WOMEN'S EXPERIENCES ENCOUNTERING LOSS AND GRIEF IN NYANGA, WESTERN CAPE

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A full thesis submitted in fulfillment of the requirements for the degree of Masters in Social Work. Department of Social Work, University of the Western Cape.

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DECLARATION

I declare that *Woman's experiences encountering loss and grief in Nyanga, Western Cape* is my own work, that it has not been submitted for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged by complete references.

Hilary Follett McLea   November 2013

Signed: ....

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KEYWORDS

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Grief

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Poverty

Health

Violence

Community

Faith

Context

ABSTRACT

Research on loss and grief is based on Western contexts and assumes a level of safety and security within which bereaved individuals can be supported in coming to a resolution of their loss. The lives of women in Nyanga are however marked by various forms of violence and insecurity. Secure housing, stable employment and regular household income are not asswned. Individual physical safety is not assured either inside or outside the home. In this context grief and loss is experienced on such a scale that it has become normative rather than the exception.

The aim of this research was to explore women's experiences of loss and grief in Nyanga. The objectives were to explore and describe these experiences and the contexts that influenced these experiences. The researcher has adopted a qualitative phenomenological research approach using in-<lepth interviews with women experiencing loss and grief following violent death. The population will be women experiencing loss and grief in Nyanga, Western Cape. Non-probability snowball sampling was used. The sample size was determined by data saturation due to the phenomenological nature of the study.

The findings were primarily the loss of a sense of family, of overall health and long-term economic insecurity. Coupled with this was the inability of government and community structures to offer support. Prolonged grief was a finding. Personally developed systems of support were uncovered and the importance of spirituality and prayer was noted. The context was violent deaths. lt was found that these deaths are multiple and commonly experienced. The location of the deaths was within the victims home or in the near vicinity.

Recommendations are made for work in economically deprived communities experiencing a high rate of violent deaths. These are for new ways to be developed to support and enhance family life and enable new ways of parenting. Governmental and community structures response to this phenomenon will require changes in policing and the Local councils role in the community. Guidelines for social workers working in such communities are for a focus on community models of engagement. Group support and group facilitation rather than a focus on casework with individuals is proposed. Harnessing the knowledge and skills of local women and working collectively is suggested.

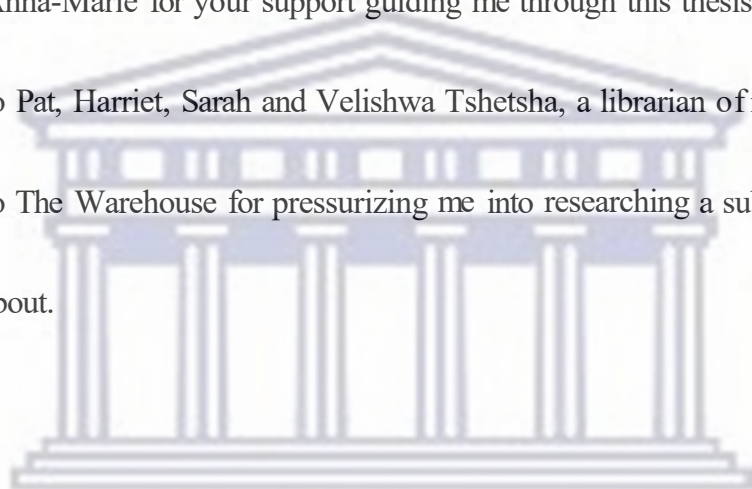November 2013

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CHAPTER ONE
INTRODUCTION TO THE STUDY

1.1 <u>Introduction</u>

Women living in poor communities live lives that are marked by various forms of violence insecurity and instability. The inability of individuals to change location or escape a situation of stress means that incidents that occur have to be dealt with in their context. Avoiding or excluding these factors is not an option for poor women. All the loss and grief ordinarily experienced, in the course of a life, is experienced.

The particular South African context in which it occurs with the multiplicity and intensity of experiences and the inability to move away from a setting makes the resolution of loss and grief more difficult (South African Police Service Crime Statistics, 2012/2013). In this setting grief and loss is so universally experienced as to be normative rather than isolated. Women in this context do not seek help routinely foe what they see as normal. Where help is offered it is unevenly spread and is not routinely or easily accessed. Most of the support offered is too difficult or too expensive, or out of reach of the poor to access satisfactorily. Nyaoga, with 56% unemployment is described as being the most dangerous and poorest part of Cape Town (City of Cape Town Census Data, 2001).

Research in the arena of loss and grief bas traditionally revolved around the individual, the risks and factors, which prevent healthy resolution to the recorded effects on a person and methods to alleviate symptoms (Parkes, 1996; Worden, 2003), The aim is to look for resolution of the loss. lt is assumed that resolution of the loss will lead to a more productive hfe being lived by the individual. One issue is

addressed at a time (Neimeyer and Baldwin, 2006). Poor communities however carry several losses concurrently and see this as normal (Rashe, 2008; Kaminer and Eagle, 2010).

1.2 **Literature review**

Loss is seen in the Western world as 'grief work' and theories were developed for satisfactory resolution of the loss (Parkes, 1996; Worden, 1982). Attachment theories looked for clues about coping with loss and explaining the wide differences exhibited (Bowlby, 1980; 1984; 1998; Wayment and Vierthaler, 2002; Field, 2006). This led into the treatment of complicated mourning (Rando, 1993).

A shift occurred with the first challenge to the 'stages' and 'work' theories (Wortman & Silver, 1989). Gradually the challenge to the idea of leaving the dead behind and reinvesting in new relationships was countered with the idea of the bonds between the deceased and the survivor continuing but in a different form (Klass, 1999). Oscillation between loss and restoration orientated processes tried to clarify what was actually being observed in real time (Stroebe and Schut, 1999; Stroebe, 2001a). A move to study 'resilience' and the constructs that make it possible for most people to cope marked a new direction (Bonanno, 2004). De-stigmatizing and understanding healthy responses to loss are being examined. Meaning reconstruction theory, showing that growth is possible as an outcome (using on-going attachment, capacity to make sense of life, finding benefit in the experience, and reconstructing the experience) is a model being commented on and studied by others (Neimeyer and Anderson, 2002; Neimeyer, Baldwin and Gilljes, 2006).

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The three major themes in thanatological writings in the Western world, the dominant position of grief theories, the medical focus of the topic and the effectiveness of grief interventions, are presented as a field which is growing and developing and is being rigorously questioned (Breen and O'Conner, 2007, Valentine, 2006). The rigid application of a particular, usually Western meaning system of the individual being the major focus of research is being challenged. It is being argued that new ways of understanding the subjective meaning of an experience in the context where they occur, which is culturally mediated must be researched (Manson, 1997).

Gender and multi-cultural aspects are now being understood as critical factors in the variable outcomes of grieving populations (Berzoff, 2003, Gillies and Neimeyer, 2006; Rothaupt and Becker, 2007; Stroebe, 2008). Religious or spiritual beliefs in the after life and continued attachment in the first world influence the individual in their bereavement. The role of spirituality and religion for those facing a traumatic death are influences which are not well understood (Benore and Park, 2004; Chapple, Swift and Ziebland, 2011).

Research in poor communities looks at 'continuous traumatic stress' and how this impacts on individuals and groups, how stress and grief impact physical health and how violence, experienced personally or as a community is transmitted through family systems and the ways this can be interrupted. A concept of 'Reasonable Hope' looks at what tools could be used to move people from passivity to action and protection in dangerous or recurrently violent settings (Leserman, Li, Hu, Drossman, 1998; Weingarten, 2003; Benjamin, Crawford-Brown, 2010; Weingarten, 2010),

Reporting on loss and grief in Africa is seen rather from a cultural, spiritual and community ritual base and looks at how these processes help with restoration and healing and meaning making. Therapeutic procedures are used as opposed to crisis intervention and are seen as creative and proactive rather than medical and analytic (Nwoye, 2005). In direct contrast to the Western model of support for the autonomous person's grief, adhering to community led customs is seen as more beneficial than operating as an individual (Rosenblatt and Nkosi, 2007). Different approaches to mourning, death, funeral practices, cultural rituals, influence of the ancestors and the necessity for the bereaved to appease them are the main research focus. The emphasis is the importance of these practices for keeping communities stable and prosperous and the negative effects if these rituals and practices are not followed (Hale, 1996; D'Sousa, 2000).

Loss and grief in the South African context spans from the classic Western understanding of being individualistic, private and able to be dealt with in a professional medical model to the descriptive and explanatory work of an African understanding of loss and grief being embedded in a cultural and spiritual and community base that is only understood collectively. Research from a first world premise of adequate resources to support the bereaved as an individual looked at context in 'complicated grief (Opperman and Novello, 2006) on conjugal bereavement amongst rural women (Somhlaba and Wait, 2008; Somhlaba and Wait, 2009).

Research from a Western perspective has been undertaken to illustrate the attempt to cross the cultural divide. Cross-cultural sensitivity is recommended when working in a context where western and traditional frameworks intersect (Nembahe, 1998). The

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contextual analysis of rural black women and depression and assessment of needs and group strengths and weaknesses (Brown and Brody, 2000) as well as assessment of grieving practices through specific cultures and communities (Kasiram and Partab, 2002) are all part of a new perspective of using rigorous methodology with group context and culture when dealing with loss and grief.

The traditions of various indigenous groups and the effects of the prescribed communally imposed rituals, the effect on women (who bear the major role in the prescribed actions) and the role of the ancestor's in understanding the communities' reactions to loss and grief were explored in experiences of the Batswana's experience of isolation due to stigmatization of widowhood. The phenomena of witchcraft in apportioning blame for distress and death is discussed as continued trauma, deaths, illness and losses are seen as a sign of the ancestor's displeasure and an explanation for further losses and distress (Manyedi and Koen, 2003; Ashforth, 2005).

The focus on inter-relationships between loss, grief, trauma and traumatic stress, which is experienced simultaneously given the high levels of communal (South African Police Service Crime Statistics, 2012/13) and personal violence (Rashe, 2008) is necessary in South Africa. 'Traumatic stress in South Africa' looks at this phenomena using what is known from Western research, with the lived experiences of people. Limitations of exploring the impact of trauma through the use of "highly structured tools developed in contexts other than our own" should be noted (Kaminer and Eagle, 2010: 149).

1.3   The Personal Cultural Structural Model as Theoretical Framework

It is clear from the literature review that loss and grief cannot be simplified to the Western understanding of the phenomenon but that various personal, cultural and structural issues should be considered.

Personal Cultural Structural Analysis (Thompson, 2002) will be used as a framework that counters the traditional emphasis on the individual at the expense of the social. It is used to appreciate the complexities of loss and grief. It is important to address three different but related levels of lived experience to avoid narrow psychological reductionism. The P (Personal level) looks at individual's feelings, actions and attitudes. The C (Cultural level) looks at shared assumptions, meanings, things that give us a framework of values and beliefs that are part of our individual and group identity. The S (Structural level) looks at the structures of society and the network of power relations and divisions that underpin it.

1.4   Problem formulation

It is clear from the literature review that loss and grief cannot be simplified to the Western understanding but that various personal, cultural and structural issues should be considered. This is particularly evident in the South African context where loss and grief occurs with the multiplicity and intensity of experiences and the inability to move away from a context where loss and grief is so universally experienced as to be normative rather than special.

The researcher has conducted previous research with women in Nyanga with the title: "Developing tools to help women in poor communities in Cape Town manage the effects of loss, grief and continuous trauma through church based groups." The research was registered with the HSRC. The research was quantitative of nature, using the Beck Depression Inventory and the Beck Anxiety Inventory. Four further groups were run followed by a review of their efficacy in December 2011. An evaluation of the process was undertaken using the Associative Group Analysis method (AGA) developed by Lorand B. Szalay (1973 and 1982), who use an inferential approach to study subjective culture/belief change amongst distinct groups. A review report was produced in June 2012. During this report the researcher realized that the research did not include the lived experiences and voices of these women. The researcher wanted to explore and understand the personal experiences of the women better and therefore decided that more research should be undertaken. This research was then done to fil) the gap.

1.5 <u>The research question</u>

The fact that there is a definite relationship between the lived experiences of the bereaved and the context in which they find themselves resulted in the researcher asking the following research questions:

- What are the experiences of women when they encounter loss and grief?

- What contexts or situations influence these experiences?

1.6 <u>Research goal and objectives</u>

The goal of this research was to explore the lived experiences of women encountering loss and grief in Nyanga, Cape Town.

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The objectives of the research were:

- To describe the lived experiences of women encountering loss and grief;

- To explore and describe the contexts or situations that contributed to these experiences; and

- To provide guidelines to social workers when working with women from a non-western perspective in handling loss and grief.

1.7   Research methodoloc

1.7.1   Research approach

A qualitative research approach was used for the study. The qualitative approach is described as 'a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem' (Creswell, 2009:4). This approach attempts to explore and describe a phenomenon from the participant's perspective. It is a method which will allow for an emergent design. The initial plan cannot be tightly prescribed as the researcher enters the field and it may change as information is uncovered. It is interpretive as both the researcher and participant all interpret and multiple views of phenomena can emerge.

1.7.2   Theoretical approach followed in research methodology.

The research design was Phenomenology. This method of qualitative research is employed when a phenomenon is experienced by a group of individuals (Creswell, 2009). The phenomenon in this research was women coping with loss and grief. The

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critical element to this approach is the focus on lived experiences. The experiences are real for the participant, and can be described and not merely analyzed or explained. This method of research includes the "what" and the "bow" of the lived experiences (Creswell, 2009). The focus of this study was to understand the essence of a lived experience, loss and grief as a result of death. This was compiled by studying a small number of participants through extensive and prolonged engagement to develop a pattern and relationships of meaning (Moustakas, 1994). This method will assist in understanding the effects of the phenomena and ways to ameliorate these (Van Manen, 1990).

Phenomenology is not only a description, it is also seen as an interpretive process in which the researcher makes an interpretation, keeps an overarching focus on the topic as a whole and balances the parts of the writing to the whole (Van Manen, 1990). The researcher chooses between different meanings of the lived experiences that focused less on the researchers' interpretations and more on the description of experiences.

Phenomenology includes the "what" and "how" of the lived experiences (Creswell, 2009). A textural description (what the participants experience) and a structural description (bow it was experienced in terms of the conditions, situations or the context) were combined to convey the overall essence of the experience of women coping with loss and grief.

t.7.3 **Population**

Babbie and Mouton (2008) describe a population as a group of people who have knowledge of a particular phenomenon. The study population included women from the magisterial district of Nyanga in Cape Town. Their experience of loss and grief

were the criteria for inclusion. They have directly or indirectly experienced a death. The research focus was on coping with loss and grief rather than a specific death.

1.7.4 Sample choice and size

Non-probability snowball sampling, where each population wlit does not have an equal chance of selection and where there is no claim to be representative was employed (D'Cruz and Jones, 2006). Individuals were selected who would best help the researcher understand the research problem and the research questions (Creswell, 2009). Information that was already known by the researcher was used as the individuals make a purposeful contribution to giving information about questions that were asked. The sample was selected from women who have experienced a death no longer than twenty-one years and no less than one year prior to the event. Women between the ages of 30 and 75 were interviewed. The size of the sample was dependent on data saturation and eight women were interviewed when data saturation was reached.

I.7.5 Data collection

Data collection was used by in-depth face to face interviews and it was done through prolonged engagement with the participants. Probing for further information was executed in the interview about the information that was verbally given by participants.

All interviews were recorded and transcribed for data analysis purposes. Phenomenology seeks to find out what the participants know rather than directing them to pre-selected questions. Two questions were asked to focus the information needed for data collection as indicated by Creswell (2009):

- What has been your experience of grief and loss?

- What situations or contexts have influenced you or affected your experience of loss and grief?

t.7.6 Pilot study

Yin cited in Creswell (2009) emphasized the importance of a pilot study to refine data collection plans and develop questions. A pilot study was undertaken prior to the research to be sure that the researcher could answer the research questions. It alsi ensured that the questions being posed provided the 'lived experiences' of the participants.

1.7.7 Data Analysis

Phenomenological analysis requires a structured design for analysis of the materillll collected. The method chosen for this research is that of Creswell (2007: 159).

The data analysis approach that was followed encompassed the steps outlined below:

The researcher started by giving a description of her personal experiences of the loss and grief. This was done in order to achieve 'bracketing'. During the research study a reflexive journal was kept.

The interviews were read through several times to identify a list of significant statements about how the participants experienced loss and grief. Each statement was given equal weighting, and a list was developed of statements that are not repetitive or overlap in any way with each other.

The significant statements were grouped into larger units of information or themes as "textual description" (what the participants experienced) and were written including verbatim examples.

A "structural description" (a reflection on the setting and the context in which the phenomenon was experienced) was written.

A summary of the textual and structural descriptions were compiled as the full picture of the essence of the experience.

1.7.8 Trustworthiness

The matter of trustworthiness in a naturalistic enquiry is open-ended (Lincoln and Guba, 1985). The research was conducted in such a way that the findings were credible. Methods to enhance credibility included persistent observation and spending enough time to establish a trusting relationship with the participants. Data, analytic categories, interpretation and conclusions were tested with participants through member checking (Lincoln and Guba, 1985). This is a crucial technique for establishing credibility. The researcher using qualitative research cannot separate values (research position) from how the research question is understood and how the research is conducted. Conformability should therefore be done by consultations with participants, as well as reflexivity (Lincoln and Guba, 1985).

Personal distortions have been accounted through reflectivity and by acknowledging the context of the researcher. Reflexivity was critical for this work because of the phenomenological nature of the topic. The researcher has to reflect on how their biases, values, and personal background, history, culture and socio-economic status could mould their interpretations made during the study (Creswell, 2009).

The use of "bracketing" common to phenomenology was employed where the researcher's own experiences were deliberately excluded and a new perspective was allowed to emerge from the study of the experiences of women living with loss and grief in Nyanga, Cape Town. Moustakas (1994) emphasized that researchers must override their own interpretations of descriptions as much as possible and examine tbi phenomena fresWy. A reflective journal was compiled during the research. Thick, rich descriptions were used during the findings as external validity is not possible to achieve in qualitative research.

1.8. Ethical Considerations

All research should be done within an ethical framework. Anonymity of the participants was assured by making use of aliases instead of real names. De Vos, Strydom, Fouche and Delport (2011) describe important aspects of ethical research. No harm was done to participants. The purpose and the reason for the research were explained and nothing was kept from the participants. The need for recording of the interviews was explained. Confidentiality was assured by handling infonnation in designated ways, aliases were used in any reports and no personal details divulged. Participants were informed of possible negative effects that could result from the research. (Annexure 1: page 191)

Measures to protect participants from any harm and allow them to withdraw at any time during the process with no ill effect were in place (See: Introductory iofonnation and consent form: Annexure 1). Because the topic being investigated related to traumatic circumstances in participants' lives, they were guided to professional support (provided by local non-government-organizations or Governmellt Departments). An informed consent form for the participants to sign before tbey

engaged in the research acknowledged that participants' rights were protected during data collection (Creswell, 2009). Participants were advised that they would be free to see the results of the research. Participants were respected at all times and included in the work in an accountable manner. Babbie and Mouton (2008) described this principle of conducting socially acceptable, responsive and responsible research.

1.9   Chapters to follow

A guide to the chapters that are listed below is to create an overview of the work as a whole.

Chapter Two   - Grief and Loss as a result of death: A literature review is made of the field of loss and grief relating to physical death. Major theories are reviewed and specific literature pertaining to Africa and South Africa are surveyed.

Chapter Three - Structural loss and grief in absence of death: A literature review of the field of loss encompassing non-death scenarios is presented using the PCS model (Thompson, 2001). Its basic premise is that social reality is based on the interactions of three simultaneously experienced levels of loss; the personal, the cultural and the structural.

Chapter Four - Research methodology: A review of the theoretical framework underpinning the research design and methodology chosen explains the reason for the choices made. A hermeoeutical phenomenological framework was chosen with in-depth interviews to facilitate hearing the participants. The design was social constructivism to allow the setting to inform the researcher about the phenomena.

Chapter Five - Findings of the research: Themes, major categories and sub categories of the data analysis were compiled to facilitate the discussion of the findings. The three major themes were, Loss experienced by women, grief experienced by women and violent deaths as context of loss and grief.

Chapter Six - Conclusions and recommendations: A review of the findings, suggestions for implementing change and further research are made proposed suggestions are made for Social Workers when working from a non-Western perspective, in handling loss and grief in poor communities.

CHAPTER 2

GRIEF AND LOSS AS A RESULT OF DEATH

2.1 Introduction

Interest in how people grieve following the death of a person known to them is the subject of this chapter. The interest initially grew as psychiatry and psychology have developed as academic disciplines. What has been the experience of humans that our life span is not endless and that all will die, is now the subject of a growing body of research. The investigations, initially lead by a medical model and interested in bow the individual bas changed over time to one encompassing insights gleaned from other disciplines and widening its scope to encompass a broader view of the context, culture and other influences which alter a person's reactions to grief. The effort to understand the process, its effects, and ways to manage the outcomes have not stopped. Use of original literature is necessary despite its age as it forms the foundation of the topic.

2.2 Theoretical frameworks on loss and grief

Literature concerning grief and loss in the context of death and dying must start with the ideas of Freud (I957) who, within the psychodynamic school of thinking, proposed that the work of grief was to detach from the deceased, reinvest in other relations, and saw it as a situation to be overcome.

The focus on intense, introverted, emotion-focused activity and recovery was judged on undertaking grief work or cure. Kubler-Ross's "On Death and Dying" (1970) brought loss and grief into the non academic world as something observable that can be embraced if understood as a natural human phenomenon and viewed without fear. She described five 'stages', which were to be experienced if grief was to be satisfactorily resolved. These were denial, anger, bargaining, depression and acceptance. This model was expanded later to apply to grieving generally and not only to the dying process. It has been challenged, as the existence of these stages as such have not been demonstrated and no evidence exists to show people actually moving through the stages. There is also no account taken on the context in which loss and grief occur which can make a difference.

Several other large studies were undertaken in describing the condition of Loss and Bereavement (Parkes, 1996). He also described grief as being a 'psychosociall transition', which moved through 'stages' and saw the process as four distinct phases. These were; shock and numbness, yearning and searching, disorganization and despair, and reorganization. A contrast was provided by Worden (1982), who saw grief as matter of achieving 'tasks'. He proposed four distinct tasks: to accept the reality of the loss, to work through the pain of grief, to adjust to an environment in which the deceased is missing, and to emotionally relocate the deceased and move on with life.

An important shift in understanding loss and grief was in the development of attachment theory. Although not directly associated with death-related losses, it focused on the 'attachments' that children make and the development of identity and a sense of security. Those who lack secure attachments are likely to have difficulties

establishing a secure sense of self and struggle to form secure relationships. This will have a bearing on how people manage loss and grief when a significant attachment is broken through death. It sought to explain the wide differences exhibited between individuals in their grief reactions (Bowlby, 1980). This led into the treatment of complicated mourning where the investment of emotional energy in a particular person or a thing, described as 'cathexis', is lost when a relationship is lost. This means that the tasks of adolescence, becoming independent from your family and forming a separate new identity, will be more complex if a parent, whom you are trying to separate from, dies. So too the parent dying before their children reach adulthood can result in complex grief (Rando, 1993).

All of the theorists up until this point were focusing on understanding the individual as needing to be cured of their grief or having to perform tasks in order to recover from the effects.

A major shift occurred with the first challenge to the 'stages' and 'work' theories. Wortman and Silver (1989) countered the idea of leaving the dead behind and reinvesting in new relationships with the idea of the bonds between the deceased and the survivor continued, but in a different form. This concept was taken up by Klass (1999), who proposed a cross-cultural model of grief. Thinking about and feeling the distress of a loved one's absence, rather than being signs of a failure to 'let go' could provide the opportunity to work through the unfinished business of a relationship and understand the contribution the relationship made to an individual. It would help people to hold onto new ways of holding onto a relationship with the deceased.

The 'Dual process model' developed by Stroebe and Schut (1999) attempts to understand the lived experiences of the bereaved. It highlights the complexity exp rienced in grief reactions. It proposes that is it possible to experience the two phases (loss orientation and restoration orientation) within a period of time. It aims to clarify what is actually being observed in real time, as individuals show an ability to move in and out of different spheres without difficulty and negative consequences. The movement allows a balancing of psychological and social realities in grief. It also acknowledges that social, cultural and cognitive dimensions all contribute to reactions to loss (Stroebe and Schut, 1999).

Resilience health and positive coping constructs that make it possible for most people to cope was described (Bonan o and Field, 2001). A percentage of the bereaved can point to positive growth through their experiences even if this takes time to accomplish. Now, not all bereaved individuals are seen as patients needing therapy, but as humans managing their experiences of grief and loss with the skills they have acquired in others areas of their life. It is what they bring to the process of grief and loss that is of interest to these theorists rather than what they are lacking.

Stigmatizing and understanding healthy responses to loss are being examined. Meaning Reconstruction Theory, which shows that growth is possible as an outcome (using on-going attachment, capacity to make sense of life, finding benefit in the experience, and reconstructing the experience) is a model finding resonance with the bereaved (Neimeyer and Anderson, 2002).

The medical model of loss and grief has been developed and theories about the process and what helps and hinders explored. The new direction, particularly in Western societies, is to further develop the medical model by Departments of

Psychiatry and Psychology, proposing further diagnostic criteria (Berzoff, 2003; Gillies and Neimeyer, 2006). Psychotherapy for complicated bereavement looks at best practice in the Western societies, which requires psychotherapeutic training and a specialized knowledge of bereavement (Neimeyer and Wogrin, 2008). Researchers demands to have 'complicated grief listed as a category within the DSM-N (American Psychiatric Association, 2000) in America is growing. The research looks at complicated grief as a distinct disorder (Prigerson and Jacobs, 2001). The 'Handbook of Bereavement Research' under the auspices of the American Psychological Association is the comprehensive literature review of the medical model responding to loss and grief.

A large body of literature exists which describes what practitioners want to know in their settings. Bereavement as a result of murder (Riches and Dawson, 1998), suicide (Freeman, 1991), loss and trauma in childhood (McCarthy, 2006), spiritual beliefs and their influence (Becker, Xander, Blum, Lutterbach, Momm, Gysels and Higginson 2007; Benore and Park, 2004; Furman, 2007) and AIDS related grief (Hansen & Tarkeshwer, 2006; Ingram, Jones and Smith, 2001). The use of narratives and story-telling (Bosticco and Thompson, 2005), sleep patterns in older bereaved spouses (Richardson and Lund, 2003) and the use of support groups (Steiner, 2006) all point to the growth of interest in focused groups and situations and the body of literature expanding this field of work.

There is now enough material for reviews of the whole field to be undertaken (Stroebe, 2001 b; Rothaupt and Becker, 2007) and gender and multi-cultural aspects are being noted. Context and relevance are being incorporated into research, which tries to define 'normal' and 'complicated' in a Western setting (Breen and O'Conner,

2007). The complex synergy of trauma and grief is now being understood in tenns of how the bereavement is being experienced (Neria and Litz, 2:004).

2.3   Loss, grief and bereavement in the non-western world

Very little has been written about grief and loss in other pants of the English-speaking world excluding first world countries but this is changing.

