ease to an extent that they will be open about their problems to the traditional healers. It is also


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indicated that there are no steps that are followed when traditional healers conduct their counselling process.

During the counselling process, they tell their clients to derive meaning from the death itself and help them to accept what has happened because it was bound to happen. Most traditional healers agreed that being stressful and suffering from depression is the work of the mind and counselling would help in correcting the mind so that people would be able to cope with life without their beloved ones. From the counselling processes, issues regarding introduction, determining problem and finding the cause of the problem and how the intervention will be are the items that would be discussed. Grief counsellors believe that it is not uncommon for a person to withdraw from their friends and family and feel helpless; some might be angry and want to take action whereas other may prefer to laugh as a way of grieving. Stroebe and Hanson (2001) in support of the findings, maintain that there is a wide range of emotions and behaviours associated with grief. Through grief counselling problems and their causes can be uprooted and the bereaved is helped to cope with grief. It is again believed that in all places and cultures, the grieving person benefits from the support of others (Stroebe & Hanson, 2001).

Even though the majority of the traditional healers have indicated the importance of counselling in the treatment of bereavement, there were few who did not agree largely to that. The findings revealed that very few of them regard their intervention as strong to an extent that counselling would not be necessary. These few traditional healers, according to the findings believe that once they conduct necessary rituals and cleansing of the members of the family, they will heal immediately and as such counselling would not be that necessary. These findings are being distorted by Parkes (1972), who stressed the importance of counselling in the treatment of bereavement. According to Parkes (1972) when people help the grieving person, they should be good listeners. It is the basis of what is called counselling skills. A helper listens with empathy. The listener becomes a part of the other person, but does not give advice or pass judgment. You have to let him or her talk and the listener should murmur, nod and smile. There should always be eye contact. You should never touch him or her when asking questions. It is good to ask open ended questions so that the bereaved person may have time to express his or her feelings (Parkes, 1972).


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Findings also indicated that counselling is only appropriate to the adults since they are the ones who are seriously affected by the loss than children. According to the results of this study, it takes a few days to weeks for children to completely forget about the dead person. Traditional healers find it necessary and suitable to talk sense to the adults than to the children. Nadeau and Winchester (1998) concurred with the findings by acknowledging the importance of counselling and the fact that grief affects both children and adults. Another interesting fact is that children and adults respond differently to grief. Where there is a lack of support, counselling may provide an avenue for healthy resolution. Grief is a process whose goal is solution. If the grieving process is interrupted by simultaneously having to deal with practical issues of survival or by being the strong one and holding a family together, grief can remain unresolved and later resurface as an issue for counselling. Grief counselling becomes necessary when a person is so disabled by their grief, overwhelmed by the loss to the extent that their normal coping processes are disabled or shut down. Grief can affect children as much as it affects the adults. Counselling includes thinking creatively about the challenges that follow loss and coping with concurrent changes in their lives. Very often people would feel disorganized, tired, have trouble concentrating, sleep poorly and have vivid dreams, and experience change in appetite (Nadeau & Winchester, 1998).

### 7.5. Traditional rituals and customs associated with death: Mourning and grieving

There are many different death rituals in Africa that are observed. Of all these rituals there is one commonality that only a correct burial will bring a dead person peace. A correct funeral will involve family members making a request to the departed not to bring trouble to them after they have died, as well as asking for them (deceased) to strengthen life on earth. It is believed that the living, as well as the dead, have a life force and this life force does not diminish once a person has passed into the next world. Worden (1991) lent support to the findings when he reiterated on the significance of mourning process. He stated that the process of mourning is necessary after one sustains a loss, and views it similarly to the process of healing, a course that takes time until restoration of function can take place. He further stated that there are certain tasks of mourning that must be accomplished for equilibrium to be re-established. The mourning process has to be completed to avoid uncompleted grief tasks that may impair with growth and development. All cultures and creeds practice rituals to mark the ending of life. Even though death is universal to all people


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in every culture, responses to death and dying vary greatly. Death rituals are based on beliefs that come from religion, history, language, and art. The following are ideas and beliefs that shape a culture's death ritual practices:

- Beliefs towards the meaning of life
- Beliefs about whether or not there is life after death
- If you believe there is life after death, what happens to a person's soul and body?
- Do dead people come back in spirit to intervene in or watch over the lives of the living?
- What type of burial or disposal of the body is necessary for the climate, country, or people?
- Is death accepted or feared?
- How open is the culture?
- How open is the culture in speaking about death?
- How is death depicted in art, poetry, music, and theatre?
- Is there a connection between the living to the dead by prayer or visiting the grave?
- Does the soul go directly to the heaven?
- Will the body be reunited with the soul at some point in the future?
- Does a person need to be forgiven of his sins before death?
- What superstitions about death exist?

Some make a very public display of anguish and grief, parading through the streets wailing and beating their breasts; others - as has recently been reported in the British press - believe that open air funeral pyres are crucial to the release of the spirit; whilst others have the option of burial or cremation which may, or may not, include a religious service. Cultures and countries around the globe have a variety of methods that they use for mourning the passing of a loved one which may include different death rituals based on religious or cultural traditions and beliefs. Correct precautions are taken so that the spirit does not bother the living. These precautions will include taking the corpse out of the house through a hole to confuse the spirit so that they find it difficult to find their way back to the family to haunt the living relatives. Depending on the religious beliefs, some people make it easier for their loved ones to find their way back home (Menzies, 2008).


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Rituals and customs have been of essence in all cultures when it comes to issues around death and dying. Bereavement rituals played an important role in the living for them to continue with life without problems. The results of the study indicated that failure to grief when one was supposed to have grieved would normally have long lasting effects later in life. There are different rituals performed for different cultures and that is what Menzies (2008) is trying to indicate in previous two paragraphs.

It has always been a belief that when people die their spirits remain behind. Some spirits may be bad and others are good. In case where the spirit of the dead person is troublesome a specific ritual must be performed. These rituals would benefit both the family affected and the community from which the deceased was staying. Orr (2012) concurred with these results when he mentioned that most cultures have rituals which allow the bereaved to be supported and move automatically through the early stages of their loss in a structured way. Results of the study showed that the following descriptions of rituals were used by the majority of the traditional healers who formed part of this study: In the cemetery during burial, it is common in many cultures for mourners to throw a handful of soil on the casket before leaving the cemetery. Doing it this way by mourners is a way to indicate that they have understood the bodies of their loved one returning to earth. The following was found to describe some of the ritual practices conducted around Thulamela Municipality. A *Gamba* or *dongo* (half-broken clay pot) would be filled with water. This water would be mixed with herbs that assist in the forgetting process called *Vhulivhadza.* The following types of plants are used for this ritual; *Phila, Tshititingwane, Mipeta, Bophavhafu, Mutanzwa, Mutungu, Muswoswo, Muembe and Mutshetete*. One of these medicinal plants will be used as a brush to splash water from the half-broken clay pot. This is normally a ritual which is performed during funeral when the deceased is being buried.

The study also showed that another ritual is performed immediately after burial. The same has been said by Thomas (2000) that rituals are planned ahead and thoroughly processed after completion. It is known as cleansing (*u luvhedza*). This is done to cleanse the people, to help them forget the deceased and to fortify them, to give them protection from the dead person's spirit. The same Thomas (2000) further stated that rituals, if conducted properly, will help the bereaved to acknowledge in some personal way the relationship and life that was shared.


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According to the findings of this study, there are two specific animals that are used for this purpose which are a she-gaot and a sheep.

According to Mantel (2008), it is common practice to sacrifice animals as part of the death ritual in Africa. An ox is the popular preference as it is believed that this animal will accompany the deceased person to the land of their ancestors. Oxen also serve another purpose; the beasts provide food for the mourners. Other families may choose to sacrifice an animal be it a sheep or a goat months or even several years after a person has died. This literature supports the results of this study on the use of sheep, goats and oxen for ritual purposes. A sheep is used in cases where the dead person died and was buried out of the home graveyard. The deceased is brought back by using the head of the sheep which is prepared by the traditional healer. During the bringing back of that deceased, every ritual would be performed as if a fresh corpse is being buried. A goat is slaughtered by being drowned in *mpambo* (a home brewed beer used for rituals). It must have urinated on itself before being drowned to death in that homebrewed beer. The skin will be removed; the twitching meat will be cut and cooked without salt. This is known as *Mafa,* once you eat this during the performance of this ritual, you are guaranteed healing from all the problems and sicknesses that the deceased suffered. The remains of the goat meat is wrapped and dug in somewhere in the yard. After this all the properties of the deceased are cleansed with herbs so that other people in the household can use them. The same goes to the house he was using; it is also cleansed, removing the spirit out of the house. Mantel (2008) lent support to the findings of this study when he mentioned the importance of cultural burial rites and rituals. There is a lot to be said for the traditions and religious rituals of various cultures and even when they seem "scripted", there are reasons why every culture has them and has passed them down for centuries, so people are encouraged to follow their hearts, see what traditions and rituals feel right for them, feel free to make up some of their own, especially if there are children involved. One may have his own rich traditions for honouring those who are no longer with them, and the Internet and email allow communication across the miles with others who have been through similar experiences, or who understand or perhaps can suggest what has helped them (Mantel, 2008).

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### 7.6. Differences between treatment methods employed for the management of bereavement and other conditions of ill-health

The majority of traditional healers who participated in this study agreed that treatment methods for bereavement related problems are different from treatment methods employed for other conditions of ill health. Findings also revealed that it is a normal practice for all traditional healers to throw bones for diagnosis and treatment purposes. Traditional healers agreed that it is not all the times that they have to throw bones for bereavement problems; they maintained that symptoms of bereavement related problems are clear and observable from the naked eyes. According to a study conducted by Retel-Laurentin (1969), traditional healers use a variety of procedures to diagnose clients' problems. Some take a rather long "medical" (psychological, physical, and spiritual) history as do their Western counterparts. Diallo and Hall (1989) mentioned that other traditional healers are said to be able to diagnose from a distance without ever seeing the patient, whereas others arrange an elaborate ceremony designed to invoke the spirits of ancestors to obtain needed answers (Diallo & Hall, 1989). Often medium from remote communities are used for such diagnosis. Anthroposcopy is one of the techniques used for diagnosis in traditional healing. Using this technique healers are able to tell a client's name and where he comes from by just looking at the client.

Vontress (1991) also supports the findings of this tudy as he indicated that another technique called knowing by lithomancy (bone throwing). In this technique traditional healers are able to know what their clients' problems are. Traditional healers use many other methods of divination to discover knowledge about their patients such as crystal gazing, turning randomly to passages in the sacred book, hearing things inaudible to normal hearing and seeing things invisible to normal sight. These are just a few of unusual abilities healers often display in diagnosing their patients. These techniques can be used for the treatment of bereavement related problems; as well as in the diagnosis of all other diseases. Counselling is one of the techniques that can also be used in conjunction with other mentioned techniques (Vontress, 1991).

Results of this study also showed that there is little difference when diagnosing bereavement related problems and many other diseases. According to the results; bone throwing is a basic technique employed before any diagnosis or treatment can be suggested to the client. The


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difference lies in the treatment but for diagnosis, bone throwing is a must, it is a tool that traditional healers cannot do without. It is also suggested by the results that after clients have related their problems to the traditional healers; it is the traditional healer's duty to verify their problems through bone throwing. According to Asaah, Manu and Ombaku (2003); Sandlana and Mtetwa (2008), diagnosis in African healing is often carried out using the senses, such as taste, touch, smell and sight as well as by consulting the spirits and oracles. As part of the diagnostic processes, traditional healers determine the nature of the problem by examining the symptoms directly and by using questions to reveal the illness in the context of the patient's life, social relationships and physical environment. There are different techniques for different ailments. After determination of the problem, bones will reveal to them what kind of intervention should they conduct. Because people are the products of the community, they ask every aspect of the patient's present and past activity, focusing on the behaviours that can cause conflict with others (Mariana & Hewson, 1998).

One of the findings of this study is that many of the clients who consult with the traditional healers are not honest when they relate their problems. People tend to lie because they are ashamed of their problems. As soon as bones are thrown and say what they are saying; people would agree even though they had initially lied to the traditional healer.