Counseling offered in conditions of poverty and bereavement in the Caribbean, multi-ethnic and multicultural society (Marshall, and Sutherland., 2008) and the effect of depression amongst low-income women in India (Pereira and Andrew, 2007) show the range of work being done in isolated communities. Scheper-Hughes, 'Death without weeping' (1992) looks at women from the slums of Brazil and how they distance themselves and fail to care for and then grieve their sickly new born children. As a study of the effects of poverty and the resulting infanticide it is unique in its subject matter.

2.4   Loss, grief and bereavement in African contexts

Group support is described in terms of culturally sensiltive appreciation of poor communities in a single article (Hunt, Andrew and Weitz, 2007).

Grief in Africa is seen rather from the point of view of the cultural, spiritual and community based rituals extended to a bereaved person and how these processes help with restoration and healing and meaning making. Therapeutic procedures are used as opposed to crisis intervention.

The major goal of African 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 (Nwoye, 2005). Adhering to community-led customs is seen as more beneficial than operating as an individual (Rosenblatt and Nkosi, 2007). Spiritual beliefs are held by different groups and are communal in nature rather than individualistic with invisible powers flowing from the ancestors.

2.5 Loss, grief and bereavement in South Africa.

2.5.1 First world research fields

The field of bereavement research 10 South Africa has encompassed both first-world research interests and those generated by local conditions. The first-world focused research implies a resource rich environment for work with individuals in a psychotherapeutic setting.

South African literature on this topic spans the first and third world components described above. The current interest in the concept of complicated grief (Neimeyer and Wogrin, 2008) is used as a basis for proposing the need for contextual exploration. The single article on the topic of complicated grief (Opperman and Novello, 2006) and two articles on 'psychological adjustment to conjugal bereavement amongst rural women' (Somhlaba, and Wait, 2008; Somhlaba, and Wait, 2009) presuppose first world resources for support and psychological help. This literature is generated from a first world academic research environment and it accesses and compliments international research interests.

2.5.2 South African focused indigenous research fields of interest

A new research focus is on the interplay of context, culture and sociopolitical influences. This research takes into account the poverty, deprivation and levels of violence and trauma that is part of the bereaved individuals' experience in South Africa and South African differing customs and traditions are explored as is the rapid urbanization of formerly rural populations bringing changes in the experiences of grief and mourning.

The contrasting literature and greatest volume of work in South Africa describes the traditions of various groups and the effects of the rituals used. Another focus examines the context of poverty, both rural and urban and the HfV/AIDS pandemic and women's issues in bereavement.

2.5.3 Traditions and effect of rituals

Burial societies, (socio-religious groups rooted in African cultural and religious traditions) have a stabilizing contribution through a network of practical and spiritual assistance (Warnecke, 1994).

The funeral rites of the amaXhosa are described as therapeutic procedures, which encourage full mourning, as opposed to the Western notion of only providing crisis intervention to those who show signs of acute distress which does not abate (Solomon, 1995).

In the Zion apostolic churches of Venda the rituals are intact and promote bereavement as a shared experience, with a movement of collective participation, then social isolation, followed by reincorporation into the community (Selepe and Edwards, 2008) Individuals grieve in their community.

A critical analysis of socio cultural context, belief in an after-life, reunion with ancestors, and beneficial beliefs are explored. Jali (2000) looked at Zulu customs and (Bopape, 1995) examined the BapedLi framework of mourning and bereavement.

2.5.4 African Independent Churches

The African Independent churches of South Africa, with roughly ten million adherents, offer a holistic communal spiritual form of healing. Prophets and faith healers contribute the largest group in South African who offer 'community helping resources' (Selepe and Edwards, 2008). In this sense: they offer community psychology in the context of their church. All other church members nation-wide are offered only the rituals and form of burial and prayers and funeral service that are prescribed.

2.5.5 The AIDS pandemic

The HIV/AIDS pandemic has resulted in a surge of interest in the grief that results from multiple deaths of the economically active with almost half of all deaths being in the age group 30 - 39 (Budlender and Lehohla in Statistics, South Africa, 2002). The impact on care givers and the specific needs of the bereaved it creates shows that the coping strategies and the reactions are the same as those of the bereaved in the Western world, but in a context of minimal mental he:alth services for support (Demmer, 2010). HIV/AIDS deaths and the corresponding sense of powerlessness meant people have bad to reframe their coping straltegies and this included 'suppressing emotions; seeking comfort and strength from one's spiritual beliefs; and maintaining an optimistic attitude about the future' (Demmer, 2007b).

Social context is addressed in literature on the transition experienced in township communities where traditions are in flux (Bak, 2008) and how funerals are changing with the numbers of young economically active adults dying from HIV/AIDS and the grief influenced by the age and varying poverty levels of the deceased (Demmeir 2007, Demmer and Burghardt, 2008).

2.5.6   Impact of poverty

It is not always a supportive environment and stress, isolation and stigmatization occur (Manyedi and Koen, 2003). Widespread poverty and the effects of social transitions from a rural to an urban life style makes grief more about the effects of poverty. The prescribed 'ukuzila' mourning rituals are seen as a threat to others, la struggle with witchcraft as a cause of death or as an accusation toward the widow from the husband's family may be made (Rosenblatt and Nkosi, 2007). An analysis of rural black women and depression (Brown and Brody, 2000) examined the context of the subjects.

2.5.7   Impact of trauma

The benefits of the experience of traumatic bereavement are noted (Roe-Berning, 2009). It reported survivors of a traumatic bereavement showing the greatest amount of growth and survivors of crime reporting the lowest. A study in post trauma meaning making (Polatinshky and Esprey, 2000), was referenced by researchers looking at South African survivors of traumatic bereavement (Kaminer, Booley, Lipsbitz, and Thacker, 2009). They describe the outcome of trauma as being not purely negative or positive, but often a complex mix of the two.

2.5.8 Women's issue

These three themes of women's issues being tightly interlinked with their economic status, level of trust with the spouses family, their insistence (or otherwise) of complying with traditional mourning rituals which are prescribed in a matriarchal society, and the family's views about the cause of death all have a major impact on the grief experience of the widow (Rosenblatt and Nkosi, 2007). The women being the avenue of care and emotional support in townships in holding families together is part of the gendered power processes at play in poor communities in South Africa (Bak, 2008). Women are given the role of the bereaved. No literature was found about the effect of loss on black men either individually or in groups. It is seen as a woman's 'work' (Rosenblatt & Nkosi, 2007).

2.6 Conclusion

Investigation into the reasons and causes and methods of managing grief and resilience are well documented. Research, which presumes that the support services available to first world bereaved are available to all, may not be applicable to the South African context. The findings have nevertheless formed a core body of information from which to launc;h context and culture specific work which is not exclusively individual and person centered.

This South African literature presumes that access to psychological support and resources is severely limited or non-existent for the majority of the population and views grief and its effects in a communal and contextual manner.

CHAPTER THREE

STRUCTURAL LOSS AND GRIEF
IN ABSENCE OF DEATH

3.1 Introduction

Loss and grief are foundational experiences of a human's existence. However the majority of literature on this subject bas been centered on death related loss. Whilst not negating the importance of understanding loss and grief related to death, it bas limited the scope of work in the much larger field of loss and grief as it is experienced by human kind. The major focus bas been individualistic, led by the research of psychologists and psychiatrists and rising out of a medical model that sees loss and grief as symptoms to be managed to improve overall health as illustrated in chapter two.

Loss and grief are however also produced in non-death situations and powerfully shape people's lives. The field is vast but a review of some of the major arenas of loss and grief will be attempted. The theoretical model, which will form the basis of this chapter, is that propounded by Thompson (2002) who saw the need to move beyond the individualistic and death focused paradigm to encompass wider social issues as a result of non-death situations to develop a fuller and more complete understanding of loss.

3.2 The PCS model as theoretical framework

Thompson (2002) formed his ideas as a result of contemporary developments in loss and grief theory in order to question conventional wisdoms and take forward the

debates in new directions. His major challenge to those working in thjs field was the limited range of experiences possible under previous theories. He named his model the PCS model. It was designed to avoid the psychological reductionism of the earlier works and looks to address interrelated but different levels of the loss and grief. It is founded on the understanding that our social reality is based on the way these three levels interact with each other. Inequalities and discrimination are exposed in the social interactions of individuals, in their interactions with their social setting and the structural setting of the broader society.

These levels are the *personal,* the *cultural* and the *structural* levels. They are closely interlinked and in constant interaction with each other. The *personal* level relates to the personal or the psychological. It includes our thoughts feelings actions and attitudes about others. The *cultural* level *of loss and grief* relates to the values, beliefs, codes of living, shared assumptions and meanings that make up our individual and group identity.

Anti-Discriminatory theory relates this to the commonalities, the values and patterns of thought and behaviour, a consensus about what is right and what is normal (Thompson, 2006). It relates to the communally held values and patterns of behavior and thought. It results in conformity to the social norms of a group. It is the level of shared meanings and includes the notions of culture, belief systems, religion and nationality. It is the 'unwritten rules' or assumptions of a group. It is 'the interlocking patterns of power and influence. It determines what is regarded by a group as being thought 'normal' (Thompson, 2006:28).

The *structural* level of loss and grief relates to the way society is constructed and the web of power relations and social divisions that operate in it. It is also linked to the

way oppression and discrimination are codified and made the basis of society; the divisions of race, gender and class that are its products (Thompson, 2002)

The PCS model assumes that social reality is based on the interrelatedness of all three levels. To focus on one level at the expense of the other two is to convey a less than complete picture of loss and grief. It attempts to be as holistic as possible.

A review of loss in context; how it is experienced by individuals in their personal, social and structural lives will be offered with different arenas explored.

3.3   Loss of meaning:

The loss of meaning presupposes an idea of what constitutes our lives and therefore is able to be seen as a loss if it then becomes absent. The experience of loss, combined with a loss of meaning and purpose has a profoundly spiritual aspect to it. Making meaning of the loss and finding resolution is "to achieve emancipation at the deepest levels, personal, emotional, communal, spiritual and political" (Thompson 2001:43).

If people believe that they learn the most about themselves in times of significant loss or failure it will be seen that these events compel an assessment of one's assumptions to see what must be done differently. The same applies to significant arenas of loss in people's lives. The loss experience compels one to face the question of meaning. It is the question that enriches but also perplexes the human spirit. One is forced to face the existential question of what it means to be human both individually and collectively. Existentialism is a philosophical theory or approach that emphasizes the existence of the individual person as a free and responsible agent who determines their development through acts of the will. In the face of loss and the search for

meaning this becomes the sphere of spirituality, the search for ultimate meaning (Thompson, 2002).

For people who belong to a particular faith community, spirituality has a clear set of articulated principals, which define the belief system and help the believer to understand their lives and their significant losses. Within faith communities there is an understanding of a 'being' that has a profound interest and concern for their lives and their losses. They all will relate to this other 'being' (God, Allah or Yahweh or some 'other'), who gives them a sense of their purpose and meaning in life. They can accept that spirituality is about a mental and emotional relationship and the ultimate meaning of life may never be fully answered in human terms. In that sense, spirituality is an awareness of dealing with the omnipotence of a deity having unlimited power and ability to do anything and it is not a measurable set of variables (West, 2000). Others equally deny a spiritual dimension to their understanding of human experience and find other methods to discover personal meaning in life (Brandon, 2000)

In terms of the PCS model this means that loss may be experienced by individuals on a level of personal faith; anger with the deity, confusion over their perceived lot in life and understanding perceived injustice. This is described as "a feeling of meaninglessness and emptiness." (Thompson 2002:40) Loss may be experienced in terms of their relationship with the values and beliefs of the established religious structure they adhere to; the assumption that grief and loss rituals and behaviour is gender specific work, that the leadership of religious groups is largely male and where women are in leadership this has come after a time of struggle. Minority groups (gays, lesbians and bisexuals) live in an ambiguous relationship with the authority systems

and are treated differently from others. These experiences of loss are led by a cultural value that values some more highly than others (Thompson, 2002; Peterkin and Risdon, 2003).

Loss on the structural level may be experienced in the power relations and social divisions that exist in spiritual groupings and status in a spiritual grouping being governed by gender and class. Spirituality is a key ingredient in the cultural upbringing and socialization of people of colour. Their religious and spiritual beliefs are affected by experiences of racism and oppression that then affect psychological coping. Awareness of spirituality and cultural diversity is seen as significant (Cervantes and Parham, 2005).

Religion is a political force which shapes the struggles for gender equality. Private issues (related to family, sexuality and reproduction) have become sites of intense public contestation between conservative religious actors who want to regulate them and feminist and other human rights advocates basing their claims on pluralist and time and context specific solutions (Razavi and Jenicben, 2010).

Thompson (2002) sees the spiritual quest for meaning resulting in passion for and a sense of needing to work against perceived injustices on a structural level. The advent of what was termed 'liberation theology' by theologians writing in the twentieth century was a prophetic response to perceived injustices. It was a response to communities with deep-seated oppression and living under restrictive and oppressive political systems. Early writers were from South American countries where this situation existed and resulted in a spiritual response from religious leaders (Gutierrez, 1988). This direct confrontation of structural inequality and division was led by faith based religious writings, which favored passion and justice for the poor.

The poor are poor in material ways but also are poor in power to change the status quo when inequality and loss exists. The role of spiritual challenge is to act on behalf of the poor and be a voice for them to the power structures of society. Examples of this position are Bishop Dom Heida Camara from Brazil (1923 - 2013) who lived out his deep-seated commitment to justice for the poor. "The untenable circumstances of poverty, alienation, and exploitation in which the greater part of the people of Latin America live urgently demand that we find a path toward economic, social, and political liberation. This is the first step towards a new society" (Gutierrez 1988:89).

Archbishop Desmond Tutu of South Africa who was vehemently opposed to the pre-1994 ruling party and its oppressive political system (Hulley, Kretaschmar and Pato, 1996) took a prophetic stance and saw him self as a voice for the poor, who had been silenced. Not all religious leaders and followers could articulate this stance. An assessment of churches that conformed to a world of racial domination and privilege show the difficulties of attempting to change prevailing norms and structures (Villa.-Vicencio, 1988).

An Afrocentric orientation in Black theology is proposed as a moral resource for a new generation of Black pastors and theologians to create a theology of liberation from their own history and culture. Some Black churches argue that Afrocentricity is a hostile diversion from faith in Jesus Christ. Afrocentrists in the main, claim that Christianity is irredeemably Eurocentric and stunts the development of people of African descent. A concept of double belonging; one that can be nurtured by and belong to African and Christian traditions at the same time is described. It is seen as being a liberatory idea, free of the sense of powerlessness and inferiority that marked the advent of the Christian faith in Africa (Clark, 2013).

3.4   <u>Loss and race</u>

All humans are beings belonging to the same 'race', that of *homo sapiens*. The colour in human skin is caused by the differing levels of melanin. This difference has been used to differentiate between humans. The word 'race' is a contentious one and is socially created rather than having a biological source. The politicization of this process of differentiating people on the basis of skin colour, results in a socially constructed response, which is termed racism. Biological and social traits mark the method, and style and assumptions one has about another. It is a distinguishing action (Dominelli, 2008).

The PCS model's views about the experience of racism on the personal level concerns the messages that people receive about themselves from others through the words that are used: how they are spoken about and spoken to. These are as a result of stereotyping and discriminatory assumptions. A loss of self-esteem and self-hatred through the idealization of the dominant group and the devaluing or their own group is the result (Thompson, 2002)

Racism experienced on the cultural level leads to the internalizing of negative beliefs and negative feelings about themselves and about others of their group. On the structural level the losses experienced in racism are embedded in the institutional power relations. Those who control a society's resources limit access to economic and social goods and decide who is a worthy recipient (Thompson, 2002).

Another theoretical approach to inequality and oppression termed 'anti-racist' has been influenced by the idea that the dynamics of both overt and covert racism need to be understood to challenge the losses that groups undergo who are sidelined in terms of private, social and structural power relations. Oppressive policies and practices are

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understood to be endemic and not always acknowledged. The existence of racist dynamics in social relations is also unacknowledged (Dominelli, 2008).

Treating racism separately from other forms of oppress10n 1s regarded as unsustainable. People are subjected to several forms of discrimination simultaneously. Laird (2008) sees racism operating on three different levels. The individual level consists of personal attitudes that negatively prejudges and evaluates those who are Black. It includes behaviour based on these attitudes that actively discriminate against Black people. The second is the institutional level that includes policies, procedures and practices and outcomes of an organization that creates inequality in the way it treats Black people as compared to other groups. The third level is the cultural level that refers to ideologies, values and beliefs that confirm the superiority of a dominant way of life (Laird, 2008).

Racism is the acting out of social relations that has two dual elements, both the superior and the inferior elements that carry implications for those who oppress and those who are oppressed. Institutional and cultural racism are structural racism as social systems and power are used to sustain them. Individual personal racism is socially disowned, although it depends on structural racism to support it (Dominelli, 2008).

Relations of power and systemic inequalities are critical to the continuance of a racist social dynamic that makes specific claims for social resources and identity possible. Those who exercise power dominate or intimidate or impose a world-view. Identity is formed through being in social relationships and they make up a person's sense of self-worth. Knowing who you are in a context is as important as knowing whom others are and how you view each other (Thompson, 2006).

The anti-oppressive model developed in the social work area is a practice that is preoccupied with the implementation of social justice. It is located in the longstanding tradition of humanism. It is intimately bound up with the idea of improving the quality of life or the wellbeing of individuals groups and communities. It highlights specific social divisions, of which race is one, which are rooted in unequal power relations where one group dominates the other. This idea that individual identity and social existence is complex bas led different groups to work to reach their full potential while cherishing their cultural traditions and respecting the rights and dignity of others (Adams, Dominelli, Payne and Campling, 2002).

The sense of belonging to a community that is not in control of itself but is subject to others is the loss of all poor communities. It affects them on an individual, community and structural level. The inferior group are, "stereotyped; cast as deficient, non-contributors to broader society, and distanced from the superior group through processes of 'othering'. Those configured as inferior experience this racialisation through exclusion, deprivation, discrimination, humiliation, scapegoating, disparagement and denial of their humanity" (Dominelli, 2008). In a citizen led democracy the right to decent services, equal respect and equal access to levers of power will always be contested. The right of one group to dominate the other is premised on *difference,* in this instance racial difference, to distinguish who is part of the controlling group and who is part of the controlled group. The loss experienced by one group's dominance over another is part of the lived experience of the poor.

The most characteristic form of suffering due to racism, in South Africa is the suffering of humiliation. Anyone not legally classified as 'white' was treated as inferior not only by individual whites but also by the whole system of laws with their

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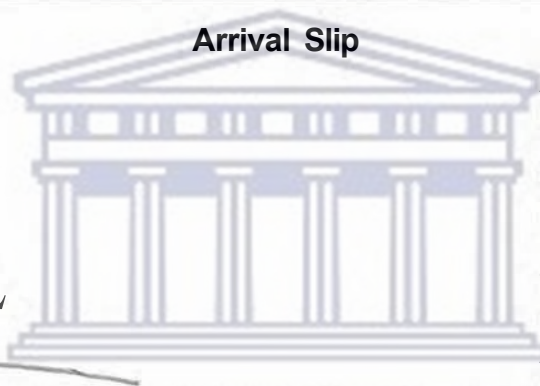
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'whites only' restrictions. This legislated humiliation, an attack upon the dignity of so many which was exclusively race based led to the internal and external revolt against lhe system that it created (Nolan, 1988).

 It can be described in tenns of the PCS model as operating across the three different levels. On the personal level it discriminated who had access to resources and power through legislation, which separated one group from another. On the cultural level it gave one group's culture and values - the White Western way of life - precedence over other cultures and their traditional values. On the structural level it elevated the concept of superiority and power to one dominant group over all others in a multiethnic and multicultural country. Loss was experienced on all three levels by those outside the dominant group.

3.5 Poverty and inequality as loss

The word poverty is a highly contested one. Words used to describe poverty, 'want,' 'indigence,' 'scarcity,' and 'deficiency' makes it clear that it is a condition to be avoided. It is the assumption of Thompson (2002) that those in poverty continue to experience inequality in their time of loss, but that these factors contribute to and complicate the sense of powerlessness and distress. Those socially excluded by poverty have less authority over their way of life and so discrimination and disadvantage continue to exist in their lives. Poverty condemns one to powerlessness on an ongoing basis (Bevan in Thompson, 2006).

This view of poverty sees earlier factual measurements of poverty as too narrow a notion, and that people beyond having physical needs are social beings with relationships in the home, in their community and the structures of society. These needs must be seen in a holistic light. Thompson (2002) asserts that poverty limits

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choice and control. lf illness, disability, old age or unemploy:ment is judged as making a person redundant or not able to make decisions for tlbemselves there will be elements of discrimination and rejection from tlbose who are in control of resources. This is particularly so when the notion of success is health, employment and effective social functioning. The way the dominant social group views itself leaves others disadvantaged.

The tendency of tlbose in positions of power to overlook pioverty and deprivation as loss is both dangerous and neglectful. It is argued that poverty is a cause of social exclusion, with those living in it at risk of poorer healtlb, increased chances of homelessness and an earlier death" (Jones and Novak, 1999). Personal and community experiences of poverty are as important to undel;stand as is the imposition of structural constraints imposed by outsiders that are not poor (Thompson, 2006).

Structural inequalities affect and reinforce attitudes, percelptions of tlbe self and the other. These attitudes affect tlbe quality and quantity of the services those in positions of powerlessness receive. This partly is a result of the ideological foundations that underpin policy. Policies inform and provide information for the creation of legislation of health, social welfare and housing. These policies see the poor as needing help not the poor as needing opportunity to have th ir rights addressed.

The dominant medical model emphsises an individualistiic approach that tends to pathologize rather than encourage people to take an active part in determining how their needs could be met. An individual in need is seen as a concern for paternalistic support rather tlban one that assesses the situation from a more integrated social model. This social model attempts to identify the causes of personal and social situations and encourages change of thinking to encompass how a society can provide

for the right of its members is addressed. The social model would call for the rights of individuals, and acknowledge that poverty is a disadvantage to be addressed (Thompson, 2002).

For all its diversity social work has from its inception been overwhelmingly a class-specific activity. Its focus is on those at the bottom of the social hierarchy who enjoy the lowest status, security and power. For this situation to change, society as a whole bas to reconsider its position on poverty and inequality and fundamentally challenge the contempt in which the poor are held (Adams, et al., 2002).

3.6 Loss of position, worth and influence

Practicing equality requires one to value 'difference' in lifestyles and identities rather than seeing one's own position as the accepted norm and demanding that others conform to this. Valuing 'the other' goes against the norms, of socialization that sees difference as inferior. This valuing of 'difference' is a diimension of life that anti-oppressive practitioners subscribe to as part of the complexities of life (Dominelli and Payne, 2002). Individuals' reactions to "difference' is not lto value it, but to wish to control or dominate it, replicate it or even exterminate it (Adams et al., 2002).

The works of Stroebe and Schut (1999), Neimeyer (2001) and Doka, (2001) have all influenced the way loss is viewed by theorists.

The 'dual process model' developed by Stroebe and Schut (1999) as described in Chapter 2 viewed managing loss as a fluid and complex process. According to this theory it is possible to experience two phases of managing loss (the loss phase and the restoration phase) within the same time scale. This implies that we oscillate between the two, rather than moving through a liner space and managing one loss at a time. It

explains loss management in terms of the meaning attached to it. Although originally developed to address the field of death loss it has been expanded to encompass the wider field as described in the introduction.

Neimeyer (2001) as described in Chapter 2 developed 'meaning reconstruction theory' which acknowledges the loss process as one in which the assumptive world is disrupted and new meanings constructed. This exploration is accomplished on practical, existential and spiritual levels simultaneously. All of this uses a fund of meanings, which are shared with others. It is not a work done in isolation. Neimeyer (2001) as described in Chapter 2 sees three contexts in which the meaning making occurs; sense making regarding the actual loss itself, finding if there can be benefit in the actual experience, and identity reconstruction in the light of the events. He sees the use of varying forms of narrative therapy to promote this critical path of meaning reconstruction. It is a method of seeking new significance in a world transformed by loss.

Doka (2001) an American sociologist, explored meaning as a significant aspect of managing loss. He used the termed 'disenfranchized grief' referring to experiences, which are not socially accepted and therefore lack the social support and established rituals of passage given by the family and community. Unrecognized sexual partnerships, stigmatic relationships in family work or social settings and losses with no resolution or explanation are examples. This resulting devaluing of certain losses is seen as a form of discrimination (Doka, 2001).

3.7   Divorce and loss

Marital relationships ending in a divorce are an experience of loss with an unending chain of events surrounding it. It is now generally seen as a type of bereavement. Separation is rarely felt with indifference. Because it is now so common it is mistakenly thought to be easier to manage emotionally (Kroll, in Thompson 2002).

The major loss is that of attachment and its significance to the individual (Bowlby, 1988). Second marriages have a higher breakdown rate than first marriages so children will experience parental separation more than once. Their capacity for trust and new attachments is reduced (Thompson 2002). The management of powerful feelings of loss by either parent and any children of the marriage must result in resolution or a way to manage the ongoing experience.

3.8   Adoption and foster care and loss

The event of children moving away from birth parents for foster care or adoption is a grieving for unrealized expectations of past relationships. It is marked by sadness, guilt and anger. Support for earlier losses is now seen as required for managing later transitions and building trust. It is necessary for each child to develop a sense of self-knowledge and understanding that they can then bring to the way they manage themselves, and their future relationships. Giving the events they experience the weight they deserve, as a loss to be managed and understood, relieves the child of feelings of guilt and responsibility.

The importance of building new family units must take the place of negative experiences of separation or loss. Successful outcomes in this process must take cognizance of the loss to be processed. Pre-placement preparation for the child, and

post placement contact with important people are beneficial (Romaine in Thompson 2002).

3.9 Disability and loss

Changes in the way disability is viewed have been under review. Two prominent theorists have emerged in explaining the relationship betweeu loss and disability. The first is Berger (1988) who saw it as a 'traumatic loss' and help was needed in managing it as it was a deviation from the norm. The second is Oliver (2004) who proposed that a social model of disability be developed as a response to the dominant understanding of it being a deviation. He argued that disabled people experience oppression, rather than loss, and that the solutions lay in changes in the political arena, not in the acceptance of their limitations through mental adjustments by the individuals concerned. He argued that the application of theories of loss from a psychological perspective kept the disabled in an individual model within the structures of the state. This was despite the considerable differences that disabled people themselves felt they experienced in their impairmernt but according to Berger (1988), if a disabled person denied their loss they were in d, nial. According to Oliver (2004) this was a value judgment based on the acceptance of the standard being an able bodied person.

The model of Thompson (2002) will view loss on the personal, contextual and structural levels and see emancipation for the disabled as equal rights and equal freedoms on all three levels. Viewing impairment as a tragedy and a loss has been rejected by disabled people. This does not mean that there is a denial of the impairment, or the experience of oppression following its onset is a cause of distress for individuals. Thompson (2002) is suggesting that nondisabled theorizing has

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produced models of practice that are oppressive. Causal relationships within these processes have been misunderstood. Responses from societies' structures need to place the cause of any losses the disabled experience in the social relations that have impacted their lives, not as an inevitable consequence of their impairment.