### 7.7. Traditional healers' support to the bereaved

Grieving individuals are faced with overwhelming feelings and without proper support these intense feelings can lead to low self-esteem, depression, suicidal ideation and/or physical illness (Stroebe & Stroebe, 1987; Windholz, Marmar & Horowitz, 1985). Studies have found recently that there is little time, space or support available for grieving individuals (Rosenblatt, 1988). During the period of grief, the physical and emotional well-being of the bereaved individual may be threatened (Carey, 1977; Parkes & Weiss, 1983; Osterweis, Solom & Green, 1984; Rogers & Reich, 1988; Parkes, 1990). Health risks and psychological problems can be lessened and/ or avoided if proper support and help is made available (Patton & Gold, 1995). Views on the most effective ways to support those who are bereaved have changed over many years (Parkes, 2000). All of the above mentioned authors are supporting the findings of this study about the proper support which has to be provided to the bereaved or grieving individual. It has always been an age old practice for traditional healers


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to provide continuous support the clients who consulted with them. In the olden days it would be easy to even visit the clients after consulting with the traditional healer because of the close proximity between clients and them. To some extent the traditional healer would prefer to stay with the client for close observation and supervision on how treatment should be taken. In many cases where the traditional healer would like to stay with the client, that would be done with the knowledge of the family in which the client is coming from. Preferably, the client must be accompanied by a very close relative. The support of the family is needed if treatment of bereavement is to be successful. Vontress (1991) stressed the importance of family if treatment of bereavement is to be a success. Vontress (1991) and Schreider (1995) agreed with the findings by stating the value of family during grieving times. In family centered collectivistic societies, important events such as births, marriages, sicknesses, and deaths are occasions for assemblage. Individuals are seldom without the support of their group. Thus, when they are faced with problems, others come to their rescue. In most parts of Africa, the whole family often escorts the sick member to the healer and may observe and assist in the treatment. Patients who are left unattended by significant others are apt to feel anxious in many cases, in the African tradition, the sick will be accompanied by the other family member to the healer to assist during counselling (Vontress, 1991).

Schreider (1995) supported this when he indicated the value of family support during the times of grief and mourning. It is important during times of mourning to know how you and your own family respond to death or sudden shock. This will have to do with how you have related in the past. If a family is used to openly talk about their feelings with each other, they will be able to communicate well about the death and changes it brings. Families in which people don't talk about the feelings and tend to deal with problems individually will probably have difficulty acknowledging the death and its impact. During these stressing times it may be imperative to seek help from the extended family members in relieving stress on immediate family members. Family members should not lose focus during these hard times. Instead, they should encourage one another to nurture themselves, eating a well balanced diet and having enough rest. It is of utmost importance for family members to give themselves permission to be happy. Family members should be surrounded by people who understand and support their religious beliefs in case a family believes in it (Schreider, 1995).


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Findings revealed that these days where things have been made easy technologically, traditional healers are now beginning to even use telephones to give support to their clients. They no longer have to go to their families to provide support. This was supported by Orr (2012) who maintained that support is the key to coping with grief. The support from close family ties where you can talk about the person who has died and share memories are encouraged. Traditional healers would from time to time communicate with their clients about many other things including how they are responding to their treatment.

The availability of traditional healers also makes it easy for their clients to come back in case the treatment is not yielding good results. As they come back for further treatment, they do not have to for consultation, they consult for free. Blackett-Sliep (1989) agreed with the findings when he mentioned the proximity and availability of traditional healers to the masses they serve. The proximity of healers also reduces transport costs, and their fees usually start with an initial minimal fee and the balance is paid only when the patient is cured (Blackett-Sliep, 1989). Results of this study also indicated that even though there is support given to the clients, it is not always necessary to do so. Some traditional healers claim that if they follow the instructions on how to take the treatment and correct rituals are performed, the person will heal completely and there will not be a need to provide continuous support. This was dismissed by Orr (2012) who said that bereavement counselling can help but is not a substitute for this level of support, for it deals with family as much as the individual.

The findings of the study also indicated that the traditional healers' clientele increases due to the continuous support that they provide for their clients. Good rapport and relations that they establish earn them more trust from the community at large, hence large numbers of people consulting with them.

It transpired in this study that it is crucial to give treatment to the diseases and problems that the clients present with when grieving to the traditional healers. It does not end with prescription of herbs and other forms of treatment; coping strategies must be suggested to the clients so that the symptoms do not reappear. A particularly important form of coping associated with cognitive restructuring is the act of talking with others about difficult events, which supports the findings of this study (Greenberg et al., 1996; Penne Baker & Francis, in press). Talking about the loss is likely to interact with retrospective reappraisals, with



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changes across the course of bereavement in the representation of the lost relationship, and with the particular social milieu in which the loss occurs. Kelly and McKillop (1996) concurred with Greenberg *et al.*, 1996) when it comes to the essence of talking about traumatic events. These authors maintain that talking about the traumatic events may only be helpful when listeners are discreet, non-judgmental, or likely to help. Laughter and talking about a traumatic event can be suggested as coping strategies by the authors as they have stated in the above mentioned statements.

Bonanno and Keltner (1997) added another important aspect of emotion regulation during bereavement; the regulation or dissociation of negative emotions and the enhancement of positive emotions, particularly laughter. This, in conjunction with other coping strategies mentioned by traditional healers, can indeed help the bereaved to get back to their natural being

Self-discipline and self-control were echoed to be the main preventative measures for certain conditions not to reappear. From time to time traditional healers would give advice on how to conduct oneself during the treatment period and even after treatment. According to many traditional healers who participated in this study, mental health is largely dependent on people's lifestyles. Blackett-Sliep (1989) concurred with the findings of this study when he mentions the issue around self-reliance which compliments self-discipline and self- control. Traditional healers often encourage self-reliance by stressing the importance of diet, exercise and rituals, all of which may have real preventative value. People continue to visit traditional healers despite the introduction of free health care for all citizens in the public health services, as an indication of the value they attach to the care they receive from traditional healers. The success of traditional healers in treating psychological problems is well documented and often recognized (Hoff, 1992). A large part of the healer's practice is devoted to counselling individuals whose problems are the consequences of rapid social and economic changes including bereavement in the community (Abdool Karim *et al.*, 1994).

Even though suggesting coping strategies is crucial after treatment, there are other traditional healers who still believe that if proper medication and rituals were performed, there is no need to suggest coping strategies since the person would have healed permanently. Most traditional healers claim that their treatment interventions are effective and have been so for


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many years. When caring for a grieving African patient, the traditional practitioner should have knowledge of the patient's culture because some patients would rely on their inner resources, such as spirituality and belief in God, as well as lessons learned from the past experiences and use them as coping mechanisms to help them deal with grief and bereavement or any other life changing crisis (Blackett-Sliep, 1989).

According to the results of this study, it came out that some traditional healers, after treating their clients, they become connected to them. In this way, the ancestors will continue to guard and protect them and always show them how they should conduct themselves in many situations to avoid further problems showing up.

### 7.8. Bereavement treatment methods/techniques

It emerged from themes presented in this study that there are different techniques that are used for treating grief stricken people when consulting with the traditional healers. These techniques are different and are used differently for treating various conditions of ill-health.

The results of this study showed that there are two major techniques that are used for the treatment of bereavement related problems such as counselling, bone-throwing, cleansing and *u luvhedza.* These techniques are referred to in different terminologies. Traditional healers also revealed that they are given the names of herbs differently due to their training. These techniques are in other traditional healing quarters called *Dzumo* and *Shothodzo.* It was only through description of these techniques thatit emerged that they are referring to the same thing but using different names.

The majority of traditional healers agreed that counselling is also helpful when one is treating people going through bereavement. The results of the study also showed that counselling alone would not be that helpful. Treatment begins at traditional healers home and ends at the client's home with the cleansing of the deceased property and members of the family including the whole yard. Studies by Thomas (2000) indicated the importance of counselling in the treatment of bereavement related problems. Counselling is a form of psychotherapy that aims to help people to cope with grief and mourning following the death of loved ones, or with major life changes that trigger feelings of loss. Counselling involves helping people


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move through uncomplicated or normal grief to health and resolution. People experience and express grief in their own different ways and most of the time how they react to the loss is shaped by the culture in which they come from. Even close family members and spouses can grieve very differently, which can sometimes cause misunderstandings or tension. Many people do not feel well supported in their grief, yet they must find a way to work through this experience in order to lead healthy lives in future.

Results of the study also pointed out the importance of bone throwing. According to the majority of traditional healers; counselling is followed by bone throwing. It is from bone-throwing that the traditional healers would be able to diagnose the problem and offer treatment thereafter. This has been supported by Vontress (1991) who mentioned another technique which is called knowing by lithomancy (bone throwing). In this technique traditional healers are able to know what their clients' problems are. Traditional healers use many other methods of divination to discover knowledge about their patients such as crystal gazing, turning randomly to passages in the sacred book, hearing things inaudible to normal hearing and seeing things invisible to normal sight. These are just a few of unusual abilities healers often display in diagnosing their patients. These techniques can be used for the treatment of bereavement related problems; as well as in the diagnosis of all diseases. Counselling is one of the techniques that can also be used in conjunction with other mentioned techniques (Vontress, 1991).

### 7.9. Conclusion

Grief and bereavement are natural emotions that we will all experience. Simply knowing the dictionary definition of grief and bereavement is not enough to effectively help clients. The key for counsellors is to understand how grief and bereavement affect individuals differently and take notice in the variation of comprehension and grief presentation across different developmental groups. Knowledge of a client's cultural beliefs and practices continues to be an important construct. Proper training in grief counselling techniques is critical to be an effective counsellor in this field.

For many years Africans have been accustomed to a variety of healing practices and consultations with heterogeneous groups of practitioners. When Western medical



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practitioners arrived in full force a century ago with the establishment of colonial states, they began to link the healing with income generation and this has led to quite huge competition which exists even today. In South Africa there has been a growing realization of the importance the traditional medicine and the contribution it is making toward the increase of access to health care for all citizens. Traditional healers have been making and are still making a significant contribution to primary health care in a variety of ways. Although this contribution is disjointed and uncoordinated, it is appreciated by those who use it and therefore needs to be encouraged and recognized seriously by the government health services and modern medical practitioners. Involvement of traditional healers in the primary health care will go a long way in increasing access to health care to those who need to use their services. For more than 1000 years African traditional medicine has been providing preventive health care.



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## 8.1. Introduction

The following chapter focuses at the limitations, recommendations and implications for future research. Conclusion will thereafter be made based on what the study found.

## 8.2. Limitations of the study

During the data collection period it emerged that majority of the participants did not want to openly provide information. Traditional healers kept on saying that it was not right for them to divulge all the information. They said it was not ethical in their practice and they have to be guided at all times by their ancestors on what to do and how to do that. Most traditional healers did not trust the academics stating that the academics would want to use their information for their personal gains. For me to get relevant information I had to be strategic in asking my questions and I maintained the ethical considerations cited somewhere in this study. I respected their privacy and them as custodians of culture that in itself made them to tell me everything that I wanted to know. Regardless of the limitations that were there, the researcher was able to get all essential information from the traditional healers. Recognizing the practice and acknowledging them were the two key points that opened their hearts to tell me everything I wanted to know. Some of the traditional healers wanted to know if by giving out information there would be some incentives but finally persuaded them to cooperate and relevant information was collected.

This is a controversial study since it deals deeply with issues that affect traditional healers. Indigenous healing has been secretive in its nature and as such, that might impact on the nature of information to be divulged to the public. Some traditional healers did not feel comfortable to talk about their healing system and this might, to a large extent affect the whole research study. Even though Traditional Health Practitioners' Act 22 of 2007 has been passed by the government, some traditional practitioners might see this as attempt by the government to terminate their existence since many of them do not comply with the requirements set by the Health Department. The focus of the study was on traditional healers only and as such there was bias in terms of evaluating themselves; it would have added validity if the clients were also interviewed to avoid bias and to provide a balanced picture.


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This study seemed to advocate for the traditional healers since it was only their accounts that were taken into consideration.