An argument is made that social responses to impairment arise from the way people are socialized into certain fears regarding disablement (Tregask.is, 2002)). It appears that the onset of impairment will be experienced in as many different ways as there are disabled people. What has been noted is that the common experience of the disabled is the imposition of models by society in the form of welfare and rehabilitation structures which are unsubstantiated by the people they are aimed to help (Thompson, 2002).

3.10   **Ill-health and loss**

Health is a positive concept and points to social and physical resources and includes physical capabilities and ill-health is a negative concept. This contrasts with the narrow medical view, that health is merely the absence of disease. Health is a subjective concept, which can be measured in order to ascertain the ability to function normally. The health of a population is usually measured by mortality and morbidity statistics, and this can illustrate how a society functions (Katz, in Thompson, 2002).

Research has consistently revealed positive correlations between ill-health unemployment poverty and poor housing conditions, (Manson, in Laird, 2008). Groups experiencing poverty and oppression therefore will be at greater risk of illness that the population as a whole. A serious life-limiting illness of the disenfranchised poor in an urban area showed an inadequate and d i s c r i f'hatory access to medical care (Bender, Clarke, Guilbe and Selwyn, 2013).

Populations that cannot afford medical care in an affluent community found it challenging to attempt to transform the policies to implement new health care services. Strategies were misaligned, stakeholders wen: expressing dissenting opinions and the public was apathetic to the needs of low-in1come people (Bezboruah, 2012).

Looking at ill health both the social and medical definitions of health can be employed. Wbat losses are experienced when we perceive ourselves to be unhealthy and what implications do this have for individuals? As societies we incorporate assumptions about health for the general society. Most adults have experienced the *loss* of health, either temporarily or on a long-term basis. Maguire and Parkes (in Thompson 2002) classify losses in health as being either bodily changes (in shape), or changes of function (where different roles have to be taken on). Fitzgerald and Parkes (in Thompson, 2002) measured responses to the onset of)Physical losses and noted similarities with a death loss, shoe disbelief, pining for what was lost and depression.

Chronic ill health impacts on people's identities as well as their health in general. Charmaz (2002) sees it as a forced re-evaluation of their aspirations and who they are, and is a constant process, developing 'identity goals' as they negotiate to live relatively normal lives. Living with impainnent is a process of adapting, rather than fighting it. Loss of limbs, differing types of cancer, cardiac surgery and progressive conditions all affect people's sexual identity, sense of self and sense of control. All these experiences are losses, which have to be managed (Magurie and Parkes,in Thompson, 2002).

The PCS models' understanding of this loss will be seen personally, in the family and immediate surrounding situations they adjust to (Thompson, 2002). Culturally it is noticed in ways that communities dealing with and managing ill health. It is the role of those having power, and structurally, those having control over health budgets and facilities, to impose modes of action. Societal views on ill-lhealth and its affects may leave the individual powerless to manage their affairs, and at the mercy of facilities they have no control over. Structural inequalities affect and reinforce attitudes, perceptions of self and others. The dominant medical approach, which emphases an individualistic approach tends to pathologize, rather than en.able people to participate actively in determining bow their needs can be met. A more holistic approach resulted in the strengthening and improving access to a primary health care program by supporting staff, addressing barriers to care by negotiating with poorly functioning government services and community participation structure·s (Nxumalo, Goudge and Thomas, 2013).

3.11 **Gender**

The meaning of the word discrimination is to: "distinguish unfavorably", or "identify a difference" (Concise Oxford Dictionary, 1964:349). It refers to unfair treatment of different categories of people on the grounds of race, sex or age.

There are fixed biological differences between men and women. When we ascribe social significance to these sex differences and allot roles accordingly they become gender differences. It is then a matter of social construction rather than biologically determined.

In a range of different activities gender appears to be a significant predictor of attitudes and social behavior. Women's experiences of loss can be described as

discrimination of role and of responsibility by the society they inhabit. The inequalities of gender discrimination increases the risk for poor health and low wellbeing through increased vulnerability to individual stressors in multiply disadvantaged groups (Perry, Harp and Oser, 2013) Discrimination affects African women's empowerment, their health and their safety. It compromises their access to land under customary law. Laws to protect women do not always guarantee an improvement of women's situation (Pak, 2002). The understanding that males and females are called into different roles in circumscribed situations means that difference and diversity may not be permitted.

As the anti-oppressive and anti-discriminatory perspectives mapped out by Dominelli (2008) and Thompson (2006) show, social identity in the context of different groups is not neutral. Each group is composed of dominant and subordinate relationships, which are a result of oppressive ideologies and practices on an individual, organizational and societal level. Thompson (2006) outlines the oppressive relationships between men and women, disabled and able bodied, young and old, black and white. These relationships are enabled by oppressive beliefs and attitudes associated with patriarchy, disable-ism, ageism and racism. Dominelli (2008) sees how these multiple oppressions can combine to fundamentally disadvantage those who are female. These reactions shape a person's self-concept and in turn the way they interact with others around them.

Across many activities gender is often seen as the predictor of attitudes and social behavior. Women who are successful in traditionally male areas of work incur penalties from the perceived violation of gender stereotypical scripts. Negativity and interpersonal hostility were experienced (Heilman and Okimoto, 2007).

Male traits seen in risk-taking, reluctance to reveal feebogs, competitiveness, and abdication for primary care of children show up in patterns of loss and reactions to loss. They are more likely to die from cardiovascular illness, murder, suicide and accidents and warfare than women (Field, 2006).

Women appear to manage loss differently; are more preoccupied with the emotional impact of the loss, endure strong physical reactions and experience longer-term emotional distress. The gendered differences have been explained by the differing roles women take in the family and in the outside world. It is important to note that masculine patterns of grief may be felt by women and woman's patterns felt by men, however sufficient patterning is still found to make gender a useful explanation to chart differences (Doka and Martin, 2001).

The PCS model understands the personal reactions to the power and control of men in the lives of women, individually and in the work place. The cultural loss; of experiencing discrimination in a work setting, or being denied promotion or opportunity is perpetuated by those in power who see change as a threat. The structural effect of gender discrimination is experienced in allocation of uneven financial reward for equal work. The differing pay allotted to men and women in the work place is kept intact by social pressure regarding aspirations expected of women (Chevalier, 2007).

3.12 Conclusion

The review of literature in this chapter is based on the assumption that the experience of loss is multifaceted and much broader than the traditional view of it only encompassing a death loss. The narrowness of the medical model is described. The

model of Thompson (2002), operating on the personal, cultural and structural levels simultaneously is used to broaden the scope of the subject.

Losses are experienced throughout our lives, in the way society is structured and the way individuals interact with their experiences and their context. Understanding loss as a multiple experience offers a way of managing its effects but also of working for a human rights culture that respects all human beings. This includes the poor, the powerless and those who experience discrimination.

CHAPTER FOUR
RESEARCH METHODOLOGY

4.1   <u>Introduction</u>

The researcher noted during the literature review that the Western focused research assumed single incidents of grief and loss and did not address the situation of loss and grief in a context that the participants could not escape in order to regain emotional and physical health. A lack of information and research in this field led the researcher to conclude that this area should be explored in order to address the need for identification of those needing support and methods for addressing their plight.

4. 2   <u>Research Methodolon</u>

The research problem described (see Chapter 1) did not lend itself to a statement that could be tested, but asked a question that the researcher wanted to answer. The researchers task was to discover what women's experiences were encountering loss and grief in their community. Its aim was to give participants the opportunity to describe their personal lived experiences in order to give the researcher an understanding of their lived experiences.

4.2.1   Research question

The fact that there is a definite relationship between the lived experiences of the bereaved and the context in which they find themselves resulted in my asking the following research questions:

- What are the experiences of the participants when they are experiencing loss and grief?

- What contexts or situations influence these experiences?

Women living in poor communities live lives that are marked by various fonns of violence insecurity and instability. The inability of individuals to change location or escape a situation of stress means that incidents that occur have to be dealt with in their context. Avoiding or excluding these factors is not an option for poor women. All the loss and grief ordinarily experienced in the course of a life is experienced, but in this setting grief and loss is so universally experienced as to be normative rather than isolated. Research in the arena of loss and grief has traditionally revolved around the individual, the risks and factors, which prevent healthy resolution to the recorded effects of a person and methods to alleviate symptoms (Parkes, 1996, Worden, 1982). Rather than resolution of an individual loss poor communities carry several losses concurrently and see this as normal. The research attempted to disclose the impact this set of factors governing their context has on their lived experience.

4.2.2 Goals and objectives

Arising from the research problem of multiple grief and loss being experienced in a setting the participants are unable to leave, and the research question, which was exploring the lived experiences of participants in that context, the goal and objectives of the proposed study are outlined below.

4.2.2.1 *Goal*

The research goal was to explore the lived experiences of women encountering loss and grief in Nyanga, Western Cape.

4.2.2.2 *Objectives*

The objectives of the research were:

- To describe the lived experiences of women encountering loss and grief;

- To explore and describe the contexts or situations that contributed to these experiences; and

- To provide guidelines to social workers when working with women from a non-western perspective in handling loss and grief.

4.3   Research methodology

4.3.1   Research design

Research designs are the plans and procedures for a piece of research that encompasses the decision from the broad assumptions to detailed methods of data collection and analysis. The overarching decision about which design to use to study a topic should be informed by a world view the researcher brings to the subject, the nature of the research problem to be addressed, the researchers personal experiences and the audience for whom it is intended (Creswell, 2009).

A research design is a strategic framework for action that s,erves as a bridge between the research questions and the execution or implementation ,of the research. "Research designs are plans that 'guide' the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose

with economy in procedure" (Stellitz, Jahoda, Deutsch and Oook, cited in Terreblanch and Durrbeim 1999:29). A research design in qualitative research is the entire process from conceptualizing a problem to writing the narrative (De Vos et al., 2011).

4.3.1.1 *Exploratory design*

Exploratory research is appropriate when there is little existing knowledge related to the research question. Exploratory studies seek to explore what is happening and then to ask questions about it. They are particularly helpful when not enough is known about a phenomenon as it may usefully help us to decide if it is worth researching the issue or not. A search of the literature and conducting interviiews with participants are suggested methods (Grey, 2005). This study explored the experiences of women encountering loss and grief in a specific community in Nyanga, Western Cape and was appropriate because little knowledge is available on non-western experiences of loss and grief.

4.3.1.2 *Descriptive design*

According to Grey (2005) the purpose of a descriptive study is to produce a picture of a phenomenon as it naturally occurs. It presents specific details of a situation and focuses on asking 'how' and 'why' questions. Descriptive design is a method of accurately describing the phenomena and forming an overall picture of the subject. It is an intensive examination of a phenomena and deeper mt:anings and leads to truck descriptions.(De Vos et al., 2011) The research design chosen used in-depth interviews to bear the participant's perspective and field notes to compliment the visual behavior and context.

4.3.1.3 *Contextual design*

The main purpose of contextual research design is to describe and understand events within an immediate, concrete, natural context in which the situation occurs (Babbie & Mouton, 2008).

A review of the literature relevant to the research question, the units of analysis and the research goal determines the design (De Vos et al., 2011). Understanding the particular context within which a small number of participants act and the influence that this context has on their actions enables a preservation 0if individuality of each of these in the analysis. This enables an understanding of bow events, actions, and meanings are shaped in the unique situations in which they occur (Maxwell, in Bickman and Rog, 1998).

In this study the context in which participants found themselves was a named geographical area, which has been described by South Afrii::an Police data as having the highest murder rate per head of population in the country (South African Police Service: Crime Statistics 2012/2013).

4.4   Research approach

4.4.1   Qualitative approach

When deciding which research approach to use the researcher considered that the experiences of women in managing loss and grief had not been sufficiently explored. This lead to the choice of the qualitative research method as best suited to the goal and objective of the research. These concern a phenomenon of a lived experience of life so it lends itself to this choice of methodology (Moustakas, 1994)

The aim of qualitative research is to garner the ideas of the participants as much as possible with broad and general questions so a meaning can be constructed. Questions must be as broad and general as possible so as to obtain subjective meanings. The cultural and social settings of the participants also inform the researcher about the phenomena. The intent is to understand the meaning othc!rs have of their world. Researchers as a consequence visit the context and personally gather information. They then interpret what they find, shaped by their own exp1eriences and background. Instead of starting with a theory, researchers generate or develop inductively a theory or pattern of meaning (Creswell 2009). The data gathering was conducted in the police precinct chosen, and the participants were chosen through snowball sampling from within that community. The majority of the interviews were conducted in the community

The epistemological assumption being made in qualitative n:search is that researchers try to get as close as possible to the participants being studied. Each participant was sourced through another. Two meetings took place with suitable participants. A preliminary interview was conducted to assess for their experience of the phenomena, their ability to communicate and willingness to engage with the research. Each participant chose the venue and time of the interview. A second interview then took place for the recording of their experience. Five interviews took place in homes, two in a church hall and one at a work site (Creswell, 2007)

The axiological assumption is that all researchers bring values to a study, but like to make these explicit from the start. Reflexivity is a critical component of the research because of the phenomenological nature of the topic. A reflexive journal was described in Chapter One. During the research interviews a reflexive journal was kept

of notes made following each interview to review what bad been seen and heard in order to look for patterns and themes. Bracketing, the setting aside of personal experience, was employed (Creswell, 2009)

Qualitative researchers also tend towards the rhetorical assumption that their writing needs to be literary and personal in form (Creswell, 2007). This is assumed and forms part of the data analysis findings in Chapter Five. It wm be based on definitions that evolve in the mjddle of a study rah er than defined in advance by the researcher. "The procedures of qualitative research, or its methodology are characterized as inductive, emerging, and shaped by the researcher's experience in colllecting and analyzing the data" (Creswell, 2007:19). This is detailed in Chapter Five where the themes categories and sub categories emerged within the analysis process. Qualitative research is a collection of data from participants who have (:xperienced a phenomena and the development of a complete description of the essencle of the experience for all of the participants. It consists of what each one exp,erienced and bow they experienced it. It describes what all participants have in common (Creswell, 2007).

4.4.2 The Phenomenological approach in qualitative reslearch

The phllosophical assumption of researchers using phenomenology rest on some common understandings; that they are the study of common or shared lived experiences of participants and the view that these experie:nces are conscious one's which are available to be examined. (Van Manen, 1990) The root of phenomenology is the intent to understand the phenomena under study on the participant's terms and provide a description of human experience as it is experienced by the participants. This approach allows the essence to emerge. The product is the careful description of the conscious everyday experiences and social actions of the participants. (De Vos et

al., 2011) The research subject matter is emotive and not easily accessed so the decision to use this method aims to offer a way of recounting deeply private personal experiences in as free flowing and uninterrupted a manner as possible.

The other assumption is of the development of descriptions, of the essences of these experiences, not explanations or analyses. The use of open -ended questions focusing attention on gathering data that will lead to a textural de5,cription and a structural description of the experiences, and ultimately provide a way of understanding the common experiences of participants (Van Manen, 1990).

"A phenomenological study describes the meaning for several individuals of their 'lived experiences' of a concept or a phenomena" (Creswell, 2007:57). The research question concerns a phenomenon of a lived experience of life so it lends itself to this theoretical approach in qualitative research. It holds that any attempt to understand social reality has to be centered on what people experience in that social reality. (Van Manen, 1990). It insists that any prior held understandings of a phenomena must be set aside and the phenomena revisited in order to find new meanings that may emerge from the research. The researcher must transcend or suspend past knowledge and experience the phenomena in a deeper way.

The main purpose of this approach is to reduce individual experiences of chosen phenomena to a description of its core essence, "a grasp of the very nature of the thing." (Van Manen, 1990: 177). Researchers following in Ibis footsteps use different arguments for the use of phenomenology today but all have common assumptions. The first is that it is the study of lived experiences of people, secondly there is the idea that these experiences are conscious ones (Van Manen, 1990) and thirdly that it is the development of ways to describe these experiences not being explanations or

analyses (Creswell, 2007) and fourthly, that the purpose of phenomenological reflection " is to try and grasp the essential meaning of something" (Van Manen, L990:77).

Phenomenology is one of many options of qualitative research but it differs from almost all other approaches in qualitative research in that it attempts to gain understanding "of the way we experience the world pre-reflectively, without taxonomizing, classifying, or abstracting" (Van Manen, 1990:9) This method of research explains phenomena as they present themselves to consciousness. It is only by being conscious that we are able to relate to our world. All we can know must therefore present itself to us as consciousness. (Van Manen, 1990)

Phenomenology is focused on the experienced world of the human being. It is also a retrospective exercise rather than an introspective one. Reflection on the lived experience is always done after the event; it is a reflection on what has already been experienced (Van Manen, 1990).

Hermeneutic phenomenology is systematic in that it uses specific methods of questioning and focusing and reflecting on its participants and it is explicit in that it tries to explain the inbuilt meanings in the lived experiences. It is self-critical as it explores the strengths and weaknesses in its own approach, and it is inter subjective in that it uses others or the actual research subjects to validate the phenomena being studied. Van Manen (1990) sees it as being a search for what it means to be fully human in our world while at the same time realizing that a full description or interpretation of some aspect of our life whilst being the aim is impossible to accomplish. Our lived lives are always more complex than any explanation of meaning (Van Manen, 1990).

Phenomenology is not an analytical science, as its evidlnce is not empirically obtained, but neither is it mere speculation. It does not solve problems but rather asks questions which point to the meaning and significance of phenomena. "A good phenomenological description is collected by lived experience and recollects lived experience - is validated by lived experience and it validates lived experience" (Van Manen, 1990:27). A description of a phenomena must resonate with our understanding of the life we live. It must be something we could have experienced ourselves (Van Manen, 1990)

One of the difficulties of phenomenological research is noit that we know too little about a phenomenon but that we know too much. Our presuppositions or assumptions enable us to interpret the nature of the phenomena before we have attempted to understand the significance of the question we are asking (Van Manen, 1990).

One of the important ideas in phenomenology is the concept of bracketing where the researcher sets aside their own experiences, as far as possible, in order to take a fresh approach to the phenomena being investigated. This is in order that "everything is perceived freshly, as if for the first time" (Moustakas, citld in Creswell 2007:59). Researchers must therefore consciously 'bracket out' as much as possible their own expeñences.

4.5   **Study population**

Babbie & Mouton (2008) describe a population as a group of people who have knowledge of a particular phenomenon. Population is a tenm that sets boundaries on the study wlits. It refers to individuals who possess specific characteristics. It is a distinct group with which the research question is concerned. (De Vos et al. 2011) Creswell (2007) insists that in a phenomenological study it is essential that all the

participants have had experience of the phenomena that is being studied. The study population included women from the magisterial district of Nyanga in Cape Town, who have all experienced loss and grief through the violent: death of a child, so the researcher could form a common understanding.

4.6 <u>Sampling</u>

A sample consists of elements or a sub set of the population considered for inclusion in the study. A sample is a small portion of a total set of objects from which a representative selection is made. (De Vos et al., 2011) A sample must be chosen from among the data that could be collected by a deliberate sampling method (Babbie and Mouton, 2008)

The research participants were all women over the age of eighteen. The type of death, the circumstances surrounding the death and the place of death were non-specific. They all had directly or indirectly experienced a death. The research focus was on coping with loss and grief in a particular context. Chapter 1 stated that the sample would be drawn from women between 30 -75. The sample gained was of women between the ages of fifty and seventy-one as a result of snowball sampling. Their experience of bereavement ranged between two and twenty three years from the interview date.

There are many different sampling strategies in quantitative inquiry and the question of which to choose from is dictated by the actions needed to gain the information required. The size question is important when deciding on a sampling strategy. A general rule is not only to study a few sites or participants but also to obtain extensive detail about each site or participant. The intent in qualitative research is not to

generalize the infonnation but rather to explain the particular and or the specific (Creswell, 2009).

Two major groups of sampling procedures exist. The first, probability sampling, based on randomization is used in quanthative research as in this assumes that each person in a population has an equal chance of being representatively selected. This enables an estimate of accuracy to be made of a total population (Creswell, 2009)

In non-probability sampling the odds of selecting a particular individual is not known as the researcher does not know the population size or the members of the population. Each individual does not have an equal chance of being selected for a particular study. Non-probability sampling is the name given for a method of drawing a sample in such a way that the findings will require a judgment and interpretation before they are applied to a population. This method will be employed in the research as a good fit with the subject matter of the experiences of violent death and the way the questions are being phrased (De Vos et al., 2011).

Different techniques are available for non-probability sampling. Accidental sampling where the nearest and most easily available sample is chosen; quota sampling, which draws as close a replica of the population as possible; maximum variation sampling. which documents divers variations. Con.firming and disconfirming case sampling, describes an initial analysis and then looks for exceptions and variations. Extreme or deviant case sampling, learns from highly unusual examples of the phenomena of interest. Typical case sampling looks for what is normal or average. A variety of options are available but for an exploratory research tool only one was applicable (Patton, 2005)

Non-probability 'snowball sampling' was chosen from amongst many different samplings strategy techniques in qualitative inquiry. The choice was guided by the subject matter which is not an area of current research, members of the population were difficult to locate and the subject sensitive. It is an excellent technique when a relatively unknown phenomenon is being investigated. (De Vos et al., 2011). "This is an approach for locating information-rich key informants or critical cases" (Patton 2005:237). This method of sampling, where each population unit does not have an equal chance of selection and where there is no claim to be representative was used. When the researcher approaches a single participant with the phenomenon to be investigated and then asks this person to identify other people with the same phenomenon to participate in the sample it is termed 'snowball sampling' {De Vos et al., 2011).

It can also be described as a method of identifying "cases of interest from people who know people who know what cases are information-rich" (Creswell, 2007: 127). People who have similar life experiences tend to seek each other or are aware of others with similar experiences. Most often, if one appropriate case if found, that person is able to lead you to others. It is required that all participants have experience of the phenomena being studied (Creswell, 2007). As loss and grief is an intensely personal experience, the researcher thought that word of mouth referral from one woman to another would result in a group of participants with a common experience.

The size of the sample depended on data saturation, which means the number of interviews completed before no new information was forthcoming. This was an unknown variable at the start of the research. This point was reached when eight

participants had been interviewed. And no new mateiial was forthcoming (Creswell, 2007).

Data saturation marks the point where one stops collecting new material. Saturation takes places when information no longer challenges or adds anything to the emerging account. It also is reached when "the category development is rich and dense, when relations among categories are well established and validated; and when there is a sense that the theoretical account is nearing a complete and adequate form" (Kelly, in Creswell, 2002:381). It is known as 'sampling to redundancy', as further information is increasingly redundant as it becomes repetitive. The number of cases is dependent on the state of theoretical knowledge on the phenomena. If it is a field with a strong body of existing theory a specific question can be focused on an area to challenge or verify and idea. Here a few cases may be sufficient. If it is exploratory research where a new phenomenon is studied, a range of cases may be needed to ensure that what is being described covers the whole field, even if in a preliminary way (Patton, 2005)

The researcher used specific sampling techniques to ensure that the participants were appropriate members of the group being targeted. The questions were designed to understand the particular context within which the participants act and the influence that this context has on their actions. A small sample was used to "preserve the individuality of each to the stories in their analysis, rather then collecting from large samples and aggregating the data across individuals or situations ... to understand bow events, actions, and meanings are shaped by the unique circumstances in which these occur" (Maxwell in Bickman and Rog, 1998: 19). As described (Chapter 1: page 10) data saturation was reached after eight interviews with participants.

http://etd.uwc.ac.za/

4.7   <u>Pilot Study</u>

A pilot study as described by the New Dictionary of Social Work (1995:45) is ·•the process whereby the research design of a prospective survey is tested". A pilot study enables a researcher to orientate themselves to the project, and test that the chosen procedures are suitable, valid, and reliable. " A small study conducted prior to the larger piece of research to determine whether the methodology, sampling, instruments and analysis are adequate and appropriate." (Bless, Higson-Smith and Kagee, in De Vos et al., 2011 :237).   This was undertaken so that prior to the research beginning it was clear that the researcher would be able to answer the research questions. It ensured that the questions being posed were providing the answers that would lead to an understanding or the 'lived experience' of the participants. It ensured that the method of selecting research participants who have experienced the phenomena was effective and that the questions posed were understood and able to be answered (Creswell, 2007).

In the testing of the data, the pilot study had to show if the proposed study was feasible. Would it do what it set out to do? At this point changes to the method of recruitment, the interviewing style or the method of analyzing the data could be made (Maxwell in Bickman and Rog, 1998).

However carefully the research is planned the practical situation will remain an unknown factor until it is entered. A change was made to the initial plan to interview participants outside of their homes. This idea was the suggestion of a participant during the pilot planning stage. The general size of the township homes is small and privacy is difficult to achieve in a large family. It was also designed to give them anonymity. This arrangement was reversed by the participant's themselves. They

wanted privacy rather than anonymity. This was achieved in different settings but each participant chose the interview site individuaUy.

4.8   Methods of data collection

Data collection is one of the interrelated activities in the different phases of research. These result in good quality information to answer the emerging research question. This will include but extend beyond collecting the data (Creswell, 2007).

Moustakas (1994) describes collection of data from participants who have experienced a phenomena and the development of a composite description of the essence of the experience for all of the individuals. It consists of what each one experienced and how they experienced it. It describes what all participants have in common (Moustakas, 1994).

In depth inte'v iews were conducted to allow the researcher to probe for a more detailed response, where the participant could be asked to clarify what they have said. The phenomenological approach is concerned with the meanings that people attach to a phenomenon. Interviewing is a powerful way of helping people to make explicit things that have hitherto been implicit - to articulate their tacit perceptions, feelings and understandings (Arksey and Knight in Grey, 2005). lo-depth interviews were conducted with individuals using the two research questions.

- What are the experiences of the participants when they are experiencing loss and grief?

- What contexts or situations influence these experiences?

The participants must be willing to speak and the setting must be conducive for this to occur. The researcher will make use of different techniques during the interview; listening, clarification, questioning, focusing, reflection, encouragement and probing (De Vos et al., 2011).

The technique of probit1g, as distinct from interviewing, was employed. It is always a combination of verbal and non-verbal cues, which give the interviewee a signal that the it1terviewer would like them to continue. They also provided the interviewer with a method of maintaining control over the flow in the interview. The use of probes and follow up questions were used to deepen the response to a question, magnify the richness and depth of responses, and give cues to the participants about the level of response that is being looked for (Patten, 2005). Avoiding leading questions or closed questions and using a list of prompts to elicit further information are all useful trying to minimize the researcher's influence in qualitative research. It is instead important to understand bow the researcher is influencing the participant and how this affects the validity of the conclusions that can be drawn from the interview (Maxwell in Bickman and Rog, 1996)

The interview was recorded with the participant's permission. This was essential for accurate recording of the information. The scripts were then transcribed for purposes of data analysis. Data collection was executed with a tape recorder so the researcher did not have to take notes during the interview. She transcribed the interview at a later date, and returned to the participants for clarification of statements or concepts that were not understood or misinterpreted. It was seen as an interactive process of data collection from different sources, which is then reduced to coherency, conclusions are then drawn and verification looked for.