## 8.3. Recommendations of the study

- Even though counselling was seen to be used in traditional healing, the researcher feels that through a recognized structure such as the Traditional Healers Organization, it would be very proper for all traditional healers to be work-shopped on some of the important therapeutic skills such as counselling skills. Counselling is a very important aspect in therapy and as such it should be taken seriously. This calls for cooperation between traditional and western trained healing systems to assist one another in some situations.
- Psychologists can be very useful when it comes to the training of traditional practitioners on skills such as that of counselling. In this study it emerged that through counselling, clients are put at ease and they feel relaxed, they feel connected to the traditional healer to an extent that they are able to tell their problems honestly to the healer.
- I commend the diversity that traditional healing system has when it comes to treating various ailments and conditions. It was revealed in this study that bereavement related conditions are treated differently from other sicknesses and diseases. Though this is highly commendable, I recommend that traditional healers should use common treatment not similar but disenfranchised treatment as is the case, hence the development of the grief counselling model. It will be highly proper to have a well-defined process that is followed by traditional healers in their treatment of diseases. Even though their healing is holistic in nature, having a well-defined process just like in the western system will be the way to go. It must be clearly documented how a certain condition is treated and what medicinal plants are used for that treatment. The study revealed that there are bits and pieces of the same things which are done at different stages in the healing process. The processes followed are not distinct but the good thing is that eventually health would be restored in the individual. The very same Traditional Healers Organization must convene a meeting with all its members and try to come up with a well-defined treatment strategy for various ailments. The only difference would come when it comes to the medicinal plants that are used as this was found to differ from healer to healer depending on what they are told by the


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ancestors. Different medicinal plants can be used for the same illness and conditions. In this way, traditional healers would regain the trust from their people and even respect from the western healing system.

- The model developed in this study could serve as a base for the development of unique traditional healing strategy for various ailments which are culturally bound. I therefore recommend the use of this model in the treatment of bereavement related conditions through traditional organizations that exist in our communities.
- I recommend that there should be school based intervention programmes to be able to support children going through a significant loss. Most of our schools are described as "reactive", because counsellors are only provided in response to an event which has already happened, our schools should be 'proactive', and be able to provide training in loss awareness to teaching staff before the event happens.

### 8.4. Implications for future research

Findings in this study showed that bereavement can be culturally treated. The techniques and processes that are used were found to be sufficient in the treatment of bereavement related conditions. With the aid of the ancestors, traditional healers will continue to heal and protect their clients as mandated to them by the ancestors.

It surfaced that bereavement rituals take a very important part of mourning and grieving. Probably a study around the effectiveness of counselling in traditional healing could be the way to go in the near future. It will be possible to have comparative studies between cultures with regard to bereavement related issues. This study focused mainly on the traditional healers as the participants and only their views were used to come up with a developed model. Though the model was validated by the other stakeholders, such as the clinical psychologists, that was not enough. Listening to clients' viewpoint on the treatment of their conditions would have given a more distinct direction on the traditional healers' effectiveness on treating bereavement related conditions. The researcher therefore feels that it would be interesting to have a research of this magnitude to be conducted using clients who consulted as the participants. Through the findings of this study it emerged that clients who consult with traditional healers develop some psychological disorders and disturbances. This indeed has not been the focus of this study but a very good researchable study can be thought of in the near future.



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To avoid treating diseases in different ways as it showed up in this study, can be avoided by having continuous meetings and workshops where traditional healers are further trained on new treatment techniques. In this study it emerged that bereavement as a condition was treated differently in the sense that some traditional healers would use a different medicinal plant. This can be organized by their mother body which is the traditional healers' organization. This will strengthen the effectiveness of traditional medicine in treating different ailments and conditions.

## 8.5. Conclusion

Bereavement is an experience that occurs amongst people. There is no way two people can grieve in the same way. People have different personalities and as such cope with grief in different ways. The study showed that it is a normal experience for people to grieve. In their grieving, the bereaved may have persistent thoughts of the deceased and some may develop stress related illness such as depression and anxiety, including personality and psychosomatic disorders. Grieving is a distressing even that occurs in people's lives from time to time. The findings of this study demonstrated the importance of counselling. Counselling was found to be an essential component in the bereavement process. Traditional healers in this study indicated having used some form of counselling when seeing their clients. Most participants felt that it would have been very difficult for them to treat their clients without engaging them into a conversation. According to the participants in this study, counselling gives the bereaved an opportunity to be heard, time to talk, cry, shout or just think. By being able to talk to someone, one is able to look at his or her problem in a different way. Traditional healers have been there decades ago and continue to exist even today. If traditional healing is practiced in a proper way by properly qualified traditional healers, there is no doubt that the traditional healing system can be a way to go. In all probability traditional healers in the future South Africa will as elsewhere in Africa, play an important role in respect of nationalistic interests. As such, future developments with regard to traditional and modern medicine could not only be based on the inherent abilities of the two methods of healing, but could be influenced and determined by political, economic social factors. It would appear as though the time is now ripe for modifications and mutual adaptations in the dualistic health care system of the developing world, especially against the background of the dire shortage of economic resources. It can only be hoped that the new direction (dual health system)



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which is to be adopted will result in more affordable, more accessible, more attainable and more effective.

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Indigenous medicine has been seen for a long time as an impediment to "developed" health care. However, relatively advanced levels of health care may be accompanied by high rates of utilization of indigenous health care. Each type of service fulfils certain functions within the community, and local residents do not, in most cases, perceive tension or a contradiction between the two systems. Where access to bio-medical health care is limited, indigenous medicine can prove to be an important resource to the community, but even when there are enough drugs and doctors; it appears that indigenous health care has a role to play in the community. By working together, different kinds of diseases can be curable. It has to be taken into consideration that the utilization of Western medical services by no-Westerners does not mean that they have thrown their own traditional ideas overboard. Traditional people show great ingenuity or resourcefulness in reconciling scientific medical practices with their own etiological systems. This phenomenon of simultaneous utilization serves as strong motivation for closer collaboration between modern and traditional medicine.



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## Appendix A: Interview guide

The following was an interview guide/questions used during the data collection:

- What are the notions of traditional healers on bereavement in this particular area with regard to the significance of bereavement rituals, types of bereavement rituals and the support from traditional healers?
- What are the counselling techniques followed by traditional healers in managing grief reactions associated with bereavement and how would you describe them?
- Explain the counselling process and the steps that you follow from the time when a bereaved person meets you for the first appointment until you consider the counselling process as having ended?
- How do you determine the success or failure of your interventions when treating conditions associated with grief and loss?



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## Appendix B: Translated version of Interview guide

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### Mbudziso dzo livhanywaho na Vhomaine (Nanga)

1. Vhone sa maine ane zwa zwino u khou ilafha vhathu, vha nga kovhelana na nne nga ndila ine vha pfesesea ngayo mafhungo a elanaho na zwa u lila. Nga inwe ndila u lila zwi hone na kha Tshivenda nahone vha nga zwi talutshedza sa tshithu-de. Vha dodombedze na zwi kwamaho zwiila ila na thikhedzo ine vha i netshedza vhalaxwa vha nyimele iyi.

2. Kha vha dodombedzele maitele ane vha a tevhela musi vha tshi thusa muthu ane a khou lila nga nwambo wa lufu. Vha kwame musi vha tshi thoma u vhuya u swika vha tshi nea mishonga kha mulwadze uyo.

3. Hone-ha izwi zwa u ilafha muthu a lilaho nga nwambo wa lufu zwo fhambana hani na u ilafha muthu ane a khou lwala vhulwadze vhunwe-vho?

4. Arali zwi tshi konadzea u thusa muthu nga u tou amba nae, huna zwitenwa naa zwine zwa tevhedzwa musi vha tshi thoma u swika magumoni vha tshi vhona uri mulwadze o thusalea? Kha vha ri dodombedzele zwitenwa izwo.

5. Arali u langula u lila uho zwo tshimbila zwavhudi ndi tshi ni tshine nga tsho vha nga kona u zwi vhona uri I ngoho mulwadze o fhola kana ha ngo fhola?



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**Appendix C (Informed consent form)**

**CONSENT FORM**

I ..... hereby consent to participate in a study entitled **"An exploratory study of notions of bereavement and grief counseling by traditional healers with a view of developing a multicultural grief counseling model in Thulamela Municipality, Limpopo Province".** I understand that I am participating in this study voluntarily and that I am free to withdraw from being a participant should I want to do so at any time. The conditions of the study have been fully explained to me and I fully understand the circumstances of my participation.

..... .....

Signature of Participant Date

..... .....

Signature of Researcher Date



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**Appendix D (Translated Venda version of Informed consent)**

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**Linwalo la u tenda u vha tshipida tsha thoduluso**

**Fomo ya u tenda**

Nne .....ndi khou tenda u vha tshipida tsha thoduluso ine thoho ya hone yari **"Mihumbulo na kupfeseselwe kwa zwi kwamaho u lila ha muthu musi munwe washu a si tsheeho nga vhomaine vha tshirema vha wanalaho kha Masipala wa Thulamela hanefhano kha vundu la Limpopo".** Ndi khou tenda u dzhenela kha thodisiso iyi ndi songo kombetshedzwa nga muthu, na zwa uri arali nda nga pfa ndi si tsha zwi takalela u ya phanda ndi do dibvisa tshifhinga tshinwe na tshinwe kha thodisiso idzi. Zwothe malugana na thodisiso idzi ndo talutshedzwa nda zwi pfesesa

.....  .....

Tsaino ya Mudzheneli  Duvha

.....  .....

Tsano ya Mutodisisi  Duvha



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## Appendix E: Model Validation Instrument

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- How logical is the model?

  .....

  .....

- How difficult are the terms used in the model?

  .....

  .....

- Is the model easy to understand?

  .....

  .....

- Does the model fully explain the traditional grief counseling procedure?

  .....

  .....

- What other aspects the model has left out?

  .....

  .....

- How suitable is the model on grief counseling environment?

  .....

  .....

- How applicable is the model on traditional counseling environment?

  .....

  .....

- How user-friendly is the model?

  .....

- How related is this model with other western oriented counseling model

  .....

  .....



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## Appendix F: TRADITIONAL HEALERS' TRANSCRIPTIONS

### PARTICIPANT 1

### VHO- SHASHA OF TSHILUNGOMA (28/05/2012) 35 YEARS OF PRACTICE

**Researcher: As a practicing traditional healer, can you share with me your understanding of bereavement in your community? How is bereavement explained from traditional point of view?**

**Participant**: It is natural that people should mourn the dead. People would do that in different ways. Some will cry literally and some would show sadness by not talking to any person and not involving in anything. They would prefer to be quite. In Tshivenda, it was not allowed for a person to cry. To avoid this, the affected ones if are children would be made to go away or rather taken away so that they don't witness anything thing. After the funeral these kids will then be brought back and then told of their dead mother or whoever died. They may then be taken to a burial site where they would be shown where the dead has been buried.

**Researcher: Why crying was not allowed?**

**Participant:** There many cases wherein the bereaved would even develop some ailments associated with the loss, but they were not allowed to cry literally because there would be more deaths in the family.

**Researcher: How do children and adults grieve?**

**Participant**: In case of the death of an elderly, children would not be told, and they would be discouraged from being part in the funeral procession. For the adults it is different because they can adjust with situations, something which is different from children. Adults handle death different from the children

**Researcher: Can you share with me how you determine the success or failure of your interventions when treating conditions associated with grief and loss?**

**Participant:** Normally when a person comes to consult he would be suffering from pains, sometimes losing weight and always seeing the dead person during sleep. This is where we start with our treatment. After the treatment shall have been received we do not keep the clients with us. In many cases clients would phone or come back to tell us that whatever they



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were feeling is gone and they can see a tremendous change in the way things have come to be. In cases where the patient has been brought by the parents we would stay with the patient, observing and giving him more medication until the symptoms are gone, but in many cases we will prescribe the medication and the patient would use at home.

**Researcher: Can you describe the counselling process and the steps that you follow from the time a person presents with bereavement up to the time when you will consider the counselling process to have ended?**

**Participant:** Our medication is very strong, there is no need for serious counselling, of course we tell them to forget about the deceased but what we are sure of is that once we give our medication it would only take few days for symptoms to totally disappear. Counselling is not that important but we sometimes tell them to be bold during these trying times and that they should learn to forget about the dead ones. They must learn to accept that it happened and it was bound to happen and they must carry on with their lives. Most of the people who come with bereavement related problems are women; men are strong and can adjust easily during these times. We rely mainly on the medication.

**Researcher: What are the traditional bereavement rituals and customs conducted after loss of loved ones?**

**Participant:** When the burial site is being prepared, the main root which is found in the grave is cut peeled off the barks and boiled in water and a soft porridge is then prepared. This soft porridge will then be given to the bereaved people in the family and some close relationships so that immediately after the burial the totally forget the loss and move on with their lives. To the children this soft porridge mixed with that root from the grave is believed to cure children from *Makuma* which is a tendency to lose weight or is a sudden loss of weight which happens as a result of losing a beloved one from the family. It also affects the grownups in the family. Nowadays people have distanced themselves from this practice.

In the olden days, after the death of a person in the community or village, the whole community would gather in the chief's kraal for a ritual to be performed. *Gamba* (half-broken clay pot) would be found in it, water mixed with some medicines called *Vhulivhadza* will be poured. *Bopha* which is medicinal plant will be used to cleanse the whole village *(handululwa)*. This *bopha* would be made like a brush and all our joints, inside and outside of hands and feet would be brushed. In this way we would forget the dead person. This was



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done so to prevent people from dying from the same disease that could have taken him. In the earlier time before civilization people would be tied up with this kind of a plant called *Bopha* and then buried. You will be tied and wrapped in blankets and the corpse will be lowered down and buried.

Other medicinal plants which are mixed with the water are *Phila*, *Tshititigwane, mipeta* and *muswane wa nngu (Lamb waste)*. All these would be mixed in a *Gamba* and the whole community will be cleansed. Nowadays certain family households are doing it; it is no longer the whole community. This *Gamba* would be placed next to *Tshihodo* where men who come to the chief's kraal will relieve themselves (for passing out urine only). It was only done for the bereaved to forget their beloved ones, but it was also done to prevent them from many other diseases that the dead person has once suffered such as HIV/AIDS.

It was not only done for the people in a particular household, even the whole fencing is cleansed for the same purpose of forgetting the deceased. They spray water in the *Gamba* and smear some ashes all over the yard. Even the clothes of the deceased are cleansed using that water and the ashes from the preparation of the soft porridge. This was done to prevent them (those that will use the clothes) from suffering from his diseases, and not develop *Makuma* (sudden weight loss).

**Researcher: Would you consider these specific methods to be different from the other techniques or methods that you use in the management of other conditions of ill-health?**
**Participant:** The first step is the same for every traditional healer. It is imperative of any traditional healer to throw bones before you can start with the dispatching of medication to your clients. Difference will be noticed when it comes to the medication that is prescribed. Usually for the treatment and management of bereavement related problems, certain rituals are conducted after the bones are thrown down. With other ailments, after throwing bones, the traditional healer will be disclosed of the medication used to treat specific diseases from the client. With the correct use of medication you will never go wrong. I don t just start by prescribing medication, I throw bones first and find out what is the problem, if the problem is revealed as bereavement, the ancestors will tell me so. There are those that will come and be straight forward and tell you what they are suffering from, those ones you just prepare your medication and dispatch.



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**Researcher: What kind of support do the bereaved people need after consultation with the traditional healer?**

**Participant:** In the olden days you would find that in every community there would be a healer. In this way it used to be easy to always check with your clients after they have consulted you. We still do this even these days because of the improved communication technology. We phone our clients to find out if they are well, if they are not having problem. We still do this for every person who has consulted with us. From time to time we would check with them if the symptoms are not recurring. I this way we become attached to our clients at a personal level that is why they will even refer other people to us because of the good relations that we tend to develop with our clients.

**Researcher: What are the coping strategies used by traditional healers in the management of bereavement?**

**Participant:** After we shall have treated a person for any illness we still advice the person to lead a healthy lifestyle and have control over one's life. We normally fortify them after treatment, that is, we give them extra medication in different forms to protect them from further attack of the same or different illness. We would tell them to take good care of themselves and that they should feel free to come back if things are not right. Once we treat and tell them these they normally do not have recurring problems.

**Researcher: Can you describe to me the techniques/methods that you follow in helping people who are going through bereavement?**

Participant: After finding out about the cause of the problem through bone throwing, it has always been the case that we would conduct rituals that were not conducted during the death of one of the family members. In fact we conduct cleansing which normally comes after we shall have correctly done all the necessary rituals (*u luvhedza*). These two techniques has been used for ages even before I trained as a traditional healers I learnt that even my ancestors have been using these techniques.



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**PARTICIPANT NO 2**

**Researcher: As a practicing traditional healer, can you share with me your understanding of bereavement in your community? How is bereavement explained from traditional point of view?**

*Participant:* Culturally when a person is in bereavement presents as someone who does not undertake long trips, always stays at home. If it a woman who is in mourning, she would have to cover herself in a black blanket, especially if she has lost a husband. She would even not get out of the house and a lot of things would be done in her behalf. The only time she would be allowed to go out of the house and be allowed to do things on her own is when she shall have been cleansed (*u handululwa*) by the blood of a goat and waste from the intestines of the goat. This thing is also called *u tambedza*, she would get in to the basket and start washing. What happens is that, the water that she will be using must be mixed with the blood and goat waste from the intestine. Some of this water will be poured from on top of her head through *luselo* pouring down throughout the body to the toes. In the meantime as the water will be flowing down her body, the traditional healer would be knocking all joint to prevent him from shaking disease (*vhulwadze ha u tetemela*). The same process as I have explained above can also be used in the management and stopping of symptoms associated with bereavement.

**Researcher: Can you describe the technique/methods that you follow in helping people who are going through bereavement?**

**Participant:** Different methods are used for people with different ages. For children, *shothodzo* must be done.

**Researcher:** What is shothodzo?

Participant: *Shothodzo* is when *dongo or gamba* is taken and filled up with water mixed with some concoctions. A muembe plant (one medicinal plant) is used for *shothodzo.* This *Muembe* plant will be grinded at the end to make a brush. The grinding is done by a stone. The brush part of the plant will be used to get water from the *dongo* which will then be


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splashed on the inside and outside of the hands, and together with all joints. This is done to get rid of the shadow of the deceased so that it should not bother the living.

**Researcher: Would you consider these specific techniques/methods to be different from the other techniques/methods that you use in the management of other conditions of ill-health? Explain**

**Participant:** Yes it is different, if you are treating a person with a wound or physiological problems; you may have to give a particular medicine for that. If the person (bereaved) is having persistent visual images of the dead, telling you that he or she is always dreaming about the person, this needs traditional healers' intervention. This is how it is stopped, I mean the treatment procedure: after supper when people shall have finished eating, the remains of the porridge not that much must be taken and placed on the grave of the deceased during the night, in the wee hours of the morning, someone must go and take that porridge and throw it to the top of a thatched hut and allow it to flow down to the ground. After that we don't make follow ups on what or who could have eaten that piece of porridge. This would be the end of the ritual; the following nights dreams would not be there, that will be the end of the dreams. We do not always have to throw bones for this because symptoms are clear, what we do is to only conduct the necessary ritual and get read of the symptoms and a person gets healed from any aliments associated with bereavement.

**Researcher: Can you describe the counselling process and the steps that you follow from the time when a person presents to you with bereavement up to the time when you will consider the counselling process to have ended?**

**Participant:** Yes counselling has to be there to assist the bereaved in accepting that what happened was bound to happen and live must just continue but if there are problems that arouse because of this, they should be treated hence the explanation above. The counselling is more effective to adults because they are the ones who are seriously affected. We tell them it was time for death to come to the family and they must learn to live with it even though it is difficult.



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**Researcher: Can you share with me how you determine the success or failure of your interventions when treating conditions associated with grief and loss?**

**Participant**: The time when we see counselling is no longer necessary is when the person starts smiling, going out of the house, interacting with others, and then we can see that it is no longer for counselling to continue. Through counselling we are able to determine if it has been a failure or a success.

**Researcher: What are the traditional rituals and customs conducted after the loss of the loved ones?**

**Participant:** Usually after people have left the family, there is a medicine which is sprayed all over the yard to prevent dreams and images of the dead person. After this even the whole members of the family, relatives are made to lick something called *Muuluso* which is mixed with certain powder for them to completely forget about the dead person. After this we can tell that the treatment has come to an end. During the funeral especially before burial, the eldest child and the last born are made to pass under the corpse. We are talking about the olden days when there were no coffins.

**Researcher: What kind of support do bereaved people need after consultation with the traditional healer?**

**Participant:** Most of the times if treatment was properly done there would be no another problems that would need our interventions as traditional healers. It is only that nowadays we are using tombstone, otherwise a root found in the grave as it was being dug is taken and mixed with *vhulivhadza* and become ingredients of the soft porridge that will be given to the members of the family. After eating this there would be no need to have another support since there would be no other problems associated with bereavement. We believe that as we are helping them, we are giving them support that that they need in order to handle all problems associated with mourning and bereavement.



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**Researcher: What are the coping strategies used by traditional healers in the management of bereavement?**

**Participant:** Coping strategies are not that necessary because our medications are strong, there is no need for us to tell the child or any bereaved person of the copying strategies. If the treatment, that all the rituals and customs where properly followed and right medication were dispatched, there is no need for ways of dealing with stress caused by bereavement. I have never had a situation where I told my clients of the coping strategies. I would give them medication and after that they are healed of all the symptoms.



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**Researcher: As a practicing traditional healer, can you share with me your understanding of bereavement in your community? How is bereavement explained from traditional point of view?**

**Participant**: What we do as traditional healers, we throw bones and ask the ancestors of the client's problem. In fact, if we are to be correct and genuine, that is the right thing to do. If the problem is related to bereavement, it will be revealed before us by the ancestors that the problem lays here. Even if the clients explain the problem, it has to be verified with the ancestors, and this is done through bone throwing. If we allow a client to explain the problem, it is like you are not helping him and as such he may not have trust in you again. Clients/ people like it when their problems are revealed to them by us. Other presentation of bereavement is that, the bereaved person would start suffering from the waist. To us the traditional healers that is explained as a blood which was connecting the living and the dead one. Immediately after death, this blood must be disconnected. That is where we give *muuluso* and make them to lick it. After this they can carry on with life. If a woman continues without being disconnected, when she meets another man, that man is highly likely to become ill. Unless this is done she will continue to have problems in her life. Some of the clients would claim to have seen the dead person every time they sleep. If this happens and a person consults with us, we usually tell the woman to bring the mattress so that it can be cleansed also. The mattress is cleansed by the water mixed with medicines (for *u handulula*), thereafter the woman is mage to lick the *muuluso*. Some of it she is made to bath with it.

**Researcher: Can you describe the technique/methods that you follow in helping people who are going through bereavement?**

**Participant**: Bone throwing is the kind of technique that we use as traditional healers; it is the first step before starting helping the client. We need to find out why the person has consulted and at the same time be very exact when we tell our clients of their problems. It is fewer instances where you find the client asking for other things to be checked but otherwise we do not have problems with that.



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**Researcher: How do you treat children and adults who are showing symptoms of bereavement?**

**Participants:** It depends on the person in grieving or in mourning, if it is a woman who is bereaved; we get goat waste from the intestines, and make some incisions or inject her on the thighs and on the thighs. We get *muuluso* (black ashes) and make her lick and *muuluso* of vhulivhadza so that she can completely forget her husband. When this kind of a ritual is done it is said that the woman is being (*u ombeliwa shambo*) put the bone in flesh. This is one part of cleansing; it starts by the process explained previously. The other part of the ritual is *u luvhedziwa,* this is done after the burial wherein all the clothes of the deceased are cleansed with a medicine. For children it is easy because we only prepare a soft porridge mixed with some root from the grave and *vhulivhadza* and thereafter we make them lick the *muuluso.* After this children will never ever remember the one who died.

**Researcher: What are the traditional rituals and customs conducted after the loss of the loved ones?**

**Participant:** There are two kinds of rituals which are performed associated with bereavement. The first one is conducted immediately after the death probably a week after death. This is the week in which members of the family are busy preparing for the burial of their beloved one. The second part of the ritual is conducted after the burial. This one is called "*U luvhedziwa"* (cleansing process). These rituals are performed in order for the surviving relatives to be able to forget the deceased so that they can carry on with their lives.