4.9   Data analysis

Phenomenological analysis requires a structured design for analysis of the material collected. The method chosen for this research is that of Creswell (2007) and is based on the work of prior researchers such as Moustakas (1994). The approach followed the steps outlined below (CreswelJ, 2007: 159).

A personal description by the researcher of the phenomenon to be studied is made giving a description of their personal experiences. This is a method of setting aside as much as is possible the personal experiences of the researcher. It is known as 'bracketing'. Although never completely possible this directs the focus away from the researcher to the participants of the study.

During the research study a reflexive journal was kept of the process and pertinent events, situations or experiences the researcher experienced.

The transcribed interviews were read through several times to identify a list of significant statements about how the participants experienced the phenomena. Each statement had equal weighting, and a list was developed of statements that are not repetitive or overlap in any way with each other.

The significant statements were grouped into larger units of information or themes a "textual description" (what the participants experienced) was written and included verbatim examples.

A "structural description" (a reflection on the setting and the context in which the phenomenon was experienced) was written.

A summary of the textual and structural descriptions will be compiled as the full picture of the essence of the experience.

4.10   Trustworthiness

Qualitative research is linked to a chain of interpretations, which must be documented for others to judge how trustworthy it is. The written account must reverberate with the reader and must convince and be a compelling powerful account. The report of the research is a representation by the author who has spent time in the field, the closeness of the researcher to the participants and the thick description of the phenomena. "Written accounts must resonate with their intended audiences, and must be compelling, powerful, and convincing"(Creswell, 2007:206) Words such as 'authenticity' 'credibility' and 'staying power' point to validation being a process. This moves the emphasis away from the researcher (it is no longer their objectivity that is at stake) and places it on the data itself. It lets the data speak (Lincoln and Guba, 1985)

4.10.t   Credibility

It is suggested there are five major techniques to enhance credibility, which include prolonged engagement with the participants; sufficient time to achieve your purposes; learning the 'culture' of the participants; testing for misinformation introduced by distortions either of the self or of the participants and building trust. (Lincoln and Guba, 1985). Data, analytic categories and interpretation and conclusions were tested with participants through member checking from whom data was originally collected. Here the participant's views were solicited to validate the findings by talcing back the data, analyses, interpretations and conclusions to the participants so they could judge how accurate and credible the findings were.).

A home visit to a participant and two visits to participants at their part time work venue were undertaken to clarify words used and cultural concepts which were not clear to the researcher in the transcribed interviews. Phone calls were made during the transcription phase to collaborate facts with participants, which had been recorded in the interviews. In some instances information given verbally did not correspond with information recorded in the preliminary interviews. Clarification and interpretation was checked with participants.

4.10.2 Transferability

Transferability to other settings is an important aspect of determining trustworthiness. The main threat to validation of the research is inaccuracy or incompleteness of the data. Audio recordings of the interviews and verbatim transcription of these recordings largely solved this problem. This research has focused on the act of presenting detailed and thick descriptions of the participants and the setting of the research in order to enhance this aspect. Participants were asked to examine rough drafts of the researcher's work (descriptions and themes) and give alternative suggestions for language, interpretations or observations. This enabled information about their analysis and about what the researcher may have missed to be included in the analysis. It also provided a way of giving weight to discrepant data (Creswell, 2007; Maxwell in Bickman and Rog, 1998).

4.11 Reflexivity

Personal distortions were accounted for through reflexivity and by acknowledging the context of the researcher. Reflexivity is critical because of the phenomenological nature of the research. The researcher must reflect on how their biases, values, and

personal background, history, culture and socio economic status couJd mould their interpretations during the study as well as use "bracketing" (Creswell, 2009).

The influence of the researcher on the individuals studied, is a problem known as 'reactivity'. Eliminating the actual influence of the researcher is an impossible task. The goal however in a qualitative study is to understand it. In interviews, "What the informant says is *always* a function of the interviewer and the interview situation" (Maxwell in Bickman and Rog, 1998:91).

During the data gathering process a reflexive journal was kept. This recorded insights gained, enabled patterns of the work in progress to be noted, recorded non-verbal clues to add to the context and the visual surroundings. Extraneous information that could add depth to the textual description, the researchers own perceptions of the encounter and reflections on the interview were collated. The steps outlined in this chapter on page 66 were followed.

4.12   <u>Conclusion</u>

The choice of the qualitative method successfully allowed an open-ended development of the research question and enabled the experiences of the participants to be uncovered in a non-directive manner with no prior assumptions being made. The events could be examined and understood retrospectively, happening after the event, when the transcripts of the interviews were read multiple times to gain the essence of the experience.

The social context of the participants was important to the study. This was described in a way that made understanding the participant's world possible. Evidence of this is

found in Chapter 5. A richer and fuller picture emerged than had been originally thought possible.

The snowball sampling method was a good choice for the study. The participants prior relationships with each other enabled a relaxed and cooperative setting for the interviews of such a personal and sensitive nature. It was clear that the person who asked if they were willing to be interviewed was someone they already knew and trusted.

The obtaining of permission and consent, the design of the preliminary interview and choices of interview site and date and time put the participants in the role of decision makers. It was felt that the participants were in control of the process. This created a relationship of respect prior to the taped interviews being undertaken. This was an unexpectedly humbling experience for the researcher and set the scene for data gathering which four of the participants described as helpful to them. They were thankful for an opportunity to tell their experiences and this made the experience rewarding for them and for the researcher. The design of the study fitted well with the questions asked and resulted in good quality data being obtained.

CHAPTER FIVE

FINDINGS OF THE RESEAllCH

5.1 <u>Introduction</u>

The findings from interviews with women experiencing loss and grief will be discussed in this chapter. The goal of the research was to explore the lived experiences of women encountering loss and grief in Nya:nga, Western Cape. The focus during the data analysis was therefore to hear thl voices of the women regarding their lived experiences when they had encountered loss and grief and to obtain a composite description of the experience. The context in which the loss and grief was experienced encompassed death as a result of violence.

The objectives of the research were as described (in Chapter 1 page 7):

• To describe the lived experiences of women experiencing loss and grief;

• To explore and describe the contexts or situations that contributed to loss and grief; and

• To provide guidelines to social workers to focus on when working with women from a non-western perspective in handling loss and grief.

Eight women were sampled by using snowball sampling for the interviews. In-depth interviews were conducted in prearranged locations with a tape recorder for later transcribing. Field notes and a reflective journal were kept during this process. Relevant newspaper articles about the area were collated. A summary of significant statements was compiled of what was experienced (textural description) and what the

setting was for the experience (structural description). A summary of the full picture of the essence of the experience is made.

5.2   <u>Demographic details of participants</u>

The demographic details of the participants of this study are demonstrated in Table 5.1. It is evident from Table 5.1 that family constellations were marked by the absence of husband/long term partner. In the two instances of non-formalized cohabitation the women's partner had previously died. The two participants who were married had husbands who were pensioners who were four and twenty six years older than themselves. This left women as the effective heads of the majority of the households.

The education levels obtained, ranging from matriculation in one instance to no education at .all in another, bore no relation to the work participants were presently engaged in. Only one participant had a recognized tetiary qualification. The educational level points to the individual's own sense of self-worth and fortitude being indicators of the ability to obtain employment for themselves rather than formal employment qualifications. Even if unemployed or retired all participants had worked in the past. Two participants were working full time and three adult children were in formal work. Two participants were working as informal traders from their homes, each assisted by an adult family member. Two worked part time for only a stipend. One unemployed cohabitee and sixteen unemployed adult children (two disabled) and eight grandchildren (one disabled) and four great grandchildren were being cared for by the participants (see annexure 3: 200-208) where the researcher demonstrated the family com.position by using genograms.

No	Age	Marital Status	Education	Post School	Past Employment	Present Employment	Household Composition	Employed Members of Household
1	56	Married	Grade 11	Home Care Course	Domestic work	Full time live in domestic: work	Participant I (56), Husband (62), son (30)	I domestic I finance clerk
2	64	Widowed	Grade I I	Certificate in Child Care	Child care,/ domestic worker	-	Participant 2 (64), Daughter (34), Daughter (31), Granddaughter (25), Nephew (22), Granddaughter (18) Grandson (13), Granddaughter (I0), Granddaughter (I0), Grandson (5), Great 2randdauehter (2)	I shop assistant, I cinema attendant.
3	50	Married	Grade I0	-	Cleaner	Meat tradeir (i11formal)	Participant 3 (50), Husband (74), Son (21) (disabled). Daughter (15), Son {I I) {disabled)	2 informal traders
4	51	Unmarried	Matric	Senior Certificate in Child Care	Counselor (N.G.O.)	Informal trader. Food bank assistant manager-stipend only	Participant 4, (51) Mother (86), Sister (58) (D Grant), Brother (53) Daughter (25), Niece (24) Grandson (6)	2 informal traders
5	59	Widowed	Grade 8	-	Catering assistant	Part time food bank coordinator	Participant 5 (59), Son (38), Son (32), Son (27), Daughter (24), Grandson (I)	1 stipend only for part time work
6	53	Divorced	Grade 6	-	Contract cleaner	Unemploy,ed	Participant 6 (53), Live in male oartner (?)	
7	71	Widowed	-	-	Cleaner/restaurant kitchen staff	-	Participant 7 (7 [), Son (53), Grandson (6), Great irrandson (7)	
8	60	Unmarried	Grade I0	-	Admin work	Administration clerk	Participant 8 (60), Son (39), Nephew (42) Niece (16), Great Nephew (5)	I Administration clerk

TABLE 5.1: DEMOGRAPHIC DETAILS OF PARTICIPANTS

5.3   Themes, categories and sub-categories as a result of data analysis

The data analysis revealed three major themes. Theme one and two are textural descriptions and theme three is structural. The themes are:

Theme one: Women's experiences of Loss as a result of violent death.

Major categories of loss analyzed during data analysis encompass: Loss of a sense of family, loss of economic security, loss of heath and structural loss. Each of these categories also includes sub-categories.

Theme two: Women's experiences of Grief as a result of violent death

Major categories of grief analyzed during data analysis encompass: Prolonged grief, support during grief, spirituality and grief, and culture and grief. Each of these categories also includes sub-categories.

Theme 3: Women's experiences of violent deaths as Context of loss and grief

Major categories of violent deaths as the context of loss and grief analyzed during data analysis encompass: Types of violence causing death, multiple violent deaths and locations of violent deaths. Each of these categories also includes sub-categories.

A summarized version of the analysis in form of the themes, major and sub-categories is presented in figure 5.1.

GATEGORY 1: LOSS OF SENSE OF FAMILY

a) Loss of partner
- Loss of security
- Loss of intimacy
- Divorce
- Loss of sense of safety

b) Loss of children

- Loss of future potential
- Care of grandchildre.o
- Parenting styles
- Ambiguous
- Unambiguous
- Sense of powerlessness
- Passivity
- Sense of control
- Loss of traditional values

c) Loss of extended family

- Loss of support
- Other Josses in the extended family

CATEGORY 2: LOSS OF ECONOMIC SECURITY

a) Role of employment
- Irregular employment
- Unemployment
- Full employment

b) Loss of finance

c) Poverty

CATEGORY 3: LOSS OF HEALTH

a) Loss of physical health

b) Loss of mental health

c) Loss of tru$l in personal safety

CATEGORY 4: STRUCTURAL LOSSES

a) Loss of a sense of government structures

b) Loss of trust in community structures

CATEGORY 1: PROLONGED GRIEF

a) Triggers in the community

b) Acts of remembering

CATEGORY 2: SUPPORT DURING GRIEF

a) Support from extended family

- Immediate family
- Grandchildren left behind

b) Support from the community

- Friends
- Work colleagues/employment
- Church members
- Multi-disciplinary team
- Government grants

CATEGORY 3: SPIR1TUALITY AND GRIEF

a) Faith in God

- Nature of God
- Attributes of God

b) Belief in afterlife

- Bibles' teachings
- Effect on behavior of bereaved

c) A relationship with God

- Support
- Empowerment

d) The place of prayer

- Expression
- Support
- Refuge

CATEGORY 4: CULTURE AND GRIEF

a) Church culture
- Sense of belonging
- Sense of support
- Crying u part of a.ssoci.atioo / prohibition of tears

b) Traditional beliefs
- Place of ancestors
- Ancestor's presence
- Protection from evil

CATEGORY 1: TYPES OF VIOLENCE CAUSING DEATH

a) Gaogs
b) Socia.I group!
c) Guns
d) Robbery

CATEGORY 2: MULTIPLE VIOLENT DEATHS

a) Modus operandi

b) Multiple experiences

CATEGORY J: LOCATION OF VIOLENT DEATHS

Cooclusion

FIGURE 5.1: THEMES, MAJOR AND SUB-CATEGORIES OF DATA ANALYSIS OF INTERVIEWS WITH WOMEN EXPERIENCING LOSS AND GRIEF

5.3.1 Theme 1: Loss experienced by women

The Oxford dictionary defines loss as "the fact or action of losing something or someone" (Oxford English dictionary 2012:428). Loss describes the state of being deprived of or of being without something that one has had. The dictionary definition points to death of a human but also to the loss of anything you previously had possession of and so enlarging the scope of the word. Both physical death and losses other than death will be discussed in the findings. Clarification is required for this word as colloquial use of the term 'loss' is used as a synonym for death and is a description of the fact of being dead.

Traditional approaches looking solely at the individual have neglected other factors, which affect loss and grief. This has been challenged by Thompson (2002) who sees personal cultural and structural issues being understood as a complex interplay of factors that make up the experience of loss and grief. His model, referred to as the P C S model (being the personal, cultural and structural) is based on the assumption that "life is characterized by movement, change and development and therefore by transitions, losses and grief" (Thompson 2002: 1). This more composite understanding of loss and grief will be assumed in this research to give a complete picture of the experience. See Chapter two for a discussion of the individual approach and Chapter three for the composite broader view of loss.

5.3.1.1 *Category 1: Loss of a sense of family*

The loss of a sense of family after a violent death was noted from the research findings. It took many forms and was pervasive as it affected the structure of the family in different ways. The effect was most noticeable in the changes in the areas of personal, financial and emotional security. Parents' difficulties with their parenting

role were exacerbated by this event. The lack of a marital partner in six of the participants' lives was a major factor in their sense of having to manage the family alone.

a)   Loss of partner

The death of a spouse is general]y assumed to be one of the most stressful experiences that people encounter during their lives. However there are marked differences in how much and how long people grieve (Wortmann and Silver, 1989). Chronic grief was associated with pre-loss patterns of dependency and resilience with pre-loss acceptance of death and the belief in a just world (Bonanno and Kaltman, 1999).

Of the eight women only two were still living with marital partners (both older than them and on pension). The two unmarried women had both had cohabiting partners but both men had died (unknown causes), one was divorced and the remaining three were widowed. All these partners had been employed prior to their deaths (See Table 5.1 Demographic details of participants).

The absence of a partner was noted in the following quotes:

"All my children are gone . . . and after that the father passed away. The father he had cancer . . . eve,y time and every day I'm thinking of him;"

"That was very, ve,y sore; "

"/ miss a lot . . . he always do those things for me . . . I feel like c,ying … when 1 think of them … It's sad. It's touching;"

"J lost my marriage also: "

"I was corningfrom the funeral. It was my husband's funeral;"

'... because my husband did leave when the children was very, small... The time when he died they was very small those kids.... . . Now today I'm alright. But sometimes when I . . . anyways … It's alright. Everything's alright. It is very sore. "

The loss of the partner was not the focus of the interview but seen as a significant loss in their lives, however long ago it occurred.

Worden (1982) in his discussion about grieving widows explains that it takes considerable time for them to realize what it is like for them to live without their husbands. It includes coming to terms with living alone, and managing other parts of their life alone. He calls this 'Task Ill: To adjust to an environment in which the deceased is missing' (Worden, 1982: 14). The psychological functioning of recently bereaved women was studied over a thirteen month period post death to assess their capability. Increased dysfunction levels in all categories measured against non-widowed women (Beem, Schut, Maes, Cleiren and Garssen, 2000).

- <u>Loss of sense of security</u>

A loss of a sense of security following the death of a partner can be understood in light of attachment to the deceased. A study which looked at adjustments necessary after natural and violent deaths for widows recorded the change in feelings of security. A -pre-loss marital dependence and difficulties in adjusting to widowhood was seen as a task to be managed (Carr, 2004).

The loss of a sense of personal security was spoken of by two participants:

"He's done a lot for me. All this … he done this … I miss a lot because as I said I didn't know if, how much is the water, how much is this thing, how to pay this . . . he

always do those things for me. Everything, even the stove ... if something is wrong, even the fridge, everything man, he was an electrician;"

"... my husband did leave when the children was very small."'

It was clear that security in the relationship had been lost with the death of a partner. Bowlby (1984) describes the need for a secure sense of attachment for well-functioning relationships. The quality of the marital relationship prior to death was used to gauge the adjustment to widowhood of older adults by measuring warmth, conflict and marital dependence as criteria. Elevated anxiety was found among those highly dependent on their spouses (Carr, House, Kessler, Nesse, Sonnega and Wortman, 2000).

- Loss of intimacy

'Till death us do part" is the traditional phrase in the marriage vows of varying cultures. The commitment to a legal partnership which carries responsibilities for the spouse and any offspring that the union produces comes to an end when one of the couple dies. Death as the event which ends a marriage ends the possibility of intimacy with the spouse.

Only one participant chose to speak about an intimate relationship with her deceased partner. It was described with a sense of it being one of pleasure that it resulted in mutual affection. It was the only positive memory she was able to relate during her interview in her otherwise overwhelming situation of loss:

"My marriage to him was ... a nice time. Because he loved me and I love him."

Wayment and Vierthaler (2002) explored attachment styles and the bereavement reactions to sudden deaths by looking at grief, depression and somatization. They

found this assisted in identifying individuals at risk from adverse reactions. Psychological and social adaptation factors were measured by assessing levels of social and psychological support and coherence levels. A sense of coherence was seen as the most critical support for adaptation to widowhood (Ungar and Florian, 2004).

- <u>Divorce</u>

Divorce is now generally regarded as a bereavement (Thompson, 2002). There is seldom a sense of indifference to the situation. After a death there is a person to mourn but in divorce there is the enduring existence of a person who engenders strong emotional reactions. The loss whether one instigated it or not creates a sense of loss for a period of time.

One participant had been legally married and then divorced and experienced loss as a result of it. This is described in the following quote:

"I lost my marriage also. Because my husband was drinking too much ... we fight ... I went to court ... Court say my husband mustn't stay here, he must move out. That's why I am staying alone here ... "

The painful adjustments in a divorce encompass loss of hopes and aspirations. The range of emotions similar to other losses, denial, anger and depression, can all be experienced. The work of Doka (2001) expounds the concept of disenfranchised grief where the grieving person is assumed not to grieve because of society's sense of the action taken being one creating freedom from oppression rather than a loss to be endured. The act of being severed from a relationship that has bad meaning in the past, despite ambiguities and present distress, produces a sense of loss. Damaged relationships carry grieving consequences of a disturbing kind (Machin, 2009).

- <u>Loss of a sense of safety</u>

Women are robbed of a sense of safety on the death of a spouse. Being overwhelmed and experiencing anguish is common to both men and women on losing a partner but women who are left to bead households in violent communities carry further responsibilities. In the following quotes it is seen that safety was not felt either inside or outside the home:

"When the police come then I stand there" (when her grandson was shot inside her house).

A participants' granddaughter was stabbed by her boyfriend inside her home:

"I did see her boyfriend here on the corner ... I tell him, y,ou don 't go to my place hey, I don't want you to go to my place ... No, I'm not going to that place ... she's crawling by the door in the kitchen. She stop. She died "

This same participant lost two children and three grandchildren to violent deaths, of which two inside her own home:

"A /I my children are gone ... and after that the father passed' away. "

Losing a partner is an added burden for women in resource poor communities who experience multiple losses. For black women who are mainly single heads of households, and thus disproportionately poor, the violence takes place within the context of many other stresses. This heightens the probability that there will be negative effects of increased aggression, deteriorating physi,cal health and parenting problems which hinder effective child rearing practices and outcomes for their children and the family unit as a whole (Jenkins, 2002).

For men the feelings were of being dismembered; of feeling a limb has been cut off. For women the feelings were more or abandonment, and of being deprived of a comforting and protecting person. It is suggested that for men marriage had sustained their capacity to work, but for women it provided a place of deep interpersonal engagement and sense of safety (Kastenbaum, 2009).

b)   *Loss of children*

The murder of a child is one of the most difficult deaths to deal with as a parent. It is a loss of real and symbolic constructs. It is a loss in the present but also a loss of the future. The anguish is immediate. The violent nature of the deaths resulted in layered reactions on the part of the parents as they tried to manage the loss of the significant attachment. The physical loss of their children was spoken about as an event in the past but a feature of the findings was the on-going effect of the sudden violent death creating severe grief reactions (Kaltman and Bonanno, 2003). Strong continuing bonds predicted a greater level of traumatic and especially separation distress, but only when the survivor was unable to make sense of the loss in personal, practical and spiritual terms (Neimeyer, Baldwin and Gillies, 2006).

•   <u>Loss of future potential</u>

The death of their children was described in anguished terms by all the participants and the strength of emotion was unambiguous:

"... a terrible experience ..."

"It was difficult for my husband, for the whole family, for my children also because it was a tragedy when he died"

"_... very painful"

"... a great loss"

"... it hurts"

"... I'm still angry"

The loss of their child was:

"... too much/or me"

Disbelief and a feeling of being overwhelmed is summed up in the phrases:

"I'm not feeling alright"

"Can't come okay . . . since that day I was not ok_{ay}; "

"... when you think about those things, it makes it more difficult in the house".

The loss of future potential and aspirations for their children was summed up in the statements about what was hoped for their lives:

"He was at Westlake (technical college) doing the carpenhy; "

"... he passed Mat'ic. He wanted to be a social worker:"

"... so he was also having a scholarship to Germany and then they shoot him out . . . he was in Matric when he died".

One family who had experienced several gun deaths of their young *men* described the loss of future potential to the exteneded family as: *"...five youngsters, the people we were thinking th$_{ey}$ can pick up the family.,,*

Central to the influential theory of attachment (Bowlby, 1980) is the notion that children feel secure in the relationship with the figure of attachment to the extent that that attachment figure provides consistent and warm, sensitive care. It is this figure who is available and responsive to their needs who they return to to be comforted in a way that allows them to feel more positive and able to return to other activities. The mother (in most cases) is the attachment figure in this sense for the child. The death of the child severs this attachment and creates the sense of loss which is experienced on numerous levels (DaviJia and Levy, 2006).

In this setting of multiple deaths by violent means the mothers understand that more of their children may be lost to death or to prison because the same environmental and social factors that contribute to the death of one child has the potential for claiming others (Kaminer and Eagle, 2010).

- Care of grandchildren

All the participants were caring for either the grandchildren of their remaining children or the children of nephews and nieces in their family homes. A feature of the thirteen violent deaths recorded were the seven children that were left with out a care giver as none of the deceased had married their children's partners.

The loss of the aduJt children and the grief experienced as the attachments were severed created difficulties for the grandparents. Whilst grieving the loss of a child they must now attach themselves as the primary figures to dependent grandchildren who are themselves grieving the loss of their own attachment figures.

These children were now the grandparent's direct responsibility to care for. The seven children thus identified, depended on the financial support of the participants. The two participants with limited income (both recipients of the state old age pension)

found the caring for and disciplining of these children to be a financial and emotional burden:

"And this little boy, he's her son L, and he's sick also, with this thing. Take it from his mother (HIV/AIDS) ... he's so slow. I don't know if it's this thing or what? ... he must go to high school next year. But he failed. I think because he doesn't cope man . . . so he is so slow. "

The grandmother was working towards getting him into a trade school where he would manage the work more easily but the cost of the uniform was a major concern to her as her Old Age Pension was her only income:

"... Must have white shirts, because now they're going to wear the grey pants, not the blue. The blue is for this school here. He must have white shirts and black school shoes and the jersey that's navy. "

An eighteen year old grandchild of a participant is unemployed, HIV positive and not always at the family house:

"There's this first born of N. She doesn't listen. And she is sick also, because if you don't listen to your parents you don't sleep at home ... tomorrow you going to get this thing. "

The concern of raising grandchildren alone was described. The effort of ensuring their education was mentioned by three participants with the term: 'I make him' implying physical care and schooling:

"P ... was a naughty girl . . . but I did love her because when her mother died she was small and I make a big new school - everything. "

On reaching the age of twenty:

"I told her she must go out of my place. I don't want her here. Then she go ... when she came back I said, Eh, I don't want this child here. I don't want niks."

"... the child B was very small that time (when his mother was stabbed). *Then I just take the boy and I make him."*

The grandmother of an HIV positive boy is attempting to see him educated:

"He must go to high school next year. But he failed. "

With the move away from the individualist psychosocial view of loss Thompson (2002) looks at the wider aspects of inequality and loss. Analysis of the data revealed that not only were children orphaned, but they were orphaned into families where economic and social deprivation was entrenched. From this perspective poverty and deprivation can be understood to complicate and compound all other disadvantages and inequalities (Jordan in Thompson 2002). This explains the difficulties the participants experienced in managing the grandchildren their children left behind. One study examines how older adults care for grandchildren as a result of the HIV/AIDS epidemic in South Africa. It is an assessment of coping styles and how the age of the carers impacts this process (Boon, Ruiter, James, Borne, Williams and Reddy, 2010). Older women (grandmother) carers were assessed for their strength and resourcefulness in responding to adversity to ensure their families' survival. Their leadership role in is challenging HIV/AIDS stigma within their own families found them to be active agents for family health and not passive victims even though this process takes place in a situation of poverty and discrimination (Casale and Posel 2011). Where poverty and family support was limited, impaired physical health and

psychological djstress was found in grandmothers supporting grandchildren (Kelly, Whitley, Sipe and Yorker, 2000)

- <u>Parenting styles</u>

The sense of loss experienced by parents on the violent death of their children was marked by all the participants in the way they described their relationship to the deceased children and their parenting role.

There were different methods of describing their children's actions leading up to their deaths and their part in the process. Two were able to describe their roles positively, but six were ambiguous about it as described in the text below.

- <u>Ambiguous</u>

Three of the eight women were unable to offer assurances to themselves that they knew what their children were doing when outside of their family home. They were aware of their lives being unregulated and unobserved when they went 'outside'. They chose not to know what they were doing:

"He was a good son. To me, I don't ㇰㇿ7low to the other people, but to me he was a good son."

This participant later said her son was involved in a gang and bad already spent a year in prison prior to his being shot:

"… so he was a good boy, because you can't say, because we don't go with my son when he go around with his friends. I don't know what he was doing in the street, but here in the house he was a good boy",

A participant whose grandson was shot in her house explairled her relationship with him as:

'·He did go round in the night but I don't know what he was doing outside but in the house he was very sweet ... That's why I say I don 't know ... I didn 't hear but maybe there was a gang fight or maybe there was somebody who was just coming and make h·ouble here."