Portion of soil from the grave is taken, a goat is organized and placed in the house in which the deceased was using, this goat must sleep over in that house. In the next morning, people will gather there and the traditional healers will throw bones to find the right person who will the rest of the ritual. This goat must urinate first before it is killed by drowning in the water which is in *mutuli* (traditional maize grinding instrument). The water where in the goat will be drowned is mixed with other herbal medicine (*mushonga).* This goat must suffocate in there and die. Thereafter the skin is removed until twitching ligaments can be seen. They are then removed and cooked mixed with some medicine which facilitated forgetting especially



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of the lost soul. This meat will then be eaten. All elderly women who happen to be there will be forced to eat this meat which is now cut into small pieces. Each of these women must use two pieces, one piece is taken into the mouth but not chewed and taken back into the bow; the second piece of meat is then swallowed. These people will gather again for the main meal (the other meat which was not eaten earlier). Bones are removed from this meat and some pieces of this meat are wrapped with goat skin in smaller pieces. A gut which was cut is removed from the goat and inside it mealies and ground nuts are poured in. the meat wrapped in smaller packets, is wrapped in a clothes *(nwenda*) and a whole somewhere in the household is dug wherein the whole thing will be taken in and covered by the soil. The sole purpose of *u luvhedza* is to fortify the members of the family, to protect them from evil and danger. These include fighting with each other, always getting into trouble and many other misfortunes. This is done to the old and young because they can also be faced with misfortunes.

**Researcher: Would you consider these specific techniques/methods to be different from the other techniques/methods that you use in ht management of other conditions of ill-health?**

**Participant:** For all the diseases and ailments there is no difference when it comes to the first step towards helping our people. It is very basic of traditional healer to throw bones unless if such a traditional healers using both the spiritual and medicinal plants. There is no practice of traditional healing without Bone throwing is a norm for us we cannot do without them because through them we connect with the ancestors and be able to help a lot of people whom we are living together with. The only significant difference is with regard to the medicines that are prescribed. Bereavement is treated differently from these other ailments especially when it comes to medication. If you check carefully, we cannot treat somebody with *Tshipfula* or headache the same way as we will be treating bereavement. For example, if you have headache I will not want soil and goat waste in the intestines (*muswani*) and *vhulivhadza.* Treatment is quite different.



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**Researcher: Can you describe the counselling process and the steps that you follow from the time when a person presents to you with bereavement up to the time when you will consider the counselling process to have ended?**

**Participant**: We do have some counselling that we conduct, normally we will tell them to accept that things like these do happen but they should not be things occupies your mind to an extent that you can't do anything.

After the treatment is complete that becomes evident when the clients come back to thank the traditional healer for the good work that he has done to them. Most of them, yes, they come back and thank us, sometimes giving us money. They would come to tell us those symptoms have gone and life is back to normal.

Nowadays clients phone back to tell us about their progress, but normally with traditional healers it can be revealed that the client is yet to be given this or that. What I do is simple I just call the client who will come and I finish the treatment with him or her. Even the clients would confirm that indeed there was something missing. Most of the people that I see would phone me back to tell me about the good progress that they see happening in their lives since they have consulted with me. With the kind of help I offer to my clients, they would even phone for other things not related to the things that made them to consult with me earlier. Normally this is attributed to the good work that I do for my clients.

**Researcher: What kind of support do the bereaved people need after consultation with the traditional healers?**

**Participant**: Yes we do give them support. We would tell them not to do certain things until they are done with the medication they are taking. The only support that we give is when they leave my place. I give them advice that if ever some symptoms continue to show, they must do this and that before coming back to me.

**Researcher: What do you mean by this and that?**

**Participant**: By this and that I mean that I will tell, say for example, if you feel like starting to have persistent dreams about the disease, you must wash yourself with that water mixed with medicine (*vhulivhadza).* If it does not end then the bereaved must quickly rush back to



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me for further treatment. To a woman, it is not advisable to engage into sexual activities before treatment is completed. There is a specified period that a woman should not have sex. For a period of a year a woman is not supposed to have sex, this is according to our tradition. To children once you give them that soft porridge mixed with the root and *vhulivhadza* from the grave, they completely forget and would never think of the deceased.

**Researchers: What are the coping strategies used by traditional healers in the management of bereavement?**

**Participant:** We don't even tell them anything because we know that once we perform rituals and prescribe our medication it is highly unlikely that we will have to follow them up. All the clients that I saw I became connected with them to an extent that I can feel if there is something that they need even without them telling me. This means I continue to give them support, my ancestors guard them so that they are safe from any danger. Our medicines are very strong, once you take it if you belief in them you healed of any condition that you may be suffering from. I can say this is a spiritual connection. It is only through this type of connections that I am able to be in touch with my clients

**Researcher: Can you share with me what determines success or failure of your intervention towards management of bereavement?**

**Participant:** Some will come back to me to thank me for the good work that I have done for them whereas others would phone since nowadays there are phones which ease communication. It is good for us as traditional healers to know if we are helping people or not. This really makes us feel strong and eager to help even more people.



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**PARTICIPANT NO 4**

**VHO-MAFHARALALA: TRADITIONAL HEALER FROM DZIMAULI HARAMMBUDA: 40 YEARS OF PRACTICE.**

**Researcher: As a practicing traditional healer, can you share with me your understanding of bereavement in your community? Presentation of a client to the traditional healer**

**Participant**: Sometimes they will come and tell me what their problems are but if they don't I as the traditional healer would normally throw bones so that I can see what his or her problem is all about. At times I use my imagination but to prove my imagination to be true I then throw bones which would confirm if what my initial imagination was right or wrong. Normally bones would lead me to the right diagnosis.

**Researcher: What are the traditional bereavement rituals and customs conducted after the loss of the loved ones?**

**Participant:** *Dongo* (half-broken clay pot) is filled with water mixed with herbs and *vhulivhadza*. A *Bopha* and *Mutanzwa* plants are used in this kind of a ritual. These two plants are made brush-like at the end so that are used to splash on different parts of the body, on all joints, the inside and outside of the hands, at the knee and the back of the knee, at the neck and the back of the neck. When this is done, we are getting rid of the deceased from the lives of the living relatives. The same will be done to the children of the deceased, the first born and the last born child so that they don't inherit their father's sicknesses or what made their father to die. The bones from the goat which was used for the ritual is grinded to form white powder which will then be smeared into their joints so that when the corpse decomposes they become stronger and be immune from his sicknesses. The bereaved people would be given some medication to stop them from thinking about the deceased. They are normally given *vhulivhadza* mixed with some herbs to facilitate forgetting. During the preparation of the grave a root which is found in the grave is cut and cleaned and used to make soft porridge which will be eaten by the close relatives so that they get rid of diseases and sicknesses that the deceased died of. They are separating themselves from the dead person. If he died of a particular disease, that diseases should not continue to take others in the family, if he died of



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accident, the accidents must stop in the family. That was the reason why this was done in the first place. Normally the first born child and the last born child in the family will be the ones to eat this soft porridge.

**Researcher: Why first born and last born?**

**Participant:** It is believed that other children in between are protected by these two. Nothing sinister will come to the family through the first born and the last born.

**Researcher: Treating the bereaved person in stages**

**Participant**: It is done immediately after death. The family of the deceased will have to perform some rituals called *u luvhedza.* If a deceased person was a male person, a male goat is used for the ritual. After it has been killed and skinned off, the twitching flesh is cut into small pieces and used in this ritual. It is this flesh and *mbinzhane* (a small piece of a liver which is attached to the big liver). Nowadays these will be cooked but in the olden days they were eaten raw.

**Researcher: Why do these *mbinzhane* and the pieces of meat are now cooked?**

**Participant:** They are cooked because the people of today are negligent and arrogant; they may not eat these unless they are cooked. A needle will be used to pick those pieces which will be eaten raw and spit somewhere where there is *muuluso* and *vhulivhadza*. In fact those pieces are mixed with *vhulivhadza* and *muuluso* (a powder from combination of different herbs). This is done so that the deceased person does not come back to haunt the living or to cause some problems and sicknesses to the living relatives. This is part of what is done when people are performing a ritual called *u luvhedza* which is done to get rid of the dead person spirit. Once this is done, the dead person is completed cut and rested in the grave and he will never come back to our lives.



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**Researcher: Can you describe to me the counselling process and the steps that you follow from the time when a person presents to you with bereavement up to the time when you will consider the counselling process to have ended?**

**Participant**: I would tell him what he experiences when problems begin. I will explain to him all the symptoms and from there I tell him to perform some rituals because in many cases where people present with those symptoms it always indicated that in his or her lineage there is one person whose spirit is not rested. That is when a particular ritual will have to be performed. I will go on to tell him that it is natural and normal that he will have to experience these kinds of problems if certain rituals are missed earlier. No medication is prescribed, we just have to perform the rituals and those things will just go. When the deceased body becomes decomposed, the relatives, living ones may become weak, sometimes gain or lose weight, sometimes hallucinating. This will happen if the deceased was not properly laid down and all rituals are done. *Mafa* (part of *u luvhedza* which include eating those pieces of meat) is important to be taken orally so that there can be continuity of life among the children and the wife or other family members. The wife must be able to continue with life and not endangering those that she becomes involved with. If a wife is not cleansed of the husband, whatever sickness that made him to die will be transferable to the man whom the wife will see later. The woman or the wife must be freed from her dead husband to avoid problems in her new life without her late husband, she must be washed.

**Researcher: Would you consider these specific techniques/methods to be different from the other techniques/methods that you use in the management of other conditions of ill-health?** Explain.

**Participant**: There is no treatment and medication that can be prescribed unless bones are thrown. What differ would be the prescribed medicines. The first step for any genuine traditional healer is to throw the bones. The bones will indicate to you as to how you go about treating the patient. If my bones tell me that these problems are as a result of a custom or ritual not done, then I know that I have to tell my patient that we need to perform that specific ritual for his or her problems to go. Treatment would automatically differ; you cannot treat someone suffering from epilepsy the same way as the other one suffering from. We don't rely on the clients because they sometimes do not tell the honest truth. We don't treat them based



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on what they have told us. What we do we throw bones first and they will give us directions as to what exactly is the problem presented by the client.

**Researcher: What kind of support do the bereaved people need after consultation with the traditional healer? The support system from the traditional healers**

**Participant:** After treating and prescribing medications, we don't just end there, we advise him of the dangers of clinching to the dead that it is of no use. Life must continue without the dead person in your life. We also fortify him so that such thoughts never occur to him again. It is important to reorganize your life in order to move swiftly forwards without any problem. We even tell them that now that we fortify you don't be arrogant and negligent, you must be disciplined and have control of your life.

**Researcher: Can you share with me how you determine the success or failure of your interventions when treating conditions associated with grief and loss?**

**Participant:** I can see it, it is obvious when a person is not sick or having problems anymore. When he comes to consult he will be complaining about this and that. Patients come back and tell me that they are fine and not having problems anymore. You would even see it through your eyes that this person is healed. If I realize that he is not completely healed I then seek help again from the ancestors who will assist me in coming up with another treatment.

**Researcher: What are the coping strategies used by traditional healers in the management of bereavement?**

**Participant:** After every medication given out for the cure of disease we also give other medication to fortify them. This is done to protect them from other diseases or the one that brought them to me. We also advise them to have control over their lives and not just live carelessly now that they are fortified. Medication alone cannot be enough to make a person look after himself. Since we would have performed the rituals we sometimes give them a medicine which would be in guard in case the symptoms reappear. If they come back for further treatment on the same illness they don't have to pay any more cents on top of what they have paid before.



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## PARTICIPANT NO 5

## VHO- PHOPHI: NGWENANI YA HAMAPHOLI: 35 YEARS OF PRACTICE

**Researcher: As a practicing traditional healer, can you share with me your understanding of bereavement in your community? Presentation of patients before the traditional healers**

**Participant:** They have symptoms such as sleeping problems, no progress, always fighting at home, swollen legs, persistent thinking of the deceased person, heartbroken. These are some of the general symptom that they present with when they come to consult with us the traditional healers.

**Researcher: Can you describe to me the techniques/methods that you follow in helping people who are going through bereavement?**

**Participant**: Cleansing of the family members and the household is crucial in the treatment of bereavement related problems

**Researcher: What are the traditional bereavement rituals and customs conducted after the loss of the loved ones?**

**Participant**: I know it's difficult to forget about the beloved person, but if are always thinking and it is interfering with your day to day life then something must be done to make you forget so that you can move on with your life. What we do as traditional healers is to prepare you *vhulivhadza* to facilitate forgetting of the deceased person. Some people get affected by the death of their beloved one to an extent that they can even think of committing suicide that is where we come in as traditional healers to assist you with forgetting. *Bopha* is *Mafa*. It is a type of a plant which was used in the olden days before coffins. They will tie the corpse with *Bophavhafu* and bury their beloved person. Part of this *Bopha* is cut on both sides and make it brush like at the other end and use it to splash water from *dongo* to different parts of the body including hands, feet, shoulders, necks, knees and all jointed areas in the body. The water in the *dongo* is mixed with different herbs including vhulivhadza to make people forget of the deceased. The household will have to be cleansed and fortified. In cases where



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the head of the family has passed on, they will change the entrance to the household. *Makuma* is avoided when rituals are performed during the burial of the deceased. *Makuma* is a kind of sickness where you feel fatigue all the times being caused by the fact that you married someone's wife whose husband died. The wife must be freed from the husband through cleansing so that she can continue with the life without problems. In this way *Makuma* and *vhulungwane* and *vhuumba* (sleeping disorder) can be avoided.

The deceased clothes must not be put on after the death. These clothes have to be cleansed first before they can be used by other people within the family. A traditional healer is called to do the cleansing (*u dzindisa*) so that other people can use the clothes. Cleansing is part of u luvhedza which is normally done for the deceased to peacefully rest and not having to come back to interfere with the living. In the olden days immediately after the burial, a branch of *muswoswo* plant and *Mutshetete* plant is cut from the trees and planted on the head of the grave and the other one on the feet of the grave. All the mourners especially the relatives were to leave the affected household when leaves from those planted braches have dried and fallen down. This was normally done to cut down the death in the family. It would take a long time before death can come back to the family. This is no longer applicable today since people are erecting tombstone hence a lot of deaths in families and communities these days. Every weekend people are being buried because people have distanced themselves from the cultural ways and have adopted modernization. It was also believed that by the time those leaves shall have fallen, members of the family would be strong to face challenges of life without thinking of the dead person.

Yes I have seen and treated cases like this. Sometimes the patients will come with problems that cannot end, things are not going well in the family, no progress that is evident in the family but one is working. Normally when they come I would find out of course through my bones that there is a person in the family who was not peacefully laid to rest. It sometimes happens that the patient does not even know the dead person. We the traditional healers would look for the head of a sheep with which we work it to bring that person back into the family to be rested peacefully. It is during these times that we will have to perform all the necessary rituals and customs and bury the bones and other parts of the sheep including the head. This was done to get rid of all the problems in the living relative's lives. These rituals under normal circumstances should be done immediately after the burial to avoid recurring death within the family. During the preparation of the burial site I mean the grave, some roots must be dug out and cleaned. After this, you prepare a soft porridge which normally is to be



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taken by the firs born child and the last born child. They eat this soft porridge facing west and as they eat they spread or scatter some of it to the west using their mouths. This is done to prevent a specific sleeping disorder called *vhuumba*. In the olden days we would it *mafa* which is what we put in the *dongo* (half-broken clay pot) so that whoever enters the house hold is splashed on the different parts of the body. It did not matter in the olden days who ate that. It was meant for every member of the community so that whatever sickness he had must die with him and not remain the community or household. These days people are eating plates during the funeral instead of eating *mafa* during funerals nowadays because of the Christianity and other religions that emerged we have reduced that to the specific family affected by the death. If these rituals are not done you find people becoming big bellied and you think that it's being healthy, no, it is because they did eat *mafa* during death, some will have swollen legs. The remains of the deceased person before being used, *mafa* must be prepared. For example if the deceased left maize, some maize grains must be prepared using a clay pot sort of frying them and we mix them with *muuluso* and give to everybody in the family to eat. After this ritual, then the rest of mealies can be used and there would be no problems thereafter.

**Researcher: Would you consider these specific techniques/methods to be different from the other techniques/methods that you use in the management of other conditions of ill-health? Explain**

**Participant:** All traditional healers start the process by throwing bones which will help him in the diagnosis of patient's problem. We do this because some patients lie to us and don't tell the truth about their problems. The bones will then give directions on how to treat the patient. Besides asking the patient of the problem bone throwing can be crucial and we the traditional healers do not base our treatment on the patient's word but the treatment is based on what the bones have said. Of course it will be different because if he continues becoming big bellied during my treatment, I then ask if the patient has ever eaten *mafa* or not. If the patient says I have not eaten *mafa* then I know that we need to perform some rituals using the head of a sheep to stand in for the person whose death *mafa* was not eaten. Yes we don't treat all cases the same way. Someone suffering from bereavement related problem would have to a have certain rituals performed to stop the problems but someone suffering from headache will be given a particular herb which may have to be taken orally to cure the headache. A person can



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come and tell you to come and perform some rituals (*u luvhedza*), in this regard I don't throw bones but I just take the necessary staff and go the family and do the work.

**Researcher: Can you describe to me the counselling process and the steps that you follow from the time when a person presents to you with bereavement up to the time when you will consider the counselling process to have ended?**

Participant: I ask the person if he or she has eaten *mafa* during the burial of all members in the family. It is important to find out about this. We tell our clients the importance and significance of having these rituals and customs done. We even tell them that if that is not done, the person will start to experience some symptoms including becoming big bellied, developing some sleeping disorder which was never there before the death. In this way we are preparing them for the whole process and for the speed recovery from their problems.

**Researcher: Can you share with me how you determine the success or failure of your interventions when treating conditions associated with grief and loss?**

**Participant**: After treating him with my medications and he has undergone my treatment he normally comes back to tell me that all those problems are gone. And I can see it myself that my patient is healed now because he will not be complaining anymore.

**Researcher**: What kind of support do the bereaved people need after consultation with the traditional healer?

**Participant**: Yes I do advise him to come back if the problem does not stop. I am the one who has been looking after him. That is the support I give to my patients. If it does not get any better when they come back, I go back to my bones that will advise me on what to next. I will continue to support the patient until he is completely healed not at an extra cost. In fact if he is healed, cultural we don't just leave it like that, we have an obligation to fortify him so that he does not come back to me with the same problem.



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**Researcher: What are the coping strategies used by traditional healers in the management of bereavement?**

**Participant**: For people to cope well with this situation, we recommend that special *mafa* is covered in a cloth and hanged somewhere in the house so that everyone who comes in the house must be knocked on the different parts of the body to allow for him to eat anything in the house. If this is not continuously done problems will keep recurring. From time to time we advise our patients to keep coming back to us in cases where these problems are showing again. They must keep in touch with us.



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## PARTICIPANT NO 6

## VHO- NETSHIRULULUNI: TRADITIONAL HEALER FROM TSHIVHUYUNI: 40 YEARS OF PRACTICE

**Researcher: As a practicing traditional healer, can you share with me your understanding of bereavement in your community?**

**Participant:** They will constantly see dead people coming back into their lives and this would normally make them to be depressed and anxious. They always talk about the dead people how important they were into their lives, that the situation would not be like this if the deceased was still alive. They become suspicious of other people who they think might have had a hand in the death of their beloved ones. This interferes with their functioning and in many cases they are stuck with the dead, progress stops, their lives revolve around the deceased person, some develop unexplained sleeping disorders. The top of your head may start playing up and down, and you have very white nails, development of big belly, swollen legs.

**Researcher: What are the traditional bereavement rituals and customs conducted after the loss of the loved ones?**

Participant: *Mipeta* and *vhulivhadza* would be used together with *muuluso* which facilitate forgetting of the deceased person. There are several symptoms that indicated a person is suffering from bereavement related problem such as a sleeping disorder (*vhulungwane*). This person will be sleepy all the time. Once a root from the grave is cut and prepared with the soft porridge, it is believed that some of the symptoms of bereavement problems would just disappear. Bone aching is one of the sicknesses that is associated with bereavement. If traditional healers are consulted they can tell the origin of the sickness. In many times, this kind of sickness is caused by a ritual which was not performing when the husband was laid to rest. After his death the other man marries that woman and ultimately suffers from bone aching because it is believed that the two were not separated. As his body decomposes, the new man will start to have bone problems. It is important that the wife just like any close relatives including children must be cleansed to be able to carry on with their lives.



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**Researcher: How is a woman cleansed?**

**Participant:** By herbs mixed in water and she is made to wash her body. In that process she is also getting rid of all misfortunes that her husband had before death so that this is not transferrable to the rest of the family or any other man that she can be involved with.

**Researcher: What other rituals can you think of?**

**Participant:** When there is death in the family, a half-broken clay pot will be filled with water mixed with different herbs including *vhulivhadza* and a root from the grave and put in the entrance to the household. A *bophalufu* plant will be cut from the forest and made a brush out of it which will be used to splash people at different places such as the hands, inside and outside, the neck inside and outside, on the feet on top and underneath, and on the forehead and back head. This was done to separate the deceased from the living. Whatever the disease he suffered from will die with him, if he died from an accident, the accidents must stop from claiming people's lives in the family. If all this can be done during the burial it is believed that the deceased is laid to rest peacefully and he will never be a nuisance in the family members' lives. The other ritual associated with bereavement is (*u luvhedza*) which means resting in peace the deceased. A deceased is said to have been laid peacefully when all the rituals and customs have been carried out. When this is done it depends on gender of the deceased, if the deceased was a man, a he goat will be used if the deceased was a woman a she-goat will be used for the ritual. This goat is not killed by knife but it would be drown in water mixed with herbs and *vhulivhadza* until it dies. It is then skinned off and piece of a liver and some twitching flesh is cut and relatives will have to eat those pieces of meat as raw as they are. All the flesh is then skimmed from the bones and cooked without salt. The bones, head and feet will be covered in the skin coat and buried somewhere in the family. Even mealies are included in this package. From then the deceased will be completely forgotten.

*Mafa*: For example if the deceased left maize, some maize grains must be prepared using a clay pot sort of frying them and we mix them with *muuluso* and give to everybody in the family to eat. After this ritual, then the rest of mealies can be used and there would be no problems thereafter. *Vhulivhadza* is also an important ingredient in this because it is believed after eating this people tend to forget the deceased person with ease. Young children would



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be made to eat these mealies going out and [illegible] house by buttocks. It was sort of a play but the purpose was quite significant.

**Researcher: Can you share with me how you determine the success or failure of your interventions when treating conditions associated with grief and loss?**

**Participant:** The success of my intervention as the traditionally healer will depend on the client himself. If the client after taking my treatment is healed he will come back and notify me. It is after this that I know that my herbs have healed a person. It will always be a pleasure for me as the traditional healer to see progress in my patients. In cases where they are not better they still come back to tell me that it is not that better and as usual I will consult my ancestors through bone throwing to find out how to treat him further.

**Researcher: Can you describe to me the techniques/methods that you follow in helping people who are going through bereavement?**

**Participant**: Cleansing rituals are quite important in the treatment of bereavement related problems. No medicine which is prescribed for this. But during the ritual performance, people also eat some herbs mixed with the meat and water but there is no specific medicine that we give to use separately after the ritual.

**Researcher: Can you describe to me the counselling process and the steps that you follow from the time when a person presents to you with bereavement up to the time when you will consider the counselling process to have ended?**

**Participant**: We build rapport by throwing the bones first and tell them of what we see of them. This has been quite helpful for us as traditional healers because it make the patient to feel at ease to can be honest with you. In this process we sort of welcoming them at our place asking them where they come from and ensuring that the ancestors will help solve their problems. In the process we make them to accept the death of their beloved but it cannot end just there. The step next of course will be directed by the bones.



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**Researcher: What kind of support do the bereaved people need after consultation with the traditional healer?**

**Participant:** Besides the counselling we give to them, we tell them to always feel welcome in case there is no betterment in their conditions. They must come back for further treatment but in many cases our ancestors tell us the exact things that must be done and if it followed properly there is no need to come back with the same complaint. Since we don't only treat the observable symptoms, we also fortify them but still warn them to be always careful in life.

**Researcher: What are the coping strategies used by traditional healers in the management of bereavement?**

**Participant:** It is always advisable to tell your clients to always to keep in touch with us in case there are other problems not necessary the same to the one they have consulted before. Because we know the symptoms associated with bereavement we know that they will be able to pick that from other people and that they should always refer them to us so that unnecessary deaths recurring in families must be prevented by the intervention of traditional healers who will perform the rituals and other customs which might have been omitted previously.

**Researcher:** Would you consider these techniques used for the treatment of bereaving as different from other techniques for the treatment of other ill-health?

**Participants**: Yes, there is no way you can treat conditions the same way. Bereavement is totally different from other ailment that is why there is a specific treatment that is done to manage it. All traditional healers who are genuine cannot do without bones. Bone throwing is of essence in traditional healing because we come to know how we treat our clients. The very same bones will inform us if we have to conduct a ritual or just give medication where necessary. You cannot cleanse the household to treat someone who is suffering from HIV or any other illness. There are certain specific techniques used for bereavement related problems which are not used in treating other ailments.