The women who were aware of their children's lives being miregulated or unobserved outside of the home made the choice to not know what they were doing. Disassociation, the psychological construct which describes the disconnection or separation of something from something else to which it is logically connected, is used as an internal coping mechanism to enable the person to psychologically remove themselves from chronically traumatic situations which they cannot physically escape from (Kaminer and Eagle, 2010). The development of a variety of coping strategies by women to manage witnessing violence and live with the long term effects are employed. The use of corporal punishment (reasoning that it will prevent more serious trouble than that found on the streets) leads to the vt:ry problems they seek to avoid. Some give up in despair and relinquish their children to the street. Others become overprotective and limit social contact with the children's peers leading to social isolation (Jenkins 2002).

Parents ambiguity was clearly articulated about their children:

"He was not a naughty child. He was very, sweet.•,

"... He was a good son."

"He was a good boy.

Patterns of interaction and relating marked by stability and co-operation prior to bereavement enhanced coping mechanisms of families. Dysfunctional patterns of interrelating and engaging with others prior to a child dying resulted in poor coping on the part of participants. Idealisation of the child appeared to serve the purpose of affirming their worth. "Poor coping manifested symptomatically as a consequence of the idealisation of the deceased" (Opperman and Novello, 2006:38 l).

- Unambiguous

Two participants discussed their parenting styles in a positive manner and both had a sense of being in control of their children's lives. Both had a sense of their place in their community and were confident about who they are:

'Tm a parent, I'm a mother. I'm a woman. "

And the other:

"Th$_{ey}$ know th$_{ey}$ must give respect to the people even to the community. People they know my kids are so right ... the place I'm stay, it's a very corrupt place ... but my kids are not involved to all these things. "

"They know I'm a s t'ong mother".

They were both able to positively articulate what they thought about their children without reserve:

" ... He was very charming. It really was a great loss. "

"He was a good child ... the place I'm staying, it's a vely, very corrupt place. . . most of them, th$_{ey}$ 're doing the drugs ... they don't go to school all that thing. And

really I'm surrounding with those kind of . . . gangsters, all that things. But my kids are not involved to all these things. "

These two parents felt their parenting style maintained not only a positive relationship with all of their children but affected their public behaviour.

One parent whilst not discussing her parenting style described her son in a positive manner and was proud of bis contribution to the local community and part he played in supporting others:

"My son was in the neighbourhood watch, so these girls. . . th$_{ey}$ came to my son for help."

"Resilience is the capacity to integrate and find a balance and coherence between the core elements of grief; overwhelmed feelings and controlling aspirations comfortably coexist," is a definition of resilience described by Machin (2009:98).

Mothers' confidence in themselves and their parenting style and a sense of being in control of their children is regarded as symptomatic of healthier family interaction.

A large sample of Black South African children found better educational and psychological coping styles when the mothers exhibited relatively low levels of distress themselves (Barbarin, Richter and deWet, 2001).

- Sense of powerlessness

Power or a sense of powerlessness can be understood in terms of the way individuals construct ideas about themselves with regard to age, gender, race, ability and class. These ideas are formed and produce lived behaviour. Norms are created around which

lives are lived. In the research a sense of powerlessness in regard to their ability to parent their children optimally was expressed and no suggestions made as to how this situation could be altered. The sense was it had to be endured:

"I went to the Superintendent of police, tell him M has died. He was won-ied. He was sad because he said you were really concerned and you saw it's gonna happen. "

"I saw those boys, those who were fighting with M running over the street … I don't trust them … they are coming this side of us."

Aiding and abetting: *"Even when we went to court their families were trying to intimidate me. "*

".... there are parents that are involved in this. "

"One meeting we went with a lady whose child is also involved. .,

"When he (son) came back he said to me you know what I saw those three parents from the other side."

"There was this lady I also had to go to ... The lady that her son started this fight. •

"I said M is dead. I'm sure you gonna be h_{appy} now because you were stamping your hand and saying you won't stop until these three died . . .,

Power operates in and through a cultural context. If the community does not have a privileged position outside of the culture they operate in it is not free of the influences of the wider dominant culture. It is subject to the "hierarchies of knowledge and the marginalisation of groups and their local narrative." (Parton and O'Byme, 2000:53).

- <u>Passivity</u>

A striking aspect of the particjpant's stories was the absence of action to remedy the situation of multiple deaths in a community. Two participants had ideas about what was causing the violence but had not taken any action. This is described by Jenkins (2002) who found that Black women's ability to effectively parent their children was profoundly affected by multiple experiences of trauma.

"'l want to say the other parents also they have to come out. What makes these people kill more, it's because they kill and we run away from them. We have to face them. This is what I did. "

"If you run awfy from them you are a victim. They will keep on doing things to you. "

Living in a violent community entails keeping yourself and your family safe. It drains energy that could go towards more self-enhancing and healthy activities. The impairments to social functioning are outlined as homicide survivours stress levels do not abate over time (Thompson, Norris and Rubaack, 1998). It appears to leave no energy to look at remedial action. Attachment insecurity is enhanced through stress and is associated with psycho-pathology (Davila and Levy, 2006).

- <u>Sense of control</u>

One participant described her interaction with the mother of a young man known to rob others in the community. It was also known that she sheltered his criminal friends in the house. Their house was in the street backing onto her home:

"We don't want those kids in your house because they're doing wrong things and then they're coming to your place. . . and we are going to take them out from your house if you don't want to listen to the street committee ... you have to be strong to

your son. Your son mustn't be scared for me and not for you. Because I'm not his mother, you are his mother you know. "

Literature which points to survival and a sense of control indicates that pre-loss world views play an important role in adapting to loss. A positive attachment in infancy increases the likelihood of protection from dangers and predation, comfort during times of stress and the ability to engage in interpersonal learning and social situations (Bonanno, Westphal and Mancini, 2011).

- Loss of traditional values

Parents who wanted to be in control of their children appealed to the value of respect for elders, which they felt was their right. It was the only challenge they gave to their children about their behaviour inside the family home. Three participants described how they felt respect of older people was a given part of their culture which they could call their children to task over, or it was a yard stick by which to judge others:

"If you are here you must respect me. if you don't respect me you won't stay here. [ii]

"... they (the gangsters who rob) walking around and laugh at you. it makes me sometimes feel sad. "

"... this boy was robbing this man ... I said look, can you believe it. He is robbing this man and he is laughing".

One participant was able to articulate the values she wanted to pass on to her children for how they conducted themselves inside and outside the family home. Respect was the key attribute. The following quote shows the parent's idea of good parenting even if the surrounding context is not supportive of her views:

"I said to them, don't respect me here inside and outside you don't have a respect. You must have a respect. If you see the mother, it's your mother also. If you see a father, it's also your father. If you see the child, it's also your sister . . . That's how th$_{ey}$ grow up because they know th$_{ey}$ must give respect to the people even to the community. People they know my kids are so right."

Jenkins (2002) points to parenting problems for Black women, who are disproportionately poor, who are single parents, and faced with a violent environment. Negative effects included increased aggression, deteriorating physical health and parenting problems. The violence they encounter occurs within a context of many other stresses and results in changes in parenting style (Kaminer and Eagle, 2010).

The death of a child by violent means challenges our world view. It begs the question, is our world a safe place? Deaths that increase our fear of disorder and vulnerability make the bereaved question their roles and make it difficult to create sense out of senselessness (Kastenbaum, 2009; Neimeyer, Baldwin and Gillies, 2006). A narrative approach suggests understanding of their role in the bereaved's life, before and after the death. Continuing bonds theory suggests that this connection assists with reconstruction of meaning when faced with confusion. In this setting role confusion is experienced as the parent's primary role of protection and security was invalidated by the child's death (Neimeyer, Baldwin and Gillies, 2006). All of the participants discussed their role as parent of the deceased child. They also commented on the way other parents behaved in the context of a violent death. This resulted in poor work performance and in impaired social relationships (Jenkins, 2002).

The impact of community violence can shake the very foundations of the basic relationships between parents, children and families. For the first time in their lives,

mothers have to face the reality that they are not able to fulfil a fundamental responsibility of parenting in most societies, that is, ensure the protection of their children. The compromises and allowing of illegal behaviour on the part of parents in violent communities is described in a violent setting. Attempting to manage their lives includes hiding the truth, seeing the truth as dangerous, 'knowing' and also 'not knowing' about the trauma is a mechanism through which multi-generational trauma is carried (Downes, Harrison, Curran and Kavanagh, 2012).

Three coping methods of parenting were found which are getting away (from the danger), getting along (identifying and minimizing interactions with dangerous people or situations) and getting through (using alcohol, drugs, prayer and self-soothing behaviours (Wolfer, 2000).

c) *Loss of extended family*

Analysis showed the extent of support offered by members of the extended families (See Category 5.3.2.2 a). Six participants were able to point to distinct acts of support. The two who were unable to do so were both pensioners with severely limited income and six and three dependents respectively to care for exclusively on their government old age pension.

- Loss of support

Although the research was focused on women's experiences of violent deaths in the community a recurring feature of the data was of ten deaths that occurred in the families to close relatives before, during and after the violent deaths were experienced. These deaths were violent and non-violent and seen as a composite part of their lived experience of loss:

"Five family died before M was shot … all by the gun",

"… so he (husband) passed away also . . . every time and eve,y d$_{ay}$, I'm thinking of him . . . thinking of him real(y. "

"I lose my sister also … "

"… my mother died one month before my son."

" … their father passed away".

A mother of two boys whose older son died of HIV/AIDS six years before her younger son was stabbed to death:

"… terrible, both of them . . . It's affecting me eve,y time and again. When I'm thinking about them I'm just upset. That's why I'm putting photos there. I just want to see them …."

For these participants the recurring theme of other physical deaths could not be separated in their interviews from the violent death of one of their children they had selected to speak about. Their reactions and sense of loss relating to all who had died were intermingled in their minds. The losses were all felt conc:trrrently.

The importance of the extended family in bereavement is highlighted in the literature. The family and social networks that are maintained can be se:en as support or lead to isolation depending on the quality of the relationships (Breen iand O'Conner, 20 J l). A South African study looks at the inability to manage loss as complicated grief. This was seen as a contributing factor in impaired social functioning. It proposed the integration of the Dual Proces Model (Stroebe and Schut, 1999) and a task-centred approach to manage grief whilst drawing on other intervention techniques from other

therapeutic approaches. One model was not seen as sufficient to restore social functioning (Drenth, Herbst and Strydom, 2013).

- Other losses in the extended family

Thompson (2002) postulates that loss 'is experienced on personal, cultural and structural levels and a large number of non-working and unemployable adults in each household is a feature of the findings. Unemployment or inability to work for whatever reason results in a loss of self-esteem, loss of financial freedom and loss of support for the extended family. With the absence of optimal government and community support noted (See Category 4: Structural losses) this loss of extended family support is a mark of the women's lives.

The presence of eighteen unemployed adult dependents is a distinctive feature of seven of the eight households. Three of them are not able to work; one is in receipt of a disability grant, one is unable to be formally employed as a result of foetal alcohol syndrome, and one has severe cerebral palsy (See Annexure 3: pages 200-208)

This experience of a non-death loss, the loss of optimal functioning for the family as a result of reduced income or of physical disability is experienced on a personal level but also has implications for the community as well. Functioning and contributing adults are absent from local structures and social networks (Jenkins, 2000).

The overall sense of the participants is that they are responsible for all the members of their households. A sense of family being important was not directly spoken about but their emotional and financial commitment to making the unit as secure as possible was clear however successful or unsuccessful they felt they bad been in this task. The exposure to trauma however is now being seen in the literature as having the potential for traumatization in the children of the traumatized parents, which will affect

parenting of families (Downes et al., 2012). The possibility of aggression continuing into adulthood was discovered. The long term effects of young adults either witnessing a violent death or having a family member killed violently leads to a significantly higher possibility for them fighting as adults and using aggression against romantic partners (Siegel cited in Jenkins, 2002). This will have implications for the health of families and the parenting roles women undertake in the future.

5.3.1.2 *Category 2: Loss of economic security*

Economic security was not directly addressed by participants but all made indirect references to their ability to obtain, keep, find alternate ways of producing an income, or survive unemployment. These strategies were disclosed alongside the discussion of the lived experience. Poverty, a key form of social exclusion, blocks people from participating in economic, social and political structures and heightens the competition for scarce social resources. Poverty impacts on family systems in multiple ways. A death resulted in economically unstable families living below the breadline and experiencing material insecurity. Unalleviated economic deprivation will have a bearing on the person's self-esteem and sense of purpose, impoverish them emotionally and undermine individual resources needed to enhance coping (Opperman and Novello, 2006).

a) *Role of employment*

- Irregular employment

The status of having or not having work was not discussed directly but was inferred in comments describing their lived experiences of loss. Loss of work was referred to in seven of the cases:

http://etd.uwc.ac.za/

"But I didn't lost my job like in a bad way. I was wanting to still working in that place … they were telling me they were short of funds, so now they couldn't pay me. Okay so - there's no work for you anymore".

Finding or losing paid employment was referred to in passing as: *"at that time I was working;"*

" ... at that time neither of us had a job;" and,

" ... at that time I did have a job. [1]

- <u>Unemployment</u>

How people perceive they are valued as a human being predicts how much they are able to access a sense of hope about their lives. Unemployment, because of the stress it produces reduces the chances of living lives of hope. The unemployed are likely to have a sense of hopelessness and helplessness (Thompson, 2002). It was found that households with high unemployment were substantially and significantly less satisfied with their quality of life than households with full or partially employed members. (Kingdon and Knight, 2004). Unemployment is pegged at 30% (Budlender and Lehohla, 2002).

Fourteen unemployed adults were noted in the eight households. The loss of income from each one although not directly referred to meant that one or two employed family members were supporting several others. Non-working adult dependents are a feature of the households. One was in receipt of a disability grant (reason unknown), one unable to manage any paid employment as a result of foetal alcohol syndrome and one with severe cerebral palsy. See genograms with details of disability (Annexure 3: Page 200)

- <u>Full employment</u>

Two participants spoke of regular work for themselves and their husbands. Their work was such that no professional qualifications were required. In one instance it was seen in the light of her situation to be a negative experience as there was no one to care for her terminally ill adult daughter: "... *because I was working that time, and there was nobody here for her ... her father and I had to take her to my sister over there at NYJJ."* In the second instance it was seen positively: *"And then my husband was also working. So there was nothing that was difficult to us. Everything was ok."*

b) *Loss of finance*

A participant who was in full employment and had an employed son and husband on a work related pension had experienced a period of loss of financial security and described its effect as a loss of emotional security. She stated that this lack of finance was partly responsible for her son's death:

"And the worst thing, we were not working that time, both of us. We didn't even have money that we can just take him to Eastern Cape, or to my mother in Eastern Cape. We didn't have means to take him away from all this things."

Children and youths experiencing violent incidents live within contexts characterized by pervasive impoverishment. The study of community violence has been drawn exclusively from urban, lower income, and often African American populations (Guterman, Cameron and Staller, 2000) looking at violence amongst children and youth and the experience of Black women living in a violent milieu (Jenkins, 2002).

c) Poverty

Poverty is described as "The state of being very poor, the state of being lacking in quality and amount" (Oxford English Dictionary, 2012:562).

The loss of economic security was seen most stark in the settings in which the interviews took place. There were bare cupboards and only basic food available for feeding the families. One participant spoke of the shortage of food as her terminally ill HIV positive daughter had returned home to live with her when unable to work:

"Hey, it's a long time you eat my old man's pension"

As the focus of the interviews was on the loss and grief experiences this feature of incomes (either of a state pension or paid employment) was not directly commented on:

"Then in 2009 I lost my job,,

"... my sister didn't even have money to bury this child"

Two participants spoke of the unsuitable food they were compelled to eat:

"They say you must eat some greens, you must eat properly, not that samp and beans. But what can you do? What can you do? "

One participant described how her high blood pressure was a result of a poor diet:

"We don't eat right, were not supposed to eat fats, but we grow like that. We eat the mngqusho, the African people don 't eat right you know. The food affects us. "

The implications of class and poverty in relation to loss are explored by Thompson (2002) in Chapter Three, (See 3.5 and 3.6) who argues that those disadvantaged by poverty and deprivation will continue to experience inequality when faced with a personal loss. The impact of poverty on the family is described (Kiser and Black, 2005). A South African author describes grief as a luxury for those in poverty as a result of the HIV/AIDS epidemic. The struggle to survive took priority over grief, the economic impact on the household, the burden of caring for the sick and dealing with the loss were the themes that emerged (Demmer, 2007). All the widows in the study were living in poverty and for some their grief was much more about the effects of poverty than the loss of the individual (Rosenblatt and Nkosi, 2007).

5.3.1.3 *Category 3: Loss of health*

Inequalities in health and the persistence of physical and psychological symptoms are seen as typifying chronic grief and sorrow (Roose, 2002). Lower levels of health care are reported as being linked to socio-political inequalities. The constraints of class division and poverty have an overall effect on the conditions of daily living and affect general health Jones and Novak (in Thompson, 2002).

All participants described changes to their overall health status as a result of the violent deaths of their children.

a)   *Loss of physical health*

Direct physical changes were experienced by all the participants and the comments below show their assessment of the links between their children's deaths and their change in health status:

"I've got high blood; "

"I was wearing a size forty-two, now I don't know what size I'm wearing because of the sugar diabetic. I'm losing;"

"I'm diabetic, I've got high blood; I've got cholesterol, so I must think about all these things ... ;"

"I've got arthritis. "

Jenkins (2002) claims that acute and chronic stress, no matter the source decreases the immune system functioning and increase vulnerability to disease and infection.

As explained in literature, Murphy et al (1999) describe the consequences of ill health and Richardson and Lund (2003) interference in sleeping patterns. People suffer physical reactions to the event in the form of somatic complaints, infections and a variety of other physical illnesses (Machin, 2009).

- Sleeping eating and body changes

Six participants bad sleep difficulties: *"I couldn't sleep;"*

"Every night I was stay awake;"

"J wake up with a headaches or paining 'cos I don't sleep;"

"Even in the d_{ay} when I want to sleep I couldn't sleep; "

'I'm afraid of the night, because I never slept in the night … at night I'm alone and I'm not going to sleep;"

"I couldn't sleep".

Other reactions were noted: "*I'm not feeling alright;* "

"I was numb;"

"I couldn't eat, I lost (weight) everything because I couldn't eat",

" ... I'm losing; "

"I don't want to eat that time; " and

"I wake up with a headaches or paining 'cos I don't sleep. "

Jenkins (2002) argues that stress from exposure to violence indirectly compromises health by decreasing the individual's motivation to participate in behaviour that promotes health. He suggests that lack of adequate sleep or exercise and self-care are a direct result of the mental status of individuals following exposure to violence. Parents' health is affected and their health care patterns change following the violent death of a child (Murphy, Lohan, Braun, Johnson, Cain and Beaton and Baugher, 1999).

The relationship between stress and health was described in terms of four stresses: sexual and physical abuse history, lifetime losses and traumas, turmoil in childhood family, and recent life events. (Leserman, Li, Hu and Drossman, 1998).

- Crying

Sadness is the most common and universal form of human expression found in the bereaved. These feelings are not necessarily shown by crying, but often it is the case. Despite its widespread occurrence, not truly comprehensive theory of its origins and functions bas been established. It gives the grieving person time to express their feelings without a response being required. They may have a potential healing value. Tears relieve emotional stress, but how they do this is still a question (Kaustenbaum, 2009).

Three participants discussed the role of tears:

"I c,-y a lot; "

"!cry;,,

"!just come inside and !just cry;"

"!feel like clying you know. !feel like crying (long pause) *when I think of them. But I can't c,y in front of the children. You must be in your bedroom."*

Walter (2001) discussing grief and expression of emotion, points to crying being a gendered construct and different cultural groups exhibiting different patterns of expression in different settings. He argues that the debate about the value of tears is not a settled one. (Walter, 2001)

Crying facilitates bonding and protective reactions from others and establishes a social situation where the normal rules of competitive behaviour are suspended. Its role in attachment behaviour is seen as being a method of improving the physiological

and psychological well being of the crying person (Hendricks, Nelson, Cornelius and Vingerhoets, 2008).

b)   *Loss ofmelltal health*

All of the participants were able to describe the mental health changes they experienced on the death of their child. In particular all noted the on-going effects, which were now a feature of their lives. Adams and Moon (2009) measured sub threshold depression amongst vulnerable adults being a feature of their grief.

- Anger

Anger is a common expression of outrage against a painful loss and is universally experienced (Corr, Nabe and Corr, 2000). Grief lasted longest for those experiencing multiple losses where the individual's health, marriage, faith, fmances, job, emotions and personalities were affected. Strong and enduring emotions were described by all the participants (Mercer and Evans, 2006). The most repeated phrases were:

"I'm still angry",

"...I am so angry".

"Terrible" "painful" and "difficult",

"It was a g'eat loss" and *"this thing hurts me"*

"I did not lrnow it was going to be worse when it was your own child".

Inability to manage emotions is described by Strobe and Schut (1999). The dual process model where control of emotions moves between what they describe as a

'loss orientation' and a 'restoration orientation' is described in Chapter 2. The most common phrases which were repeated were:

"I'm not feeling alright",

"... Since that d_{ay} I was never okay"

"!didn't believe"

"I couldn't cope, •

..... I couldn't take it"

• <u>Despair</u>

Bewilderment and despair often continue beyond the first impact of the loss. Periods of weeping and physical reactions were reported. Women attempt to find their own balance between the desire to receive help and the fear of becoming dependent on others (Kastenbaum, 2009). Constructivist theories emphasis the role of meaning making in adapting to chronic loss reactions. Three activities are involved in this approach: sense making, benefit finding and identity change (Gillies and Neimeyer, 2006).

The grief and despair was still being experienced by the participants:

"Th$_{ey}$ killed my baby;"

"He was my baby;"

"It was terrible experience . . ."

"It was terrible experience ... because it was a tragedy when he died; "

"It was sad because the house it was like a dark house ... it was like a place that is deserted with everything;"

".... I was sore . . . and I didn't believe".

A woman heading a household of eleven comprised of six adults and five children with one wage earner supplementing her state pension stated:

"And you must cry and think about your children and your health, because I'm not okay. I'm diabetic. I've got high blood I'm not okay. I've got cholesterol, so I must think about these small children. It's gone. It's gone;"

"We've got other problems like things happen to us. It's getting worse. It affects your health;.,

"I was very, very sick, I loose everything at that time, I loose hope. All that thing;.,

None of the participants spoke about depression but symptoms aligned with this condition were described:

"When you thinking when you are not working there's a lot of things coming in your mind you know. You think too much ... I don't want to see the people. I want to stay alone at home ... sometimes I'm not busy at home. !just sitting and think

and cry. Cry a lot; "

'I'm not feeling alright; "

"I was not ok$_{ay}$ after my son passed a way "

"£[I'm talking about him I'm getting upset,· "

A participant who experienced the death of her son from a shooting, had four to experience her nephew dying from a suicide attempt four years later:

"That thing o^{f}my son now who died and then now this nephew of mine and its under my care is doing that, it comes again. All over again to me ... I couldn't ... we are still carrying that feelings ... It doesn't go away ... Sometimes in the night it comes back ... If I heard about another death of a child ... I take it in a very bad way; "

"I never experienced that feeling I had when my son died"

"It's affecting me every time and again;"

"... my feelings was. like I'm feeling lonely, I didn't know I was empty.,,

"There was no one to help me. •

• <u>Depression</u>

Sub threshold depression and depression are both psychological concepts (American Psychiatric Association, 2000) which are noted in grief.

Several participants were able to express their feelings about mental states whfoh were distressing to them:

"I'm hying, I'm trying. I don't want to think about this because this is going to kill myse{f .. "

When I'm thinking about them I'm just upset. .."

"When you are not working there's a lot of things coming in your mind you know. You think too much. „

"So I was not okay ... I was not okay ... I was not okay really. "

Whilst none of them used the word depression, several features were evident of this mental state. In this setting which was not medical in its focus a case can be made for using the term sub-threshold depression (symptoms which do not meet the criteria for a depressive episode according to the OSM-V) or dysthymia, characterized by depressive symptoms which have persisted for at least two years. Comorbid conditions in patients presenting for the treatment of depression is necessary to influence treatment planning. Anxiety disorders, as a group, were the most frequent current comorbid disorder (Zimmerman, Chelminsk:i, Iwona, McDermut and Wilson. 2002). Treatment of the frequently found depressions of bereavement included simultaneously offered components: grief therapy, psycho-education psychotherapy and pharmacotherapy used for the treatment of major depressive episodes (Zistook and Shuchter, 2001).

Brown and Broday (2000) found the levels of depression for rural black women were associated with the amount of spousal support and conflict, co-care-giver support and conflict, child conduct difficulties and socioeconomic risk. The state of widowhood is seen as a factor in the onset of depression and is mitigated by pre-death grief of an ill spouse. Those experiencing sudden death loss were significantly more vulnerable to depression (Camelley, Wortman and Kessler, 1999)

• Sense of powerlessness

The participants were able to express their sense of powerlessness and the common theme was that it was an on-going experience. The fact that none of the participants could move away from the situation was never mentioned but they all expressed ways of attempting to manage their feelings:

"With the help of other people we cope, but what can we do? "

"He was the first one to die, so that hurts me really;"

"I'm angry for the people who are killing my son. I'm still angry for them. Maybe I greet him when I see him in the road but I don't know; "

"He got shot there in P. ... Eighteen bullets... so I phoned my minister, I tell them what happened; "

"Nothing is helping... That was that. "

Not recognizing the signs of depression left the aunt of the suicide victim feeling powerless in her grief prior to his death she said *"... you don't see him sick But he s doing this thing of lonely ... Even !he teachers they were here and said it was a very good quiet boy who doesn't even likes friends, who doesn't even go with friends. Us we were thinking it's the right thing. We didn't know maybe this child was got things inside."*

When witnessing violence and the loss of family members, survivors report psychological distress, increased rates of aggression, diminished physical health, and additional challenges in their parental roles (Jenkins, 2002). Living in a violent context carries at least the threat, and often the reality, of being personally harmed (Jenkins. 2002). Of note here is the participants' ability to feel all the above emotions but carry out basic parenting and social obligations and in some instances employment. This is illustrated in the Dual Process model of grief outlined by Stroebe and Schut (2001) (see Chapter 2) who point to a way of recognizing individuals' responses to loss as part of a spectrum of styles moving between healthy and unhealthy, normal and abnormal behaviour and emotions. Regret is discussed as a

mental health variable in bereaved families that appears as a result of their feelings of inadequacy in their roles (Shiozaki and Nakazato, 2010).

c) *Loss of trust i11 personal safety*

Women in low-income communities were found to have both frequent and severe exposure to violence (Jenkins, 2002). The analysis shows their personal safety to be at risk. No suggestions were made about ways to ameliorate this situation. Only one woman said she personally interacts with those perpetrators on an individual level. She was one of the two participants who felt in control of her family, and secure in her parenting style.

- Loss of sense of control

Mistrust of authority figures and a sense of helplessness and meaninglessness was evident. The general level of security in the community is low. There was no sense that any of the participants felt they could alter the situation; it was merely to be endured. The world was seen as an unjust place they had to manage rather than change:

"I get angry when somebody is carrying a gun, because I know what the gun did to my family. It makes me feel . . . unbalanced"

" ... you see our areas are too rough ... that is why you see Khayelitsha people doing all this. They kill them on their own. Because when they go to the police they come out. They will be catch today, tomor'owyou get them out;"

"They (the robbers) *walking around and laugh at you. It make me sometimes feel*

sad."

A trial with post-traumatic stress disorder (PTSD) patients found that baseline beliefs about mistrust, helplessness, meaninglessness and unjustness of the world related to base line symptom of PTSD but did not predict treatment outcomes. Exposure to cognitive therapy or cognitive restructuring alone or a combination was offered. Several important beliefs changed after, and none before symptom improvement. A sense of control and gain to personal efforts were recorded and were maintained in the study group (Livanou, Baosglu, Marks De Silva, Noshirvani Lovell and Thrasher, 2002).

• Criminals known to parents

Exposure to continuous trauma occurs in a context where survivors face the rei,\l prospect of future victimization from perpetrators and cannot easily escape dangerous living circumstances. Inefficiencies, corruption and lack of capacity and lack of resources in the criminal justice system means that criminals are living in the local community (Kaminer and Eagle, 2010).

In five of the women's minds they either knew of the perpetrator, knew someone who knew the perpetrator personally, or was given the name of the person responsible for the killing of their child. The remaining three participants did not know the perpetrator and merely wished them dead.

"... *My husband told that these boys th$_{ey}$ were here looking for M ... I asked them what's going on? They just said they want him. What happened? They didn't give the stoty . . . These boys came to the house and look for him, and ask if he is involved in this fight ... I saw those boys on the road. I call them and ask them what is it? What's going on? We are fighting with M Why? They had a.funny story, but it was not like this and that happened "*

One participant met her son's murderer when she was walking to the scene of the crime.

"That time when we go there, that boy was Just walking with a draad... A wire but here in front it was very sharp, like imoola. The thing was pl_{ay}ing with this thing when we go there andfetch J . . . I s_{ay} now why are you going to play with this thing? He s_{ay} to me, when I get the police I will tell the police this thing I must defend myself with this thing."

- <u>Cr i minals known to opponents</u>

Consistent exposure to community violence had effect on children' psychosocial outcomes, school work and interpersonal relationships (Jenkins, 2002).

Four of the participants knew the criminals who killed their children in eight of the thirteen deaths recorded. The presence of perpetrators who known to their victims is illustrated by the following quote:

"... my son he decided to run aw_{ay} because he said they are very dangerous. He don't trust them. "

Resources measured in the form of the child's resilience, maternal coping and positive family relationships were found to work against the adverse circumstances in the child's coping styles (Barbarin, Richter, de Wet, 2001)

- <u>Criminality unchecked</u>

The presence of known criminals was discussed by all eight participants. The inability of the criminal justice system to manage the situation has resulted in a situation where violence "is common, yet unpreructable with regard to where it may happen, what form it might take and who the perpetrator might be." (Kaminer and Eagle, 2010).

One mother was describing her experience at the local mortuary with a sense of resignation.

"... if you go to the mortuary maybe Saturday morning, you ask how many people they die there they under twenty one? They say he can't count. So, it's too many."

The presence and on-going actions of criminals in the community was noted:

"They walking around and laugh at you. It makes me feel sad. "

"They are going to die more if we do not wake up."

Women's coping styles in a situation of known criminality is seen in the way they avoid, minimize or manage their own or their children's encounters with community violence (Wolfer, 2000).

- Presence of known criminals
The young man living on the same street who stabbed a participant's son is now out of prison and living within sight of the woman's house:

"But we did nothing to their parents . . . these people that they stabbed him, they mix with the others here up the street, so after that we didn't have communication with them. So till now, but we just greet each other. Don't talk, just greet each other and go like that ... It's sore, but I don't care for them. They killed my son. So I . . . ,

- Presence of possible criminals
Living in a violent community with structures that are not seen as supportive means that there is the possibility of further violent and or criminal action against one:

"I'm not alone to this thing, doesn't happen to me alone. Everybody, all of my friends many sons being killed. What am I going to do?"

"It's not nice where you live, but what are you going to do?"

A sense of feeling powerless to change the situation was repeated in every interview. The idea that they have no control is expressed in the explanation about why one woman did not go to court of follow up the case:

"And I don't know who these guys ... but I don't know them because I didn't go to court. I said I don't want to go to court . . . I don't want to see want to see these people. I don't them ... "

One participant engaged with a court process but none of the other seven went to court or imagined it would be helpful to them:

"The police they come, they said to us you must to the police station ... and make a statement. I said no we can't come because my son is gone and my son won't come back so I won't going to do that to the police station".

The idea of participating in the process of identifying suspects or assisting the police was not thought worthwhile.

Analysis of the experience of loss in this community was marked by a sense of powerlessness. Resignation was the major effect. This occurred in different settings.

The idea that something could be done on a personal level to change their situation was only discussed by one participant. Seven participants did not see any viable avenues for change.

The effects on those who survive a violent death of a family member is a sense of hopelessness and loss of future orientation with a belief that members of their family will die young and die violently (Temple, 2000). This was the main feature of the sense of loss of community. In Wolfer's study (2002) of 25 mothers in a violent setting it was found that all of them had experienced violence as a witness, a victim, or both. This exposure was both frequent and severe. This syndrome of traumatic grief in a violent community which has to be dealt with on a personal level is increased aggression, poor health status, personality changes, difficulty with interpersonal relationships and avoidance of intimacy (Shear, Zuckoff and Frank, 2001).

5.3.1.4 *Category 4: Structural losses*

The analysis of the data revealed a category of loss which is described in the PCS model of Thompson as "structural". "This level relates to the structure of society and the complex network of power relations and social divisions (class, race and gender) that underpin it." (Thompson 2002: 10)

A loss of trust was experienced in two different areas by the women and each of these will be discussed in turn. These are the loss of trust in government structures and in community structures.

In appreciating loss on the structural level as described in the PCS model of Thompson (2002) discussed in Chapter 3, the network of power relationships and social divisions is explored. This is the basis of any society. Loss at this level is not only experienced on a personal level but if affects the whole life of a person as the structures they live under form their responses and reactions to events.

a) *Loss of trust in government structures*

In terms of loss of trust in the arm of government the only structure mentioned by all participants was the police service. Seven participants spoke directly about their experiences with this arm of the state. None of them felt their experiences were positive:

"He was a long time dead already. Then we call the police. The police came but they only come and fetch him in the morning."

"The crime won't go away through the police of Nyanga. They're not good."

"The police of Nyanga is a waste of time. They're working with the gangs. I can say it in front of the police;"

The police appeared to be aware of the general sense that the situation was not under their full control in the following three quotes:

"Even the police asked me, are you going to be strong for this?" (The court case)

We were going to the police station like we were going to the shops because every day when they come to my house . . . we go to the police station and report. Nothing happened"

"I asked the superintendent of police to help us. They said it's not easy;"

"I went to the Superintendent of police, tell him M has died. He was worried. He was sad because he said you were really concerned and you saw it's gonna happen."

There was a sense that managing the situation was all that could be hoped for:

"Our areas are too rough. We don't get police. You see the vans and you can s_{ay} there is police but they do nothing. We have to do something on our own, then th_{ey} will come. Th_{ey} will be catch today. Tomorrow you get them out. "

"Police station s_{ay} we don•, know nothing about P. We just going home. "

One mother did what she was asked in terms of assisting the police to find her sons murderer but no one was charged:

"Before the funeral the police comes and said to me I must come and show them that house of my son's friend in Acacia. 1 went, and then th_{ey} ask me everything to that boy who was staying with P. I really did not know what th_{ey} said to the police because 1 was outside at that time. I think afte" two or three months there had come the police and gave me a summons to go to court in Wynberg . . . We went to the cow1. Th_{ey} said to me they didn 't find who killed P, now they closed the case.,,

Other participants stated: *"/ did not know who is shooting him until today. "*

There was no assumption on the part of six participants that the killers would be found and charged.

"We were going to police station like we were going to the shop because every d_{ay} when th_{ey} (the gangsters looking for her son) *come to my house we go to the police station and report. Nothing h_{app}ened "*

One woman knew her sons killers and bad them arrested but felt she had to do the work of the police to get action on her son's case:

"... then I went to the police station and tell the superintendent . . . I went after them with the police . . . In our areas we don't get police. You see the vans and you can say

there is police. They do nothing. We have to do something on our own, then they will come.•'

Another mother whose son was murdered by a oeiglbour reported: *"the police came and take him to Pollsmoor. He was there for eight years only. And then he's there by the house. he's working, he's doing everything, but my son is not there."* The assumption is that the law is not supportive or functioning well with them in their losses.

The overall sense of these participants is that their grief and stress were prolonged by the lack of police interest, lengthy criminal justice proceedings, and intensified by minimal sentences for perpetrators. When asked about her son's murder, one Black woman dismissed the police investigation, saying *"... to them it's just another Black mother's son"* (Temple 2000:658). The police force was not seen to be responsive. Predictors of post-traumatic stress symptoms have been recorded amongst South African police that points to a force which is under pressure themselves from the repetitive nature and the extent of the violence (Jones and Kagee, 2005).

b) *Loss of trust in community structures*

It is important to remember that living in a violent milieu carries at least the threat and often the actual reality of being personally banned. The women's view of their community was that it was inherently unsafe both for themselves and for their families. The only local structure that was mentioned was interaction with a local ward counsellor. This interaction was not regarded as helpful by the participant. She distrusted his motives and ability to manage the situation she needed help with:

"He collected the parents to talk about this . . . The councillor was talking like somebody who is helping us, but I think he was involved with the parents of this other side (whose sons were the perpetrators). *I tried to show the councillor this was not working* (the mediation meetings he bad called). *He said to me I am sorry I can't help you because your child are… ugh, ugh, (shaking his head). … The councillor said they was making peace. But I saw there was no peace"*

Wolfer (2000) explores the ways mothers in violent communities develop methods to manage their environments to mitigate the effects on both themselves and their families. Benjamin and Crawford-Browne (2010) look at the psychological impact of continuous stress on the way women manage themselves in violent situations in their communities by avoidance of violence, reduced health status and increased rates of depression. The role of unsupportive social interactions in a situation of multiple AIDS-related loss is explored (Ingram, Jones and Smith, 2001). Jenkins (2002) discusses the method of coping amongst Black women who experience community violence of ill health, increased aggression and parenting problems.

S.3.2 Theme two: Grief experienced by women

The theme, of grief experienced by women in the context of a violent death (See Chapter 2.2.2.b) was marked by the dominant feature of its prolonged nature. This was seen in two categories, the first being the distinctive triggers of gi ef and the second the methods they chose to remember their child.

A maJor work on the category now termed 'prolonged grief disorder' is being undertaken. Bereavement is a universal experience but grief becomes a serious health concern for a relative few. For such individuals, intense grief persists, is distressing and disabling, and may meet criteria for a distinct mental disorder. It is not presently

seen in any diagnostic manuals or as a defined clinical syndrome. The study was to determine the psychometric validity of criteria for prolonged grief disorder (PGD) to enhance detection and potential treatment of those with heightened persistent distress and dysfunction (Prigerson, Horowitz, Jacobs. Parkes, Aslan, Goodkin, Raphael, Marwit, Wortman, Neimeyer, Bonnanno, Block, Kissane, Boelen, Maercker. Litz, Johnson, First, Maciejewski, 2009). Prominent researchers in the field of bereavement and loss look to have it recognized as a distinct diagnosis. They propose its inclusion in the American Psychiatric Association's Diagnostic and statistical manual of mental disorders known as DSM-V.

Another focus of research is the investigation into the differences between prolonged and nonnal reaction to loss and the underlying structure of grief and to identify the distinct features for assessment of patients (Holland, Neimeyer, Boelen, and Prigerson, 2009).

A further development is the idea of trauma that is experienced in childhood becoming a multigenerational trauma as it affects the offspring of traumatized individuals. Although this research is conducted in Northern Ireland its findings are applicable to South African with its history of political suppression and viole,nce. "This perspective suggests that rather than parental trauma itself being transmitted through the generations, the increased *vulnerability* to develop psychopathology is instead transmitted." (Downes, Harrison, Curran and Kavanagh, 2012:2).

5.3.2.1 *Category 1: Prolonged Grief*

Not only have participants lost their child they also may lose their assumptions about the safety of the world, their trust in others, and the belief that they can keep their families safe. They may develop a sense of hopelessness and loss of a future

orientation in their lives. Their inability to move away from the area where the death occurred and the presence of the perpetrators (known and unknown) make prolonged grief a reality to be endured.

a) Triggers in the community

The presence of the deceased child's friends who live in the community was a marked response. None of the parents' anger was directed to these surviving friends but their presence caused acute pain to the participants.

Four participants described the effect of being surrounded by friends of their deceased child:

"It's worse when I see the boys that who grew up with M The one that they were very close with him, it make me feel sad:"

"f I saw my babies friends, if I saw them outside, I just come inside and c,y."

"I was always standing at the gate and see P's friend. J'm always thinking about hIm."

-When you saw the youngsters, the child's friends you just taking something inside. I try, I try but I don't know."

Bonanno and Field (2001) examine delayed grief when adjustment seems normal but then distress and symptoms increase months later. ft was found that there was no evidence of delayed grief but rather of delayed trauma.

b) Acts o frememberi11g

Remembering is a mental construct that enables thoughts of the deceased to be processed in an attempt to reach some reconstruction of a world in which they are absent.

"But we are still carrying that feelings. It doesn't go away,·"

"When somebody else the child died, when the people telling me … the news of that child . . . I think a lot for that lady and I think also for me. Because it comes like … 1 take it in a very bad way;,,

"Just close my eyes all the time and asking oh my God, why? Why him?"

"When I' thinking about them I'm just upset. That's why I'm putting photos there, I just want to see them. „

"I take his doekie and put it in my hand and I feel alright. If I'm thinking about him 1 take his photo and put rnaybe in my bag."

A longing to be with the deceased and for what they have not been able to experience is expressed:

'T'm going to go to him one d_{ay} when I pass away: "

•T wish he did left like a grandchild to me. His son or daughter you know. . ."

Grief, which is characterized by sadness, depression, pain and tearfulness and intense longing for the person are common reactions. Trauma seems to be most intense in cases of homicidal death, which often involves mutilation and subsequent intrusive thoughts of the other's pain, sorrow, and helplessness. (Jenkins 2002). The use of silence and the effects of memory are seen as result of a traumatic loss in a family.

This underlines the act of remembering and the act of trying not to remember as indicated above are a response to intense grief (Badderley and Singer, 2010). Complicated grief in the South African context found impaired social functioning to be a contributing factor (Drenth, Herbst and Strydom, 2013) Those at risk of complicated grief are identified by tie functional and emotional impairments that they suffer (Guldin, O'Connor, Sokolwski, Jensen and Vedsted, 2011).

5.3.2.2   *Category 2: Support during grief*

A focus for the participants in their telling of their story was the part played by both family and the community they were a part of. These interactions were on an individual level but were supportive and affirming in the face of their loss.

a) *Support from extended family*

- Immediate family

Every woman had a family constellation in which she lived. Varying amounts of support were extended. Already discussed (see 5.2.7.1) was the lack of extended family support for the two women (aged 64 and 71) living on the government Old Age pension. They had the most number of dependents to care for and the least amount of extended family support.

Reference was made by three of the participants about the intervention and support offered by husbands, sisters, uncles, brothers, one mother-in-law and one nephew.

One sent her son who they felt was in danger to her farnjly:

"He had to run away to my family; "

"We are a very close family. We love each other. The helped because we were always together. "

The family's response to her son's death was described by one participant:

"We 're coming with a big family. And everybody was like supporting and coming regularly to see my brother and the other brother also. They always come and help. "

This same family had a 96-year-old mother who gave a sense of safety and comfort to the extended family in times of stress:

"...my mother also its our anchor who was . . . supporting us in the house a lot. And telling us, encourage and give us that strength. So she old but she give us the strength like to cope, to doing things well. "

Other family members were supportive:

"My sister did send me to the therapist where she was working;"

"My sister said to me, we must go to the mortuary: identify him, so we can think of bwying him. "

The presence and support of extended family members is noted in relation to resilience, which is the most common reaction to loss (Bonanno, 2004) the provision and availability of social and famjly support (Breen and O'Conner, 2011) and interfamilial support amongst family members, the internal strengths and durability of the family unit (Greef and Human, 2004).

- <u>Grandchildren left behind</u>

Two women who had financial means to do so found the care of their deceased child's children to be a source of support. The one felt her two grandchildren were a source of comfort when she was grieving:

"I'm happy because he's got his son and a little girl ... When I think about him I go and take his little boy and little girl out. I'm go and take them when !feel bad."

Four out of eight participants discussed the positive impact of family support, either from individuals or the presence of a grandchild reminding them of the deceased. If the family of origins patterns of interacting and relating were stable and cooperative prior to the bereavement a better outcome was predicted (Oppennann & Novello, 2006). Grieving people's need for support was found in the network of the close family, the origin family, relatives and friends. This group provided the most social support (Benkel, Wijk and Molander, 2009). The role of fantily in the support of their grieving members is seen as a health asset in a setting which would make use of professional help. Aimed at those experiencing sudden or unexpected deaths, the family's resources and networking skills are emphasised (Dyregrov and Dyregrov, 2008).

h)   *Supportfrom the community*

Community generated support for the bereaved is seen as one of the core principals of a community resilience-orientated approach to recovery from traumatic loss. Working from within the community and tapping into strengths and resources of relational networks to foster healing and post-traumatic growth is the focus; fostering family and community resilience (Walsh, 2007).

• <u>Friends</u>

The most frequently mentioned and most valued support available for the women were their friendship circles which predated the loss of their children:

"My friends in the community ... always with me all the time ... like just be there for me. It makes me keep on going and coping. "

On hearing her son had been shot one participant said:

"I only take my phone and phone L so that L maybe can call an ambulance or what, because I didn't know what to do. Then L came quickly. ..

"The people who was my friends in the community, L and them, always with me all the time". Like, support me. like to be just there for me .. _ it makes me keep on going and coping. "

"All my friends, they talking to me.. ,"

One participant who did not discuss the support of friends was only able to mention the possibility of support from 'other people':

"Maybe if you mix with other people, all the things vanish a little bit, you know."

The support of friends and the crucial role of communicative processes and storytelling are promoted for healthy grief and bereavement (Bosticco and Thompson, 2005).

• <u>Work colleagues</u>

The impact of having absorbing and interesting work to occupy her mind was a support for one participant. She was in full time work at the time of her bereavement and it became a source of support:

"In the day it was the support of the people I work with"

"I think also that work helped (counselling children) *because I was ... help the other people ... because when I was outside to the people I was feeling better,* " and *"I was coping because of... the support of the people I was working."*

Finding benefit from a variety of sources and meaning making is supportive. It involves making sense of the loss and finding benefit in the experience. Sense making proved the best indicator of positive adjustment to bereavement (Holland and Currier, 2006).

- Church members

The support of church members was only discussed in relation to perceived support. It was described in a formal manner but with appreciation. No further details were forthcoming:

'... church people did support me"

Only one participant asked for a minister to visit her:

"I phoned him so came to my house. So I was in my house with lots of people from the church."

- Multi-disciplinary team

It was clear that there existed no formal structures that could offer support to the bereaved. What interactions did take place were ad hoc and single isolated incidents as described below. Despite the circumstances two participants were able to access legal services and obtain support from professionals

Legal support

http://etd.uwc.ac.za/

Only one participant had the financial means to alter her circumstances and exert control over events. She paid for a lawyer to get her son out of jail:

"So I take a lawyer, then I take him out from the jail. „

One participant described the help from a local magistrate in getting her son's killers convicted:

"I had a vely good prosecutor, Mr Min Wynberg ... He was very good. He was the one who made a point that they have to be catched. So now they are in jail.,,

- Psychosocial support

Two participants had access (however limited) to psycho-social support:

One participant was sent to a therapist *"my sister did send me to a therapist where she was working ... I went there twice a week. "*

One participant spent time with a social worker: *"I had to go to the social workers and ... she talk to me".*

Both of these interactions seemed positive. The human ability to thrive in the face of trauma is described in terms of resilience (Bonanno and Mancini, 2008).

- Government grants

Both the women who were receiving old age grants described them as a support. The grants were the sole source of income in both families so this meant the difference between hunger and despair and a means to survive:

"It's only I get a pension, so I have money that time to buy all these things."

One participant spoke of applying for a grant (for her HIV positive daughter):

"It's a long time that you eat my old man's pension ... I say to her now your mother is going to make money for you also. I want you to make money that you can get money. "

In all of the above categories of support the major omission was from government structures (apart from the disbursement of grants by SASSA) and from formal community structures. The support participants described was almost exclusively found in the interpersonal network of relationships participants bad with family, friends and church, work colleau es and connections which existed prior to the deaths. The most isolated participants were those who bad not developed multiple social supports during their lives. Only one participant had financial reserves to access support on an individual level.

Kasiram and Partab (2002) look at the cultural and community setting for clues to the grieving process in South Africa. A group process for improving support is described (Hunt, Andrews and Weitz, 2007). Demmer (2006) explores how loss and grief affect those giving the professional care to the bereaved. The effects need to be managed by both the giver and the receiver of care to enable effective focused care to be sustained in a traumatic setting.

5.3.2.3   *Category 3: Spirituality and grief*

For people who belong to a particular faith community spirituality has a clear set of principles, which define faith and help their adherents to understand and make sense of their lives and their most profound losses. All of them ask the question "Why?" by seeking to relate it to an omnipotent being (God, Yahweh, Allah or other) who provides them with an ultimate sense of meaning and purpose.

All eight participants spoke about a personal faith in a divine being. An omnipotent, powerful God was assumed by all of them. There was a wide variety of methods of accessing what they saw the value of faith was to them personally. There were contradictory positions taken by individuals who held opposite opinions about issues in terms of remembering/not remembering the deceased and having opinions about crying/not crying but were able to hold these in tension.

Their experience of loss, together with a loss of meaning and purpose has a profoundly spiritual dimension in their understanding.

a)   *Faith in God*

Faith in God was expressed by seven of the participants in varying ways. They all felt belief in a higher and benevolent power and were secure in this faith.

- Nature of God

A clear understanding of who they believed and worshipped was described by two participants:

"It's good to believe in God;"

"I believe in God; "

"You know when you are saved, things happens, and then you just tell yourself, God you are there to help me. These things are not mine. The other battles they are not mine. They are for God."

- Attributes of God

Descriptions of the attributes of God were strongly worded and with no qualifying statements.

"God helped me to be s t'ong,·"

"God helped me; ,

"God was alwₐᵧs there;" "God was with me," "God knows everything,·" "God knows why and why not. God gives me power. "

"No one can help you unless you are first next to God. "

(Downes et al., 2012) describe families looking for higher meaning or purpose behind the events that occur and a religious significance and sense that while trauma bas occurred, it may have happened for a reason

b) *Belie/in after-life*

• Bible teachings

Participants had been given teaching from the bible about life after death in the congregations they attended.

"All of us are going to be gone one d$_{ay}$. We are not going to be st$_{ay}$ here in the world. Because o fall these things that been written in the bible,·"

"What does the bible say? We are all going to pass away one day,·"

"I'm the one who can go to him one day when I pass aw$_{ay}$. That's what I'm going to do. We must go to the bible and see what God s$_{ay}$s about death. Death is gonna be demolish when God is coming back. So we mustn't o y when other people are gone. "

Patterns of behef of those for whom an after-life is a reality are discussed in tenns of the continued attachment they have with the deceased and manner of keeping the

bonds finn. They are vital in terms of adjusting to bereavement. A stress relieving process is described (Benore and Park, 2004).

- <u>Effect of behavior on bereaved</u>

One participant was about to view her deceased son's body in a mortuary and was encouraged by a nurse to put her trust in God:

"The nurse said I must put my belief in God "

Another participant was clear that any responsibility for what would happen in the future to the perpetrator is God's concern .

"God is going to see them … not me. „

Spiritual or religious beliefs were examined in 5715 bereaved in a palliative care setting. Ninety-four percent showed some positive effects of spiritual/religious beliefs on bereavement (Becker, Xander, Blum, Lutterbach, Momm, Gysels and Higginson, 2007).

c) *A relationship with God*

A relationship with God was always seen by the participants as a major support, though this was expressed in different ways:

- <u>Support</u>

A relationship with God was always seen as supportive, even if the participant was not clear why experiences were happening to them. The relationship was firm under difficult circumstances.

"But just because I know God I have to adjust myself and say God please help me change my heart; "

"I'm sure that it is Gods power that I mustn't know, maybe it is somebody that I know?

"J know God loves me, because if God didn't love me I wouldn't be here today. "

"One day God will come and say Xolo (peace) *to me."*

A mix of spirituality resilience and the use of narrative were found to support the bereaved. The therapeutic use of reminiscence and storytelling is founded on the individual's journey of adjustment. It looks at how an individual incorporates personal and spiritual resiliency where the goal is discovery rather than recovery (AngeJI, Dennis and Dumain, 1998),

- Empowerment

Participants spoke of their sense of empowerment being a product of their stressful circumstances:

"But in the end . . . you have to say thank God to all these things because you learn something. . . I've learnt. to be close to God . . . from all these things. "Cause no one can help you unless you are first next to God. "

"God help me to forget this boy because 1 have got other children;"   *"I mustn't think about him all the time because he's gone. He won't come back;"*

" … So just ask God to help you to forget. "

The overall sense of the place of faith was of it being a support in all circumstances. Thompson (2002:43-43) concludes that the major monotheistic religions show there, "is a deep moral imperative to regard people as precious, created and valued by divine

love ... spirituality becomes not just the heart of helping but also crucially, the very heart of the struggle for justice and emancipation."

Through religion or spirituality whether following communal forms or more individually expressed, people found practical support, comfort, help in making sense of what had happened, belief in continued existence beyond death, a way of ensuring 'continuing bonds', and healing (Chapple, Swift and Ziebland, 2011). Having a relationship with God is described as being a platform from which to share faith with others and obtain help to sustain hope (Kastenbaum, 2009G

d) The place of prayer

The definition of prayer is a "request for help or expression of thanks made to God or a god." (Paperback Oxford English Dictionary, 2012:954). A request for help or expression of thanks addressed to God or another deity was expressed by all eight participants.

Prayer was spoken about as being a support in various ways:

- Expression

"And talk to him. People look at you ... as I am sick in my mind talking to myse?f on the road, when I am walking; "

"I thank God most of the time, because if I do my prayers then I pray to God, then I give God eve,ything and just say God it's you know. You did know I have that child that time and that time of passing on. So it's all over. "

- <u>Support</u>

The idea that prayer can offer support in a time of need was clear. One participant who had managed to survive the court process and saw her sons murderers incarcerated describes herself as able to support others in a similar situation to hers. The house prayers are conducted in the bereaved family's home and she is called to support in prayer:

"When we've got prayers they will call me. They 1,vant me to comfort the person whose got this, because th$_{ey}$ know how I did survive;"

"And I think also that the prayers are a comfort, just help me; "

"When I'm praying I always mention my son ... God help me to find those who killed my son. "

- <u>Refuge</u>

"I pray in the night ... you must make me s t'ong for my children."