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**Participant No 7**

**Vho- Litshani: traditional healer from Itsani: 30 years of practice**

**Limitation**: Since you know something, it is not advisable to share that knowledge with other people. Some traditional healers withheld some information on the basis that it is their intellectual property and that culturally it is not permissible to divulge how things are done to the public because ancestors may be angry with them.

**Researcher: As a practicing traditional healer, can you share with me your understanding of bereavement in your community?**

**Participant**: Culturally people will present with many symptoms such as inability to make decisions about life, always stressed, swollen legs and development of big tummy, suspiciousness, carrying a sad face, inability to derive pleasure from things, egocentric, loss of appetite, fatigue, unexplained worriness over the dead person. If we see this in a person consulting we throw bones to find the origin of all these symptoms.

**Researcher: What are the traditional bereavement rituals and customs conducted after the loss of the loved ones?**

**Participant**: Culturally this must be done immediately after burial approximately a day after the burial this rituals called *u luvhedza* which involves cleansing must be done. If the deceased was a male then a he goat will be used. Unfortunately this goat must not be killed by a knife. It must be drowned in water in a tub. The water is mixed with some herbs and other concoctions such as *vhulivhadza* and some roots found in a grave during preparation. Because nowadays we do not have good skinning experts, the whole goat will be cooked and all bones must not be given to dogs. The goat skin will cover all the bones including the head and buried somewhere in the yard. Once this is done then it is believed that the deceased has been finally laid to rest. Whatever problem the deceased has been having, whatever sicknesses he had been having once this is done then we shall be free of his sicknesses and problems. It is a way of completely separating the deceased from the living. If he has left a wife, the wife can continue to get another man live happy without the concern of the late husband. If the deceased died as a result of an accident, after this ritual, accidents would never claim other people in the family because a sample of soil from the accident scene



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would be collected and form part of the ritual to cut the accidents from the family. During this kind of a ritual, every member of the family must have the hair shaven. The root from the grave is also used for the cleansing of the whole yard, getting rid of all the misfortune that could have been with the deceased. It is not used alone, but together with some other herbs and *miuluso*.

Other rituals will include the use of half broken clay pot which is normally filled with water mixed with *vhulivhadza* and some herbs. This *dongo* thing is placed at the gate to the household where everybody who enters would be cleansed as a symbol of cutting ties with the dead person. The whole community would be involved in this exercise. It was believed that if he had problems with other people in the community he is dying with it and he will never be part of the living community. But nowadays it has been reduced to the house hold affected by the death. Even in the household is not everyone on those that values this highly. This is because of the various religions that have taken over from traditional ways of doing things. The clothes of the deceased must not be used before they are cleansed. I forgot about a plant, but there used to be a plant which would be planted on the grave immediately after the burial. This plant is *Mutshetete*. The leaves must fall off before the mourners and other relatives can leave the household. These days it is no longer possible because people are erecting tombstone for their beloved ones.

**Researcher: Can you describe to me the counselling process and the steps that you follow from the time when a person presents to you with bereavement up to the time when you will consider the counselling process to have ended?**

**Participant:** Traditional healers are like teachers and social workers. We counsel our patients before we start with the processes involved. We tell them to always accept that their time had come, they had to part ways with us and it is of no use to be always having them in our minds. I know it's difficult to forget someone you so much loved. Getting them to forget about the deceased is minor to us the traditional healers. What we do is to prepare them *vhulivhadza* which we mix with some herbs and prepare a soft porridge. After eating this, they will take no time and in a few weeks they would have forgotten about the dead person and all the problems that were there would be gone in no time.



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**Researcher: Would you consider these specific techniques/methods to be different from the other techniques/methods that you use in the management of other conditions of ill-health? Explain**

**Participant**: Treatment would differ of course. Whatever we hear from the patient we confirm it first from the ancestors through bone throwing. We do this because it is not all the time that you find people being honest with us. Sometimes they come to say they are suffering from headache and when you throw bones you realized that it is a sexual disease. A person bereaving, rituals will have to be performed but for a person suffering from other things, the ancestors will lead the way as to how treatment should go.

**Researcher: Can you share with me how you determine the success or failure of your interventions when treating conditions associated with grief and loss?**

**Participant**: I am so lucky that all my patients would come back to tell me of their conditions, which a good indication that something good is being done in the community. The phones are also making things easier because they phone and notify me of their improved conditions.

**Researcher: What kind of support do the bereaved people need after consultation with the traditional healer?**

**Participant:** Our support is a bit different in the sense that once a person gets healed from me he now trusts me to come back to me in cases he is suffering from other sicknesses. Sometimes when he comes for other things he does not even pay because we would have established a good relation. There is no need for support because once he is treated he will become healed completely to an extent that he would not need a support. When we treat, we treat permanently so that no other support will be needed unless it is a support of other things. We tell them to come back if they are not getting any better but it is very unusual for a person to come back to say he is not getting better. There is always follow up so that I know if he has gotten any better.



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**Researcher: What are the coping strategies used by traditional healers in the management of bereavement?**

**Participant:** I will normally tell them to quickly come back to me in case they can feel that those symptoms are coming back to them. I tell them to find something that they can be doing to take the mind away from thinking about the deceased person. It should be something that is quite challenging which will keep them thinking about it, at the same time they will be continuing with my medication. Eating the medication alone without engaging in other demanding thing may not completely prevent the problems from creeping in because all is in the mind. That is why I said earlier that we traditional healers are like social workers.

**Researcher: Can you describe to me the techniques/methods that you follow in helping people who are going through bereavement?**

**Participant:** What is normally done is to find out the cause of the death of the deceased because how you treat a person is based on how a person died. We would throw bones to find out the real cause to the problems presented by the person to me. Through bone throwing we can then give them some medication which would make them to quickly forget about the dead person. The other thing that we normally recommend to our clients is that they conduct rituals which were not conducted during the death of the deceased and this will include performing cleansing to the clothes and the place where the dead used to stay like a room or a house. This must be cleansed to get the dead person out of the household and this will automatically stop all the problems that were presented by the client to me. We dispense medication and we perform unperformed rituals during death such as cleansing and fortifying the living relatives.



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## PARTICIPANT NO 8

## VHO- NYAMUTSHA: TRADITIONAL HEALER FROM ITSANI. 25 YEARS OF PRACTICE

**Researcher: Limitation**

It is not nice to show how we do things traditionally to the public. It is not a good idea to come and publicize how we were trained to heal people. Ancestors may not be well with this thing of opening up to the public.

**Researcher: As a practicing traditional healer, can you share with me your understanding of bereavement in your community?**

**Participant:** Someone who is bereaving must be looking sad at all times because it is believed that he or she has lost a beloved one. This person would not be doing anything in the household during these trying times. Nowadays if it is a woman she would be wearing black clothes. Normally they will be anxious and always complaining about the loss, losing focus is one of the symptoms, they have minimal contact with the rest of the world. This may last for years or weeks in some.

**Researcher: What are the traditional bereavement rituals and customs conducted after the loss of the loved ones?**

**Participant**: During preparation of the burial site, the grave; roots dug from the grave are taken and cleaned so that they can be prepared with the soft porridge for children at the deceased home to eat. These roots are mixed with *vhulivhadza* and given to the first born and last born who will pass under the coffin of their mother or father. This was done to make them quickly forget about the deceased. I know this because I have done it and treated the people who came consulting from bereavement associated problems. I have managed to cut what they were experiencing as a result of losing their beloved ones.



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**Researcher: Can you share with me how you determine the success or failure of your interventions when treating conditions associated with grief and loss?**

**Participant:** I usually determine these from the participants or clients themselves. Normally after getting treatment from they would come back to say all what they have been suffering from has stopped, then I know that my intervention was successful.

**Researcher: Would you consider these specific techniques/methods to be different from the other techniques/methods that you use in the management of other conditions of ill-health? Explain.**

**Participant:** You don't just take a word from the patient or client about his problem, you need to confirm that first with the ancestors who have all the powers because of you don't do that you will treat wrongly and sometimes you may even give wrong medication. I will throw bones to confirm what the client will be telling me and from there I will be led as to how I have to treat this client. The only difference will be when it comes to dispensing medication, for a bereaved person, it will be medication and specific rituals which might be different from when I am treating someone coming with an illness. We do this because many a time clients come and say the wrong things to us and for us to avoid wrong diagnosis; we throw bones which would guide us. The funny part is when you tell him what the bones are saying, he agrees but he did not tell the truth in the beginning.

**Researcher: Can you describe to me the counselling process and the steps that you follow from the time when a person presents to you with bereavement up to the time when you will consider counselling process to have ended?**

**Participant:** We conduct our own counselling. We would ask them to identify themselves and what brings them to us. We do this to make them feel at home so that they can be free to open up with me and tell me everything about their problems. In the process I will also tell them who am I so that we know each other. Depending on what brings them to me I will give a relevant advice. If a person comes with bereavement related problems, I tell him to first accept that he or she is gone forever. I tell him to stop thinking about the deceased and plan on what to do next that the deceased is no longer there because I know this is a mind



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problem. If he does not take it out of his mind, it may be difficult even after my intervention as the traditional healer. But we really have a talk with our clients before beginning the process. We do not have step by step kind of counselling but we do talk to them.

**Researcher: Would you consider these specific techniques/methods to be different from the other techniques/methods that you use in the management of other conditions of ill-health? Explain techniques used**

**Participant:** In many cases involving bereavement, medication will be prescribed but the most important thing is to conduct a ritual called *u luvhedza*. When bones are thrown they can tell if there is one person whose rituals were not performed and for the problems to go away such rituals have to be performed. What normally is done during rituals is what I said earlier, that thing of preparing a soft porridge mixed with *vhulivhadza* and cleansing the whole family changing the entrance to the household if the deceased was the father in the family.

**Researcher: What kind of support do the bereaved people need after consultation with the traditional healer?**

**Participant:** If after intervention still the person problems are not stopping, we also advise for the person to come and stay with me so that I can have close supervision and be able to observe how he takes my medication. It sometimes happens that the clients do not understand the direction on how to use certain medication. As the client will be staying with me I will be giving a support on how to conduct himself for speed recovery. After the intervention and the client has gone home, we normally have follow ups from time to time to find out about the progress. It does not end when we give treatment and some medication. If I realize that the client is not getting any better I consult with my ancestors through bone throwing to give me direction on how to treat the client further.

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**Researcher: What are the coping strategies used by traditional healers in the management of bereavement?**

**Participant**: If he can use the medication and treatment properly, there is no need to advise him on how to cope with these problems in case they emerge again. Our treatment and any of our interventions is very strong to an extent that we may not have to advise on how to cope after the treatment. If a client is coming saying that he is seeing the deceased every day in his dreams and after my treatment he stops from seeing that person, how then do u advise him on coping strategies. It will not be necessary at all. Nonetheless we still tell them to feel at home in case the symptoms show up again. Likely with us traditional healers, we do not charge again, the client just comes and we check with the ancestors at no extra cost.