"/ just close my eyes and speak with God. Please God help me. If my child is here please help me. "

The pervasive effects of faith, and the different ways in which the participants felt comforted and supported points to their personal spiritual lives being of utmost importance to them all.

A study by Coppe] (2008) looked at women in abusive relationships and how they looked for spiritual guidance. In a similar manner the women in this research all looked for spiritual guidance and support through prayer flowing out of their faith in God and what that meant to them in their distress.

5.3.2.4 *Category 4: Culture and grief*

No one grieves in isolation. Whilst it is a personal experience it is never without effect on others. The grieving individual is part of a culture whether or not they adhere to its rules and regulations. The indigenous culture of the women in this study was that of the Xhosa tribe. They all spoke of an adherence to the Christian faith and attended worshipping communities of various types.

a)   *Church culture*

The fact that all eight participants talked about either belonging to a church, or attending a church for a funeral or using prayer and church members to support them in their grief was noted.

•   Sense of belonging

Four participants mentioned this:

"Nothing is helping, but I am just going to church;"

"The church people, even the priest, th$_{ey}$ give us wisdom."

"The thing that helped me is the church. . . Because if I go to church I'm empl$_{oy}$ed (word unclear) *in the church;"*

"So I phone him, so he came to my house. So I was in my house with lots of people from the church."

The possibility of Christian belief and indigenous cultural beliefs being held in tandem is seen in the following quote:

"I called the priest … because I don't believe on these things to go to sangomas … my brother did want us to go to sangomas. But I said let's use the church people, let's use the prayers for this child. ",

The fundamental difference between the way ancestors are conceived and the way God is conceived in Christianity meant that the missionaries, with their belief-focused religion, could simply not get a grip on the idea of the ancestors and the place they held in African minds. They were not the kind of pbenoena they could understand given the type of religion they knew (n^K ox, 2008)

- Sense of support

A sense of feeling supported by the church, although this was not a developed idea, it was clear from the foUowing comments:

"… church people did support me; "

"… through the church because I believe in God;"

"The church th_{e y} feel it;"

"So it's better no because ifI've got the pain I go to church. When I come back from church I'm alright, "

- Crying as part of association/ prohibition of tears

There were contradictory positions taken by individuals who held opposite opinions about crying/not crying but were able to bold these in tension:

"... ifI go to church then I cry; "

"After I cry I'm going to be right if I'm in church.

Thjs was contrasted with the idea that belief in after life prohibits an individual from crying:

"Death is gonna be demolish when God is coming back. So we mustn't cry when other people are gone;"

"lf you cty like this you believe in God? What does the bible say? We are all going to pass away one day; "

"And you 're a church member. Why are you going to cry, and then? "

" ... (friends) they told me why are you going to cry like this because all of us we don't have sons;"

"Then the other lady in church just talk to me and say no don't do that. It's hard She knows it's hard but I can't do that ... Must just pray. I tried to ... but even when I'm at home I can 't take it. "

Grief is the reaction to loss and involves feelings, physical sensations, cognitions and behaviours. The reactions are expressed both internally and externally. Crying is a behaviour that forms part of this response to grief and is instinctual. Not to experience grief for a significant loss is an aberration, suggesting that there was no real attachment prior to the loss. Attempting to hide or suppress any of the parts of grief may be damaging to the individual (Corr et al., 2000).

A single article discusses the case for grief counselling in African indigenous churches, in this instance the Zion Apostolic Church in Venda. It is an informed process that takes a survivor through the initial stage of shock and disbelief, allows a

period of healing and then helps them complete the work of mourning. It includes collective participation, social isolation and then culminates in reincorporation of the bereaved into the community (Selepe and Edwards, 2008).

b)   *Traditional beliefs*

A society with different cultural, ethnic social and religious groupings exposes the important differences in the way each group manages their grief. The role of traditional pre-Christian beliefs being incorporated into Christian beliefs is noted below.

* Place of the ancestors

Veneration of the ancestors is practiced by indigenous groups in South Afiica. The practice touches many aspects of their lives, but there is considerable divergence on what the cult means. It forms part of a wider world-view, which understands the causes of both positive and negative events to be of a spiritual nature. It inseparably includes belief in a supreme God and is deeply rooted in southern African tradition.

Christian missionaries encountering these religious practices in the 18th Century left no option for rival belief system. Converts were required to abandon any practices connected to the ancestor cult. This drove the practice underground leaving what Knox (2008) describes as a "schizophrenic" Christianity. After Vatican II, a conclave of the world wide Catholic Church in the 1980's, a process of careful admission of ancestor veneration into mainstream Christian living was started. The practice remains in an uneasy relationship with peoples Christian faith; while appearing contradictory to their faith it is a central part of their culture's understanding of the world beyond the living and its benign or malevolent influence on the family unit (Knox, 2008).

- <u>Ancestors' presence</u>

For the great majority of Africans, death does not represent an abrupt and complete discontinuation of life. The dead are believed to move to the world of the ancestors and remain in contact with the living. The dead are believed to be intimately involved in the affairs of the living and to depend on their descendants for their remembrance and continuing existence. They are concerned with the well being of their off-spring and family line. They are believed to obtain favours on behalf of their family, and in this way, retain authority in the family structure (Knox, 2008).

"The church people, even the priest, they give even the wisdom it's like from the bible. They help us. Like we mustn't fight with this death. Because if it is that so, our forefathers will be with us. So we couldn't. So I think that's the things that makes us strong and cope, and to have that encourage, and to do that to the other people who have their children died. "

Death and invisible powers are discussed (Bockie, 1993) and the effects of witchcraft and violence being additional burdens on the bereaved (Ashforth, 2005). The majority of the literature relates to perceptions of different groups' rituals. Tshivenda women described themselves as 'not normal' and in need of healing and of being subordinate in relationships as women, wives and mothers. They described their position as subjected by others and themselves as they belong to a collectivist culture (Makatu, Wagner, Ruane, and van Schalkwyk, 2008) and the Batswana, where widowhood is considered more serious than losing a parent or a child, is accompanied by a sense of hopelessness and isolating prescribed cultural customs (Manyedi and Koen, 2003). These descriptions of grieving rituals include the rejection or incorporation of Christian rituals and teachings.

- Protection from evil

Death is seen as a misfortune in African thinking and rituals and customs to appease the spirits are detailed below.

The practice of Spirit possession and the indigenous healing ministry (in isiXhosa known as "ubuNgoma") also divides Christians. The Catholic church whilst making it clear that the origin of its healing ministry is the Holy spirit of God, acknowledges its wide spread practice (Know, 2008). One participant spoke of the melding of her Christian faith and need for cleansing, healing prayer after the two deaths in her house (one a shooting and the other a suicide).

"we mustn't like think of the death we gonna' die because of the other one who died in the house;"

"I did take it to the people to pray for him. Even lo the, another Zionist guy who is also preaching and who is also praying/or people/or evil things happening... it was helpful because I believe in God...Like God knows everything."

The attempt to keep a Christian faith and a belief in the ancestors and their power to direct and shape the living lives of their families is an on-going debate. It bas been summed up thus: "Africans have a profound relationship with their ancestors, which should be one of filial piety rather than adoration or fear" (Knox 2008: 152).

The stigmatisation of widowhood which points to the role of the wife in her husband's death is an isolating experience for the Botswana. It points to the idea of death bringing bad luck on the family and explains why rituals are needed to ask for protection in the future for the family and the community (Manedi, Koen and Greeff,

2003). Death in the Congo is aligned with a sense of it being a misfortune and requiring a community response (Bockie, 1993).

5.3.3 Theme 3: Violent deaths as context of loss and grief

Violence is described (Oxford English Dictionary 2012: 1033) as "actions using physical force intended to hurt or kill someone or to cause damage."

Violence is behaviour involving physical force intended to hurt, damage, or kill someone or something. The thirteen deaths recorded in this research can all be described as violent. They involved the unlawful exercise of force apart from the single incidence of a suicide which was self-inflicted. The loss and grief are examined in this context.

5.3.3.1 *Category 1: Types of violence causing death*

Community violence is seen as aggression that occurs outside the home among non-family members; it may, and often does, involve known others and even family members as victims or perpetrators (Guterman, Cameron and Staller, 2000). The overall injury death rate in South Africa of 157.8 100000 population is nearly twice the global average. The social dynamics that support violence are widespread poverty, unemployment, income inequality, patriarchal notions of masculinity that values toughness, risk-taking, and defence of honour; exposure to abuse in childhood and weak parenting; access to firearms; widespread alcohol misuse and weaknesses in the mechanisms of law enforcement (Seedat, van Niekerk, Jewkes, Suffla and Ratele, 2009).

The types of violence that cause death in the study is illustrated in Table 5.2

Table 5.2 Causes of violent death

Cause of death	Male	Female	Total
Stabbed	3	2	5
Shot	6		6
Stoned	1		1
Suicide	1		1
Total	11	2	13

It is clear from Table 5.2 that the majority of deaths are to males and that only two females were killed, both by stabbing.

The ages of death are illustrated in Table 5.3. The majority of deaths are to males between the ages of 15 -26. Young men in the decade after school leaving are the most vulnerable to dying in violent resource poor communities (Kaminer and Eagle, 2010).

Table 5.3 Age related to cause of violent death

Cause of deaths	Age at death
Shot	15
Stabbed to death	17
Shot	18
Suicide	18
Shot	18
Stoned to death	20
Stabbed	20
Shot	20
Stabbed	21
Stabbed	21
Shot	22
Shot	22
Stabbed	26
Average age of death	19.84

Of note in Table 5.2 is the fact that of the thirteen deaths only two were of females and both were by stabbing, not shooting. There was no explanation of this phenomenon. Deaths ranged between 15 - 26 with a mean age of 19.84. This illustrates young men engaging in risk taking behaviour which is violent and life threatening.

Community violence is seen as aggression that occurs outside the home among non-family members; it may, and often does, involve known others and even family members as victims or perpetrators (Guterman, Cameron and Staller, 2000).

a)   Gangs

The definition of a "gang" is of an organized group of criminals, or a group of young people involved in petty crime or violence. It is "an organized group of criminals or rowdy young people." (Paperback Oxford English Dictionary, 2012:297).

All participants described gangs as a permanent feature of the community they lived in, who operated with impunity (apart from one discrete instance) and behaved with no regard for the law for the majority of their existence. There was a sense in three women's experience that distinct groups operating as "gangs" had not always operated in their community but no ideas were put forward for changing this situation.

The way gangs were formed was described by one participant but ambiguity was expressed:

"It started like a little fight. Two boys got fight and then, my son he was a friend of these two boys and the it went like, it was not a gang but it went like a gang when they fight because they had to be involved because they were friends;"

"He was at school that year he was going to finish matric. They start a gang because he was being robbed . . . So he came .. .and tell me to buy the jacket and the cap . . . The other b$_{oys}$ they robbed me . . . I said to him no leave those boys I'm going to buy you another one. He said to me never, you can't buy me things then other people take my things. So his friends, they go and attack those ones was robbing them to start a gangs."

The context for the formation of gangs involved in urban violence is poor parenting, poor law enforcement, early school refusal and poverty (Byers, 2011).

b) *Social groups*

The analysis showed adolescent and young adult males needing to bond with their peers. This led to the group formations that could lead to becoming a violent gang.

A gang was looking for a participant's son. *"They were looking around for them because they were like children at school you know, they are five friends and four friends two friends: they come like a group when there is something happening. "*

"They had to be involved because they were friends;"

Altbeker (2007) has compared South Africa with violent crime worldwide. He concluded that South Africa ranks top of the world's table for violent crime He apportions this to the country's history of violent oppression of political dissent in the pre-1994 years and the inequality and deprivation that has not dissipated with the new political dispensation. He reported twenty six percent of men as being exposed to criminal violence as compared to twelve percent of women. Male-on-male violence in south Africa is not always criminal in nature (that is perpetrated during a crime) but rather exposes the norms of masculine behaviour which includes the carrying of weapons, gang membership, risk-taking, defending one's honour and excessive use of alcohol (Seedat, Van Niekerk, Kewkes, Suffla and Ratele, 2009).

c) *Guns*

Prior to 1994, gun possession for African groupings in South Africa was strictly controlled. This situation has changed and gun control laws have been implemented but the quantity of unlicensed and illegal weapons is noted. Exposure to community violence exposes residents to gang violence and gun warfare (Kaminer and Eagle, 2010).

Possession of guns was described by four participants as an expected situation. The illegal carrying and using of the weapons and the lack of law enforcement concerning their possession was not discussed:

"These children got guns."

"I don't believe if there's not police involved in this thing will be okay because these children got guns;.,

"I can never lie because now it's really a big fight . . . There's guns involved;"

"I get angry when someone is carrying a gun because I know what the gun did to my family. It makes me feel . . . unbalanced;"

"I don't know what can I say about these guns. Where are they coming from? We don't know. We ask, all of us, where are these guns coming from?"

The possession and use of guns by youth living in poverty is based in societal constructs of deprivation (Spano, 2012) and resiliency in women in poor communities experiencing gun loss violence (Bailey, 2011) is seen as stress that is managed with social support. Violence between South African males often occurs in the context of entertainment and during weekends and holidays and occurs at night (Ratele, Swart and Seedat, 2009).

Gun use was described in detail with a sense that these weapons are a common part of their lived experience:

"I heard the shot at the gate of the house. I heard one shot. While I was coming I head the second shot;"

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Gun use was described in detail with a sense that these weapons are a common part of their lived experience:

"I heard the shot at the gate of the house. I heard one shot. While I was coming I head the second shot; „

"He shot dead there in P ... Eighteen bullets;"

"They are going to die more (from the bullets of guns) *if we don't wake up."*

Being exposed to violence in your community has been associated with an increase in levels of aggression across the life span.

Jenkins (2001) suggests that children who grow up in violent communities show greater rates of aggression and delinquency, including fighting and carrying weapons.

Siegel (2000) in a sample of urban, low income, predominately Black women found it was possible that this pattern of aggression could continue into adulthood. Those who bad witnessed violent events in which someone was killed or severely injured were at higher risk of fighting during their teen years, and those who reported the murder of a close relation or friend were at greater risk of fighting as adults and use aggression against a romantic partner).

d) *Robbery*

Four participants discussed the phenomena of being robbed by individuals who lived in their community, either known to them or not known to them. Only one discussed the perpetrators as being *"the same ones"* and so identifying them as members of a gang who would commit murder as well as robbing inhabitants:

"They rob. If you go in the street you don't have a car you just travel by, when you walking they rob you. It's not nice where you live. but what you going to do? You can't do nothing;" "if I'm here in my house they give me a threat outside. So I go outside. I say you mustn't come and rob me, go and rob me where you stay. "

What attracts criminals and generates crone includes the presence of motivated offenders, where and with whom they live in the community and their related gang activity (Guterman, Cameron and Staller, 2000).

"They steal bath Everything in our yards. These b$_{oys}$."

"{(they want to rob you they come s t'aight at you. it's the same boys. "

"This boy is robbing this man ... and he is laughing. "

"They rob people with cell phones. "

The repeated exposure to incidence of robbery, both with and without the use of guns is seen as a form of prolonged traumatisation which is characteristic of economically disadvantaged communities in South Africa with the victims being primarily women and children (Kaminer and Eagle, 2010).

5.3.3.2 *Category 2: Multiple violent deaths*

All the participants experienced the violent deaths of their family members. They were able to give fluent descriptions of these occurrences and the pervasive nature of them in their community.

Table 5.4 indicates the nature of the violence nationally in South Africa and the rates by gender (Kaminer, Grimsrud, Myer, Stein and Williams, 2008).

Table 5.4: Nature of violence in South Africa by gender

Type of violence	Males(%)	Females(%)	Total(%)
Political Violence			
Severe ill-treatment	2.7**	0.6	1.6
Detention	2.4**	0.3	13
Torture	1.3**	0.2	0.7
Criminal Violence	25.9**	11.6	18.2
Gender based violence			
Physical abuse by intimate partner	13	13.6**	7.9
Rape	0.3	3.7**	2.1
Other sexual assault	1.0	2.1 *	1.6
Physical abuse during childhood	12.3	11.7	12.0

* Significant hjgber level than counter at p <0.05 level

** Significant higher level than counter at p <0.0001 level

Source: Kaminer at al., 2008

a)   Modus operandi

A modus operandi, literally from the Latin word is 'way of operating'. It describes something that is characteristic or a well-established pattern of doing something:

"they shot him;"   "he was shot;"   "got killed by a gun;" "another gun;" "so he stabbed him;" "they killed my son; ₁₁ *"he shot dead there;"   "they throw him with stones;" "he just hang himself;" "when they pick him up there's no holes on him. There's only that sharp wire;" "they stabbed her. "*

Given the high level of involvement of young South African men in gang activity, it is likely that most violent assaults and homicides will occur through inter-gang violence (Standing, 2005) and the deaths being sudden and violent (Kaltmann and Bonanno, 2003).

b)   Multiple experiences

Over a third of the South African population bas been exposed to some form of violence. The most common forms of violence experienced by men were criminal and miscellaneous assaults, while for women physical abuse by an intimate partner, childhood abuse and criminal assaults were the most common (Kaminer, et al., 2008).

All the participants described their experiences as being commonly expected and not regarded as unusual:

"… There are many things here that are wrong. There are gangsters. They were very wrong. Another one killed . . . Another one . . . with pangas;"

"Till this day I don 't know. They said it was a kombi coming out from the shack there and then it go straight to him and shoot him: "

"Everyone here in the location, th$_{ey}$ lost. All of my friends th$_{ey}$ don't have their sons, even now my friend his son is going to be buried Saturday;"

"We are here and we don't have son;"

"They shoot every day … Eve,y day our sons pass away; "

"... this kids (friends)*... wanted her twenty three rand. She wouldn't give it to them, so they stabbed her."*

There was one report of a vigilante killing:

"That g^{s}y is killed because of my son, because of my son's death. So the friends of my son go and look for that one who kill my son. So they still (do not) find him, th$_{ey}$ only find the brother … so they kill the brother. „

All eight participants lost a young male member of their family. Both of the females killed were members of one family who had experienced five fatal deaths th ee of them male members of the family.

The predominant victims of violent killings however are young black men (Kaminer and Eagle, 2010). Multiple exposures to violent deaths is discussed as a predictor for post-traumatic stress disorder (PTSD) by Kaminer, et al., 2008). Individual and collective trauma exists between communities engaged in on-going conflict. Traumatic memories are stored in the brain and impact individuals. A process of transforming collective trauma into sacred memories and building and sustaining peace is suggested (Lopez, 2011).

5.3.3.3 _Category 3: Location of violent deaths_

The location of the violent deaths was marked by its known locality and distance from the victim's home.

Four of the eleven deaths took place inside a home, two in the street outside a home and three in a street in the suburb close to the victims' house. Four took place in neighbouring suburbs, which can be reached on foot or with a short taxi ride:

"In my mother-in-laws house;"

"He was walking with M coming from the saloon ... they shot him;"

"He shot dead there; "

"My son go and see what was going on outside. Then it's whereby they shot my son; "

"They stabbed her here in M;" and

"in the toilet of the house."

It is clear from this analysis of the location of the violent deaths that the low socioeconomic areas are the site of the majority of incidents. Given the high level of involvement of young South African men in gang activity, it is likely that most violent assaults and homicides will occur through inter-gang violence (Standing, 2005). The interconnectedness of social class, poverty, urban deprivation and the criminality that results are discussed (Allen, 2007).

5.3.4 Conclusion

Women experiences of loss and grief in a context of poverty are multiple and on-going. The loss of a sense of family, of economic security, of health and structural losses are all noted. Grief is experienced as being prolonged by the unique setting of the participants' homes and suburbs being the site of the violence. Though methods of support have been identified they essentially are private and personally experienced rather than offered by government and community structures. The importance placed on the role of spiritual support through a personal faith is noted and the relationship of culture and traditional beliefs are evident. The gang phenomenon is part of their lived experience and its effects are on going. The violent nature of the losses experienced is a reflection of the unique aspects of a society that has experienced violence on multiple levels over many years.

The findings of this chapter correlate with those discussed in Chapter 2 which focused on loss and grief in a a non-western world. It is clearly indicated from these findings and particularly the PCS model discussed that personal, cultural and structural issues cause a sense of loss.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

Western focused research was found to investigate single incidents of grief and loss which assumed resolution of each loss prior to any other loss occurring. The situation of loss and grief where the participants experienced multiple losses but could not escape in order to regain emotion and physical health was under reported. A lack of information and research in this field led the researcher to conclude that it should be explored. The identification of those needing support and methods to address their condition was the aim.

The research goal was to explore the lived experiences of women encountering loss and grief in Nyanga, Western Cape.

The objectives were:

- To describe the lived experiences of women encountering loss and grief;

- To explore and describe the contexts or situations that contributed to these experiences; and

- To provide guidelines to social workers when working with women from a non-western perspective, in handling loss and grief.

For the purposes of this study the goals and objectives were successfully fulfilled, as eight women were interviewed to hear their voices about their loss and grief. Based on the findings of the interviews a complete picture of their experiences was composed.

The context in which their experience occurred was described and the effects of the context noted. Recommendations were made as a result of these findings for change in the context.

Recommendations were made for guidelines for the training or management of Social Workers in such a setting.

It is therefore established that by achieving the above research objectives that the goal was reached in this study.

6.2 <u>Conclusions</u>

6.2.1 Conclusions regarding the literature and current research

The fincting of this research was that the majority of the literature was focused on the Western world and assumed a medical model of looking at loss and grief in an individualistic manner. It focused mainly on death losses. It also assumed distinct single experiences of trauma in most instances. Research in this field is beginning to focus on the topic of continuous loss and continuous trauma and the effect of context on loss experiences. Work of writers from the African continent was largely reportage on rituals, customs and effects of loss after a death. Grief was seen as a communal experience and focused on the amelioration of its effects and offering ways to buffer the emotions. It is not viewed as a medical condition.

South African researchers were divided into three distinct groups. The first group assumed the Western model of individual medical responses and treatments of loss and grief. The restoration of health presumed that professional help was available and affordable. The second group was those who saw context and culture as determinants. Researchers were cognizant of the lack of resources, poverty and

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inequality of social and structural support. The impact of HIV/AIDS and loss is well reported. The third group was those who completed ethnographic investigations into tradition, culture, assumptions and world-views and the place of ancestors. Loss, grief and mourning rituals are described as communal experiences.

The experience of loss being mainly focused on death was found to limit the scope of research. A broader understanding of the concept was required to address the research question. The model of Thompson (2001) was used for understanding the effect of personal loss, cultural loss and structural loss which all interact with each other simultaneously. This broader understanding of loss and grief encompassed the target groups' context. Loss was seen as a multiple experience which could be used to understand the lived experience of those who are poor, powerless and discriminated against and who have no voice to change personal, social and structural inequalities.

6.2.2 Conclusions regarding research methodology

The research problem described, did not lend itself to a statement that could be tested, but asked a question that the researcher wanted to answer:

- What are the experiences of the participants when they are experiencing loss and grief?

- What contexts or situations influence these experiences?

The researcher elected to use the qualitative research method to answer the research question. This method accommodates the exploratory nature of the research question, which was open-ended and could be allowed to evolve in a non-directional manner. This made it possible to explore the experiences of the participants in relation to the question with no prior assumptions being made.

Hermeneutic phenomenology was chosen as the research approach, as it enabled a close observation of a situation about which there is limited knowledge and about which more needs to be understood. The experienced world of the participants was examined, as the process is retrospective, happening after the event. Phenomenology focuses on the experiences and the contexts in which they occur and for this study it was a good approach to use as the context appeared to be important when data analysis was done and findings indicated the context of violent deaths.

The population included women who had experienced loss and grief in Nyanga, Western Cape. Purposive snowball sampling was employed to enable a full experience of the phenomenon to be studied with participants with an understanding of the phenomena of the study. Participants identified cases of interest from people who know others with information rich experiences. The data collection was carried out using the in-depth interview method. A preliminary interview was held to check for suitability as a participant collect personal data and make arrangements for the interview. One interview was deemed necessary to get rich information and to do member checking with the participants. This interview was taped, and then transcribed and field notes and personal notes were added to the transcripts.

Qualitative research is linked to a chain of interpretations that are then documented for others to judge how trustworthy it is. The report must be convincing and resonate with the intended audience and the data must be left to speak for itself. Trustworthiness was established by the data analysis methods employed, including member checks and prolonged engagement.

Ethical considerations were a part of the whole process and were included in every aspect of the planning and execution and final report. The participants were given information about the research and permission was sought from them to be interviewed. They were given permission to withdraw from the process at any time. Their privacy was respected and no identifying details were attached to the data analysis. They were given the opportunity to read their interview scripts and clarity was sought from them when any uncertainty was experienced in the transcribing process.

6.3 Women's experiences encountering loss and grief in Nyanga, Western Cape

6.3.1 Theme 1: Loss experienced by women

The loss of a sense of family was a universal experience. The effects were wide ranging multifaceted and on going. The consequences of a child being murdered bad ramifications throughout the family and the extended family.

The majority of the women managed this loss without a male partner to support them. The care of grandchildren bad on going effects for the grandmothers. Of note was the effect on parenting styles where ambivalence and insecurity was seen. Family cohesion and a lack of a sense of conr ol and the resulting abdication of responsibility for their children was a finding. In families with poor relationship and communication styles prior to the deaths, isolation was the main experience.

The loss of economic security was pervasive and whilst not the focus on the interviews was noted in all spheres of life. It was enhanced by the poverty and the lack of employment, which is a hallmark of the community. Vulnerability was found in all families work experiences due to a lack of skills.

The role of both physical and mental ill health was noted by all the participant's. They were intertwined and ongoing in their effects. Neither appeared to be dealt with in a manner where improvements in health would be found. They were merely to be endured. If there were health issues prior to the deaths they were exacerbated by the Joss and grief experienced.

It was discovered that community and structural supports were almost non-existent. Apart from government grants (which were appreciated and certainly ameliorated the worst effects of poverty) the absence of any other support was starkly noted. All participants were unable to point to anything outside of their immediate family and friends who they felt had supported them. This was also seen as normal and unremarkable.

6.3.2 Theme 2: Grief experienced by women

The women's grief was marked in it's being prolonged. The unique setting of the participants' own homes and surrounding streets and suburbs being the site of the violence was the finding. The inability to move away from the setting and the poor support and outcomes of the police and justice system were noted. No avenues to reduce this grief were discussed (apart from one visit to a Social worker and one councilor accessed tr ough a relative work place). Although differing methods of support were identified they essentially are private and personally experienced rather than offered by government and community structles.

All the participants described the role of their faith in God and the spiritual support they obtained through various means. A personal faith was disclosed and bow this helped them. The role of the established church was not prominent apart from the funeral service and burial rituals though this was accepted as normative. No mention

was made of any church leaders interactions in the community to alter the context their members were living in. Faith, apart from Sunday worship services was a private experience centered on prayer and support was received from individuals rather than the church structures.

Traditional beliefs in the role of the ancestors presented a muddled picture where it was discussed. It reflects what the literature has to say about the uneasy relationship the amaXhosi have with their cultural world-view and their Christian beliefs and the way they hold these in tension giving up neither but managing both simultaneously.