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**PARTICIPANT NO 9**

**VHO- MASINDI VHA HATSHIKONELO: TRADITIONAL HEALER: 50 YEARS OF PRACTICE**

**Researcher: As a practicing traditional healer, can you share with me your understanding of bereavement in your community?**

**Participant**: If rituals are not done it may be a problem to the family or children of the deceased. Some of the symptoms are evident in one's life such as finding it difficult to be liked by people who liked you before, tendencies of getting involved in accidents, persistent thinking about the deceased coming into your dreams, always worrisome about the deceased, always under severe stress due to the death that occurred in the family

**Researcher: What are the traditional bereavement rituals and customs conducted after the loss of the loved ones?**

**Participant:** It is very important to ensure that rituals are followed when burying the dead. It is culturally believed that if rituals are not performed during burial, the dead is buried naked. If the dead is buried naked how is he going to come back and fight for the living if naked? When *u luvhedza* is conducted is like we are putting him clothes so that he dies at least wearing clothes. It differs with traditional healers and clans, some would do it before the burial and some will do it after the burial, but where I trained to become a traditional healer it would be done immediately before the burial when the corpse come back from mortuary. If the deceased is a man, a he goat will be slaughtered and if it's a woman, a she goat will be slaughter. A knife is not used for the slaughtering of the goat; it has to be drowned in water mixed with some medicine until it dies. After that the twitching meat of the goat are cut and cooked without salt. What normally happens is that we mix the meat with *vhulivhadza* so that after members of the family shall have eaten then they will be able to quickly forget about the deceased. If a deceased is a man when the corpse comes back from mortuary in the morning, the skin of that body will be used to dress him so that when he wakes up he is dressed and can be able to fight for the living. Other rituals will include getting a root from the burial site; this root will be mixed with *mpeta* and *vhulivhadza*. The traditional healer will prepare a soft porridge mixed with all those three things and members of the family will have to eat this soft

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porridge so that they can rapidly forget the person who died. If they don't eat this soft porridge they may start suffering from uncontrollable sleeping sickness which is called *vhulungwane*. Just before the burial all members of the family must be cleansed, this is done immediately after *u luvhedza* shall have been completed. If this is not done, the person who would not have eaten and cleansed is likely to suffer from severe stress, problems after problems and sometimes he may be mentally disturbed. Sometimes a person may start bulging out and people might think he is being healthy whereas that is not the case. When the body starts to decompose people will start having joint problems, spinal cord problems this will happen to a person who would not have been part of the rituals. *Dongo* (half broken clay pot) is placed at the entrance to the family; inside there is water which is mixed with some medicine to fortify any person who would be coming for burial. Every person who enters the household is splashed with this water on the joints, inside of a hand and the back, the same applies to the neck, the knees. Once this is done it is believed that whatever was the cause of the death of the deceased should not transfer to you. When it comes to the clothes of the dead person, it is not allowed for everyone to see them even the house must remain closed until the next *dzumo* (the time when the person died comes again the following year). *Dzumo* is the months and a day in which a person died. During this *dzumo,* a home brewed beer is made and people during the cleansing ceremony will be drinking that beer. All the people that shall be part of this cleansing ceremony will be smeared or marked with ashes mixed with some medicines so that they should be able to see the clothes of the dead person. All the clothes are also cleansed to get rid of the shadow of the deceased person so that other people in the family can be able to use those clothes. Even the house is cleansed so that even his property can be shared. *Mutungu* and *Muswoswo* where used to mark the grave site in cases where people have moved to other areas.

**Researcher: How do they present before you**

**Participant:** They have persistent thoughts of the deceased person. They will have problems that do not come to an end. They will be complaining about bad luck that follows them everywhere, getting on the wrong side of the things, not having peace with themselves and others, being badmouthed by people. These are some of the things that they come here complaining about.

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All these problems shall come to an end only to those who have faith in traditional customs but to those who do not have anything to do with customs; they will never believe that their problems can be solved by the traditional healers. Some will come and tell me straight that they want to be assisted with the rituals which were not performed. When they come complaining about seeing the dead person, what we do first is to check through bones why is the dead person showing up to this person, because some of our intervention would be in vain until you sort out your problems with the dead person.

**Researcher: Would you consider these specific techniques/methods to be different from the other techniques/methods that you use in the management of other conditions of ill-health? Explain.**

**Participant:** We throw bones first before asking you what brought you before us. The difference will be with the intervention. Someone suffering from bodily pains may not be treated the same way with the person suffering from bereavement related problem. The only similarity will be in the throwing of bones only. Some people lie about their problem that is why we always have to throw the bones first to get to the right diagnosis. Bones will give us directions as to how we have to treat this ailment and sickness from this person.

**Researcher: Can you share with me how you determine the success or failure of your interventions when treating conditions associated with grief and loss?**

**Participant**: These people normally come back and a lot of times they even tell others that they have been helped by me, that is how we sometimes get people coming to us.

**Researcher: What kind of support do the bereaved people need after consultation with the traditional healer?**

**Participant**: We communicate regularly with our clients to find out if there is progress. It is important to us because we will be able to know what needs to be done further. Normally I don't charge my clients if I realize through my bones that they are going to die. When you check with your client you are doing yourself as the traditional healer good because with that support, the client will be able to trust and even refer others to you. If I realize that some

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further intervention has to be done, it is not charged anymore. The initial charge will cover any further treatment on my side as the traditional healer. If I realize that there could be problems at his home I will prepare the medicine myself

**Researcher: Can you describe to me the counselling process and the steps that you follow from the time when a person presents to you with bereavement up to the time when you will consider counselling process to have ended?**

**Participant:** We establish rapport by asking who they are to make them feel at home. Normally clients are the ones who start telling us like where they have heard of me and what the problems are all about. It is here that we also talk about the amount to be charged and then it will be up to the client to decide whether to go on with the consultations but we don't make them to pay cash, they can pay little by little until they finish. From there before they tell us their problems we throw the bones and there after we ask them if they want treatment from me or any other traditional healer. In many cases because of the friendship and warmly welcome, they would say they want me to treat them. After treatment they come to tell me of their progress and this can also be established through communication after consultation with me.

**Researcher: What are the coping strategies used by traditional healers in the management of bereavement?**

**Participant:** Sometimes I prepare the medicine myself and give them a prepared concoction because chances are that they may not correctly prepare it. Yes we would tell them not to be always worrying about the dead person because we know that everything is coming from the mind. After giving them medication and following the instructions correctly chances of them to think about the dead person are very slim

**Researcher: Can you describe to me the techniques/methods that you follow in helping people who are going through bereavement?**

**Participant**: *U luvhedziwa*, and cleansing are the main techniques used for the treatment of bereavement related problems.


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**PARTICIPANT NO 10**

**TRANSCRIPTIONS: VHO- NEGUKHULA VHA MANGONDI, PRACTICING FOR 35 YEARS**

**Researcher: As a practicing traditional healer, can you share with me your understanding of bereavement in your community?**

**Participant:** When a person comes here you can even see it yourself that this person is really suffering. From there I throw my bones to get direction on how to go on treating this person. They usually complain about family problems, they also complain about the shadow of the dead person and having bad luck and usually when we throw bones they tell us it is because of the dead person, nothing has been done when the person died. A person cannot be simply buried without the rituals. If a person died in the house, his shadow will remain behind in the house if nothing was done when he was buried. People who stay behind will always have problems all the times, stressed all the time until such time when the correct rituals are performed for the dead person. If a person died of accident, accident will keep on happening in the family if those rituals are performed. These are some of the problems that they will always come complaining about when they consult.

**Researcher: What are the traditional bereavement rituals and customs conducted after the loss of the loved ones?**

**Participant:** When a person dies there are rituals which have to be performed, the clothes must be cleansed so that they can be used by other people because it is believed that they are dirty because the owner is not alive anymore. If a person died of accident or has been shot and died outside home, his corpse is not allowed to enter the household before certain rituals are performed. People nowadays look down on these cultural issues. His spirit must be brought to the cemetery by going to the spot where he died and take some soil there and take to the graveyard. This is how thing should be done but it is no longer done this way that is why there are so many problems that are being experienced by those left behind.

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**Researcher: Would you consider these specific techniques/methods to be different from the other techniques/methods that you use in the management of other conditions of ill-health? Explain.**

**Participant**: Yes we treat them differently because they have different problems, but before we start helping them we need to throw bones to find out why the person is having all these problems. If you check carefully, for all aliments, sicknesses we throw bones first for correct diagnosis. We do this all the time because it is not all the times that clients will come and tell the truth about their problems to us. Sometime the client will not have to take any medication from us because we can tell him exactly what he needs to do to be better or fine and if he follows that you find that he is better but there are some cases were the client has to be given medication to get rid of the problems he is suffering from. When a person is suffering from headache and other suffering from bereavement related problem, they are both treated differently.

**Researcher: Can you describe to me the counselling process and the steps that you follow from the time when a person presents to you with bereavement up to the time when you will consider counselling process to have ended?**

**Participant:** We are always giving counselling. Before we treat we make them feel better by telling them that death occurs in every family and at one stage he will died as much as everyone will die eventually. We tell them before we can start with the intervention you needed to have accepted that the one who died was bound to die but life must go on. I think this is very important because it also makes him feel at home just to have someone listening to his problems and willing to assist it is quite important. We also tell them to accept that the death is not the end of the world because if you don't you die soon.

**Researcher: What are the coping strategies used by traditional healers in the management of bereavement?**

**Participant:** We also tell them that the fact that traditional healers are here to listen and heal all your problems, you don't just go out there and do as you wish. One must be disciplined

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and have self-control. I think as a traditional healer, it is imperative for us to tell them how to cope in order to have a prolonged life without stress.

**Researcher: Can you share with me how you determine the success or failure of your interventions when treating conditions associated with grief and loss?**

**Participant:** Some people after being helped do not come back even if something good has occurred in their life they tend to forget that they should come and say thank. Sometimes I will tell them to come back and tell me if things have shaped well. Sometime we will communicate telephonically to know the progress. Majority do not come back. Very few would come back to tell me that things have sharpened up and pay little to just say thank you. When we first treat them we will tell them to come back in case they are fine or it is getting worse. Nowadays because of easy communication, my clients able to phone and tell me of their progress if there is any. In cases where there is no progress they still phone so that I can further consult with the ancestors as to what to do next. I can say that they do come back and notify me of the progress.

**Researcher: What are the traditional bereavement rituals and customs conducted after the loss of the loved ones?**

Participant: During preparation of graveyard, people have to be made to be able to forget the deceased. They are given *vhulivhadza* and a root from the grave in a form of soft porridge. At home the last born in the family must be able to go under the coffin. This is done to the last born and the first born. The deceased must be laid to rest peacefully. Immediately after the funeral, he or she must be laid to rest (*u luvhedzwa*). This kind of a ritual is done to make him not to cause havoc in the family. If *u luvhedza* can be done, he is unlikely to cause trouble to the living ones. If the deceased is the woman a she goat is used and if the deceased is a man as he goat must be killed. No knife is to be used for the killing of this animal for this purpose. The animal must be drowned in an *mphambo* until it dies. This animal is drowned in *mphambo* which is a homebrewed beer made especially for this ritual. This goat's meat is skinned from the bones and cooked. Usually the twitching meat is cut and cooked without salt and mixed with certain herbs. Every member in the family has to eat this meat. It is believed that after eating this meat, people will easily forget the dead person and be able to


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continue with their lives. This kind of a ri[illegible] also be done before the burial in the morning of the burial and kept aside until the burial is over. Part of the skin of the goat will dress the deceased before the burial but if it is done after the burial, the bones of the goat and the intestines will be covered in the skin and buried somewhere where the ancestors would have directed but it must be within the family or the household. The cleansing is not done at the same time but two weeks after the death. This will be done to the house or room the deceased has been staying, including all his clothes and property. In fact for the duration of two weeks after the funeral, the house or his room must be closed and none of his clothes must be used by any person in the family. It is during this ceremony again that they will still be given *vhulivhadza* to make them to forget the deceased with ease.

When the body decomposes and no rituals were performed, everybody becomes weak in the family. When these rituals are performed, it is for the reason that we are not affected by the deceased in any way. If the deceased died of accidents, accidents would not claim the lives of the living ones within the same household in the near future.

**Researcher: What kind of support do the bereaved people need after consultation with the traditional healer?**

**Participant:** Yes we do fortify the living to get rid of all those problems that he has been suffering from but at the same time we tell them to be disciplined and have self –control. We also tell them anytime they feel like it is coming back, I mean the symptoms, and they should feel free to come back for further treatment. This is helpful to us as the traditional healers because that is how we get people coming to us. The support that we give to our clients even though it may not be a tangible one, I think my ever presence to my client is enough to gain good reputation. It is one typical feature of us because from time to time we make these follow ups to our clients so that whenever they start feeling any other problems they will be just free to come back to us at no extra cause unless it is a new sickness.


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**Researcher: Can you describe to me the counselling process and the steps that you follow from the time when a person presents to you with bereavement up to the time when you will consider counselling process to have ended?**
**Where do you start treating the bereaved?**

**Participant**: Establishing rapport by introducing each other
Reporting to the ancestors about the client's presence: Bone throwing. You tell him of his background. His family set up
Telling him his problem
Telling him the cause of the problem
Finding out about the cause of the problem
Intervention

**Researcher: Can you describe to me the techniques that you follow in helping people who are going through bereavement?**

**Participant:** The only way that I know to be used traditionally in treating and managing bereavement was always through performance of rituals and the cleansing of the members of the family, clothes of the deceased and the whole household to prevent the deceased from causing problems among the living relatives. The rituals are the same as I have explained earlier where we prepare a soft porridge and mix it with *vhulivhadza* and let every member of the family eat it. These were methods that were used long time ago and we are still using it even today.


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