6.3.3 Theme 3: Violent deaths as context of loss and grief

The finding of violence being the major cause of death in the community while not unexpected was exposed as one of many factors in the context of living in Nyanga. The gang phenomenon was seen as a major explanation of the type of violence experienced. The role and development and the social needs met by gangs was disclosed. The poverty poor parenting poor schooling and nonexistent social and community controls resulted in their formation.

The role of unregulated gun ownership, easy access to alcohol and boredom was a finding for the post school age group. The commonly experienced robberies that were discussed were largely but not solely gang related.

The finding of the location of the deaths was an explanation for the prolonged grief of the participants. Of the thirteen deaths investigated nine were either inside their home, immediately outside or within minutes walk of their home. Three were in neighboring suburbs that abutted Nyanga and in walking distance of their home. The only one that

needed a short taxi ride was where the victim bad traveled to a close relatives home for socializing.

6.4   Notes of interest observed by the researcher

6.4.1   Lack of belief that the situation could change

None of the participants had thought about any possible ways to bring about change either personally or through others or through community based structures. Their situation was understood as having to be endured but not challenged or changed. Low expectation of any authority figure was common and not hidden from the researcher. The researcher understood this to be a result of the history of being ignored or given little by way of resources to manage their lives. They have not experienced much change in this regard.

6.4.2   Peer killings

The participant's children were in most instances killed by their peers in their suburb or a neighboring suburb. In only one case were the perpetrators apprehended and brought to justice. They continue to live in the community. Seven of the participants had to live amongst the murderers but not know who they were.

The violent nature of the losses is a reflection of the unique aspects of a society that has experienced violence on multiple levels over many years and neither sees this changing or sees it as anything other than normal. The researcher understood this as a learnt response to their voices not being heard by those in authority and them not expecting this to change.

6.4.3 Participant's responses to researcher

The response from the participants to the research process was unexpected. It was assumed that the nature of the research question would result in a level of reticence or resistance or withdrawal from the process. All the participants saw the two planned visits to prepare for the interview and then to execute the interview as a chance to retell their stories. No one withdrew from the process once they bad been assessed for suitability. Six of the eight participants thanked the researcher after the process was complete for the opportunity of taking part in the research. Two pointed to the value their experiences were being given. They felt that their experience was being validated by the interest shown by the researcher.

The researcher felt that this pointed to a lack of provision for emotional and psychological support for the bereaved in this community. They were offered access to a professional councilor if they felt that the interview bad raised issues that needed further support. None of the participants took up this offer.

6.4.4 Extended parenting role

The women's role in the care of their extended families was ongoing even into old age. The deaths of their children as a result of violence and HN/AIDS had robbed them of younger fitter economically active family members to raise their offspring.

The researcher felt that the entrenched gender based understanding of the role of women being to care for children was assumed by the community and not given extra focus when tragedy occurred. The findings pointed to severe ongoing disruption in parenting roles. In the face of so much loss the participant's capacity (emotionally mentally and physically) to address the underlying causes was absent. All the

resources they did have were focused in keeping their family units as strong as possible. Males were present in the families saw no role for themselves in this situation.

6.4.5 Venue choice

A meeting with two community members to discuss the choice of an appropriate venue for the research suggested the need for complete privacy and an uninterrupted space being sought. The finding was that privacy was not an issue. The women felt they had nothing to hide in their story telling. Each participant provided an appropriate quiet venue, which was respected by others, but the process was not unobserved by friends, family and neighbors.

The researcher felt that their story being given attention by anyone outside of their family was a validation of what they had experienced.

6.5 Recommendations in managing loss and grief

Based on the above discussion of the findings the following recommendations are made to ameliorate the context of the women's lives when they encounter loss and grief

6.5.1 Preservation of and supports for enhancing family life

As discussed in Chapter 5 the most pressing immediate difficulty experienced by participants was the disruption to family life when a child died. Positive life enhancing skills and survival techniques had been implemented by a minority of participants in their parenting role. For the majority of the women this was the main area where individuals needed support.

The lack of interest or involvement from the local department of Social Services is evident and this needs to change. Psychosocial support offered to these women needs to be in the first instance individual counseling but more importantly a group support structure needs to be established. This could be run by professionally trained staff or supervised by professional and run by volunteers. Both types of groups need to be set up and run in the immediate community so there are no transport costs and it is visible to community members.

The settings of the groups could be in a church or other neutral venue. Parenting courses need to include styles and manner or raising children. To counter the gender bias towards grief being only a woman's work the groups need to be both male and female friendly and set up so that this is possible to sustain them. Both practical and emotional focuses need to be offered.

6.5.2 Role of parents in a violent context

The lack of structures, which include parents in the lives of their children outside of the family home needs addressing.

a) A change in the way schools relate to parents is suggested. An inclusive role for parents in their child's school life should be encouraged by the education authority. This part of a child's life would then not be unregulated by the parents. They need to know what is occurring in their child's life when in the school setting. It also must be seen as a role that the men in the family (either the biological parent or a male relative who lives with the child) can play particularly with male senior school pupils

b) A change in the way parents relate to the local ward councilor is suggested. As the violence is so endemic this should rightfully be a major concern of the locally voted

for member of the council. He/she is the community representative. It is suggested that the on going deaths are seen as a community concern and dealt with as a community. The male members of the community need to be encouraged to take part in any efforts that are suggested.

6.5.3   Role of local community structures

a) It is suggested that the role of the local councilor is revamped to focus on what the research has found; that there is no support for parents of children killed in the community. There is also no evidence of any formal structures that are addressing this situation. Informing the community of prevalence, type and location of the violence and triggers for it is suggested. Acting as a liaison between the police service and the community is also strongly suggested. The isolation all participants felt would then be overcome.

b) It is suggested that churches be included in any community action that is suggested by the local councilor.

c) Report back meetings looking at all aspects of the community life are strongly suggested. It needs to be non party-political in execution and the needs of the community need to be beard.

d) The availability of alcohol and drugs reported in the press is an acknowledgement that local bylaws are not enforced. This needs to change to improve the quality of life of the residents and support positive parenting. This is a local government function which needs urgent attention and cooperation from the local council representatives. It points to a disregard for the law and provides the backdrop for triggers to the violence.

6.5.4   Role of the governmental structures

a) The ineffectiveness of the local South African Police Service is not an unreported fact but what is evident is that lack of action to remedy the most pressing problems. Whilst the causes of the violence are societal and multi focused and not the direct responsibility of the service, there needs to be a change of focus and of intent. Law enforcement needs the support of the community to serves. At present this is lacking. The historical precedents for this are a matter of public knowledge but it must be one of the most critical aspects of improving the life of the community in violence torn areas.

b) Effective gun control measures need to be implemented urgently. The support of local parents needs to be investigated as they are the victims of this laxity. They also are the people closest to the situation and need to be involved in any local actions to bring about change in this area.

All of the above recommendations urgently need to be addressed. The sheer size and complexity of the problems surrounding those who experience grief and loss in Nyanga is at first sight overwhelming and the same passivity seen in the participants could be the response of anyone reading this list. However, the constitutional right of all the countries citizens to a life free from fear and intimidation is exactly that. It is for all. The discrepancies experienced on all levels between suburbs in the city are magnified by the loss and grief experienced in parts of the city.

6.6 Recommended guidelines for social workers when working with women from a non-western perspective in handling loss and grief

Social workers employed in complex settings of major loss and grief must be willing to work with community models of engagement. The findings of the research point to the sheer determination of the women interviewed to keep families together and functioning. This should be the focus of any work in a violent setting.

Working directly with the women of the community in groups to support their efforts to bring about change is suggested. As resources are limited the major suggestion is for group support and group facilitation to be developed. This would meet the need for individual psychosocial support and for community support.

Individual work is a legal requirement and has a role to play. It should not though be the major focus of Social Work intervention. The wisdom and local knowledge of the local women is the most productive resource for making changes in the community. Working with them collectively is strongly suggested.

Social workers are ideally placed to act as liaison figures between headmasters, teacher's, parent's, police, churches and local councilors in a facilitating role when this is required and this should be encouraged.

In Chapter 3 the loss and grief of the community was seen in the underperforming or non-performance of local and governmental structures. This must also be the focus of any intervention in such a community and of direct interest to any Social Worker employed in that community. Training in what will be a shift in focus should be investigated.

6.7   Recommendations for research

Having heard the voices of women living in Nyanga, further research should be focused in the following areas:

A study to identify and measure what resources already exist in the community for community led change. This should include fixed hard assets and personal assets of individuals. Local residents own resources and talents need to be properly understood.

Varyjng methods need to be investigated and piloted for including local residents as an integral part of any suggested changes.

The above suggestions would entail using a combined quantitative and qualitative approach to yield a composite picture of all the resources that already exist in the area.

A review of methods employed in other places for violent communal living spaces and their efficacy

The fact that the present situation is unhelpful and unresolved points to the need for further research into models that will bring about substantial change to peoples lives.

6.8   Final conclusion

Women in poor communities live Jives marked by various forms of violence insecurity and instability. The fact that they are unable to change their location their context or their employment options all mean they are trapped in a situation of great stress and on going trauma.

The violent deaths reported in this study are an indication of one of the areas of loss and grief they experience. In this setting the loss and grief are so widely experienced they are seen as normative rather than unusual. There is limited help for individuals and what is available is mainly out of reach of the poor. Poor communities carry multiple loss and grief and see no way to change this situation.

In this study the idea that loss and grief was more than that experienced with a death loss was explored and a wider picture of loss and grief suggested. Loss was described in terms of the PCS model (Thompson, 2002) It saw individual loss, cultural loss and structural loss all simultaneously being experienced in an on going manner. Each level affects the others and cannot be viewed alone.

The research found key factors that impinge on women and gave recommendations for how this could be altered by working as a community and using their talents and seeing the need for change as a group responsibility. The role of the local councilor the role and focus of the police sev ice and the role of the social services departments all need to change in order to address the issues raised. Suggestions about how social workers could work differently in such communities were made.

The experiences of women encountering loss and grief were heard.

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ANNEXURES

ANNEXURE 1.   Introductory information and consent form

ANNEXURE2.   Personal information sheet

ANNEXURE3.   Genograms of participants

ANNEXURE4.   Biographical information of participants

ANNEXURES.   Field notes of interviews

ANNEXURE6.   "Turn it in" plagiarism declaration

ANNEXURE 7.   Accredited editor declaration
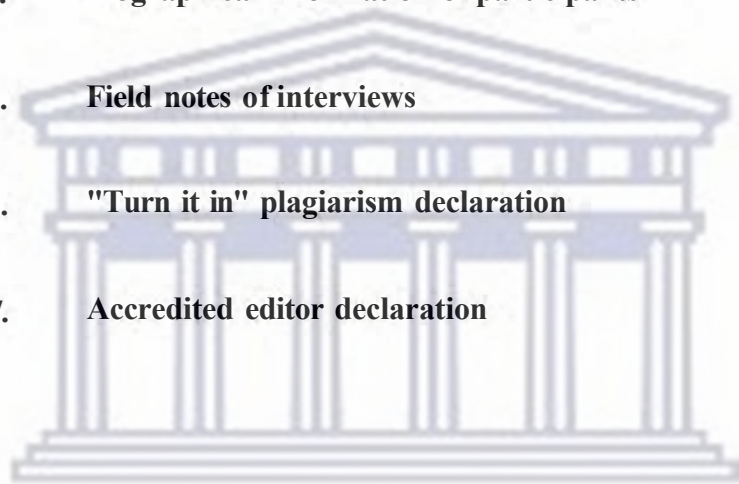
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WESTERN CAPE

ANNEXURE 1:

INTRODUCTORY INFORMATION AND CONSENT FORM

Private Bag X 17

Modderdam Road

Bellville

7535

DEPARTMENT OF SOCIAL WORK

Women's experience's in coping with loss and grief in Nyanga, Western Cape.

What is this study about?

This is a research project being conducted by Hilary Mclea at the University of the Western Cape. We are inviting you to take part in this research project because you have experienced a death in your family between one and five years ago. The purpose of this research project is to explore the experiences of women in Nyanga who have had a loss and the grief that follows. We would like to understand the processes that helped or hindered you in your recovery from this experience.

What will I be asked to do if I agree to participate?

You will be asked to see me for one meeting to obtain information about yourself and your circumstances (about one hour). I will ask for your age, how many people there are in your family, who lives with in your house, if you work, what **paid work you** do. I will ask whose death you are going to speak about.

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l will also explain to you the time the interview will take will be between 60 -90 minutes. I will ask you to arrange a place we can meet with no interruptions for that to happen and the date and time that suits you. I will explain the information sheet and the consent form and ask you to sign that if you are in agreement with being interviewed by myself.

I will then meet with you at the time and place you have chosen and spend between 60 - 90 minutes asking you to tell me about the person who has died. The question I will ask is 'What was your experience when you experienced this particular death in your family?" [n order to collect and understand all the information you give me l will record the interview on a tape recorder. You will only have to speak and nothing else will be required of you. I will take brief notes during the interview.

Would my participation in this study be kept confidential?

We will do our best to keep your personal information confidential. To help protect your confidentiality all the information you give me on the tape recording will be stored in a locked filing cabinet and only be available to my supervisor at the university who has promised not to share the information with anyone. l will not use your name in my report of the interview. I will use another name for you or a code number instead. Only I as the researcher will be able to link your report to your identity. If we publish anything about this research project, your identity will be protected to the ma,ximum extent possible.

What are the risks of this research?

There are no known risks associated with participating in this research study.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about loss and grief as it is experienced in Nyanga. We hope that in the future, other people might benefit from this study through improved understanding of loss and grief.

Do I have to be in this research and may I stop participating at any time?

Your taking part in this research is completely voluntary. You may choose not to take part at all. If you decide to take part in this research, you may stop taking part at any time. If you decide not to continue in this study or if you stop taking part at any time, nothing bad will happen to you.

Is any assistance available if I am negatively affected by participating in this study?

If the subject you are talking about makes you feel emotionally upset and distressed l will give you the details of organizations in your area, which may offer you support.

What if l have questions?

This research is being conducted by Hilary McLea of the Social Work Department at the University of the Western Cape. You may contact her on 083 776 0249. If you have any questions about the research study itself, please contact the supervisor

Dr Anna-Marie Beytell
Social Work Department
University of the Western Cape
P Bag X17
Bellville 7535

Telephone: 021 959 2821.

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Chairperson of the Ethics Committee
University of the Western Cape
Private Bag X17
Bellville 7535
Telephone: (021) 9592949

This research has been reviewed according to the University of the Western Cape's Ethics Committee's procedures for research involving human subjects.

DEPARTMENT OF SOCIAL WORK

CONSENT FORM

Women's experiences in coping with loss and grief in Nyanga, Western Cape

This study has been described to me in language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will be not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way. I agree to the interview being recorded.

Participant's name ....

Participant's signature ....

Date ....

A place of quality, a place to grow, from hope to action through knowledg

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the supervisor.

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ANNEXURE2:

PERSONAL INFORMATION SHEET

INTRODUCTORY INFORMATION

Name (first name only)
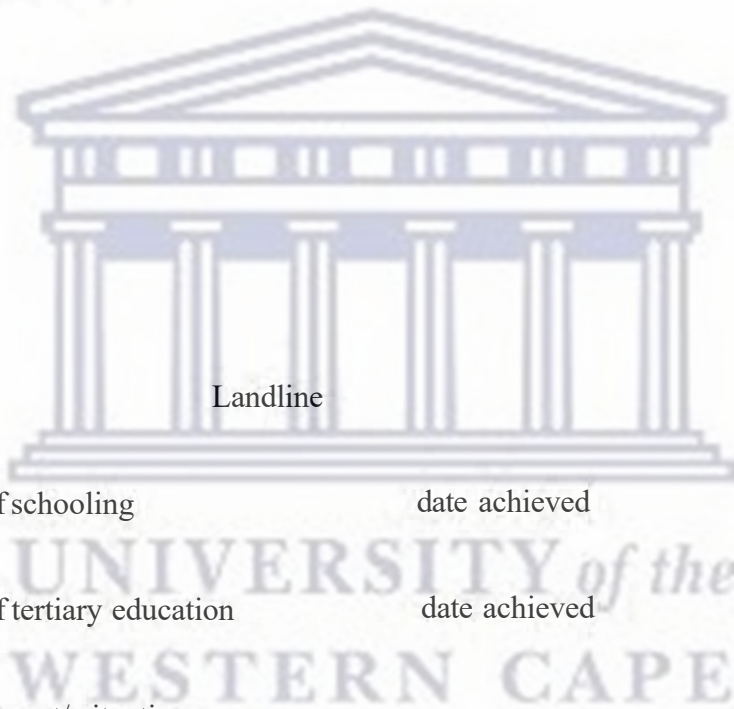
Known name (nick name)

Surname

DOB

Address

 Cell   Landline

Highest level of schooling   date achieved

Highest level of tertiary education   date achieved

Present employment/ situation

Composition of household

Name (first name only) or Alias of deceased relative/friend

Age of the deceased

Relationship to the deceased

Date of death

Place of death

Date of pre planned interview

Venue

Time

ANNEXURE3:

GENOGRAMS OF PARTICIPANTS

KEY

Q **FEMALE**

☐ **MALE**

▨ **VICTIMS**

• **PARTICIPANTS**

▧ **UNEMPLOYED**

II) **ADOPTED**

0-0 **MARRIED**

0-\-D **SEPARATED**

Q\\DD **TVORCED**

0--0co **HABITATION**

Q9 **DECEASED**

FAMILY   **UNIT**

6c3c:) **TWINS**

PARTICIPANT 1
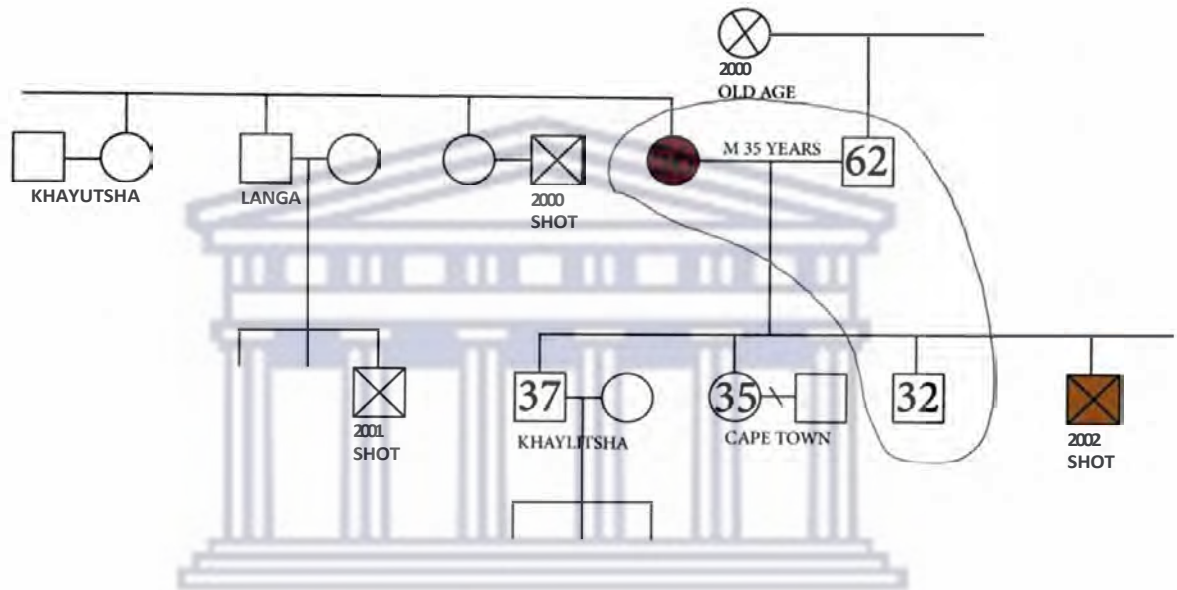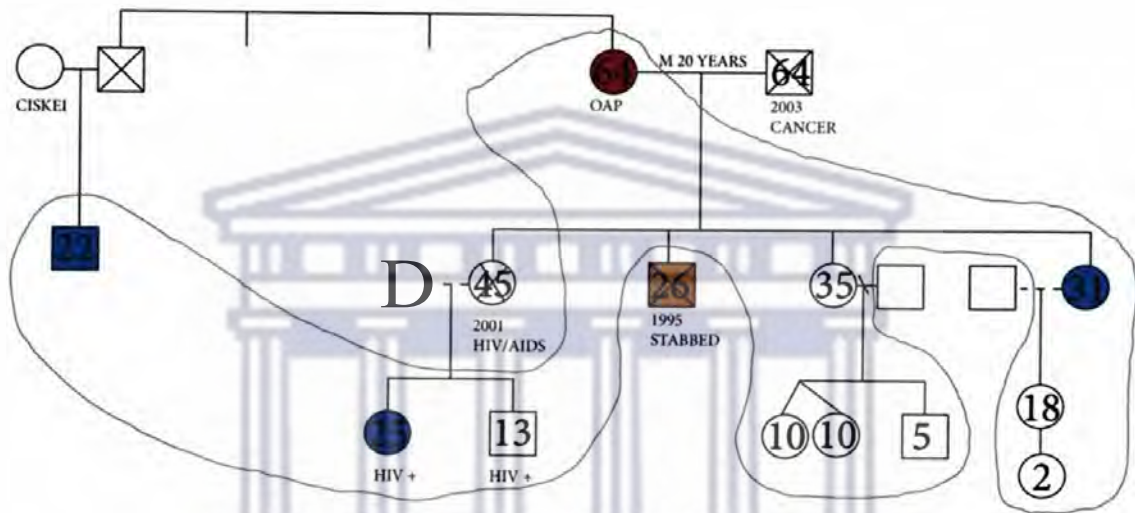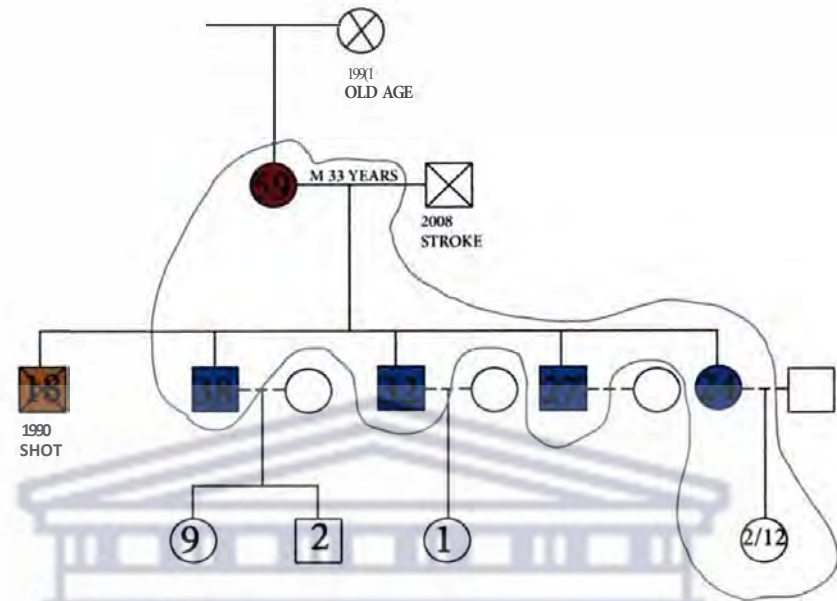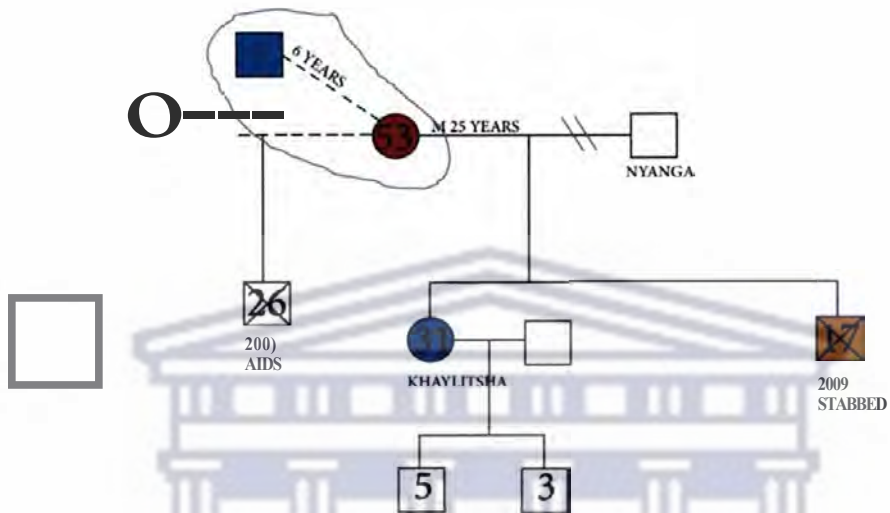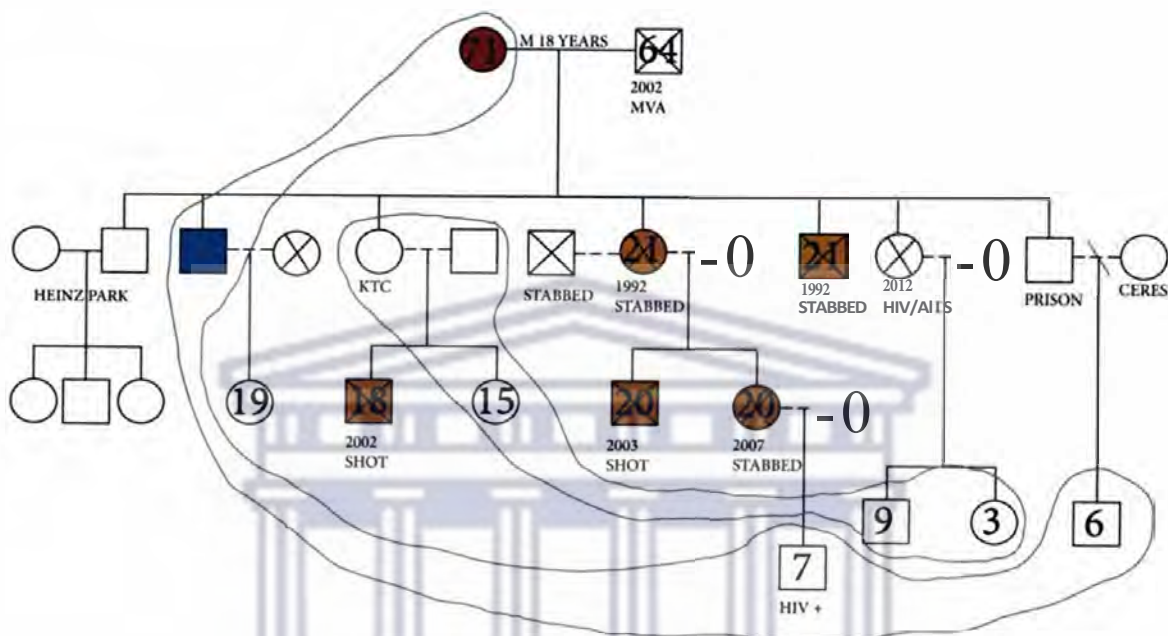
PARTICIPANT 2

PARTICIPANT 3
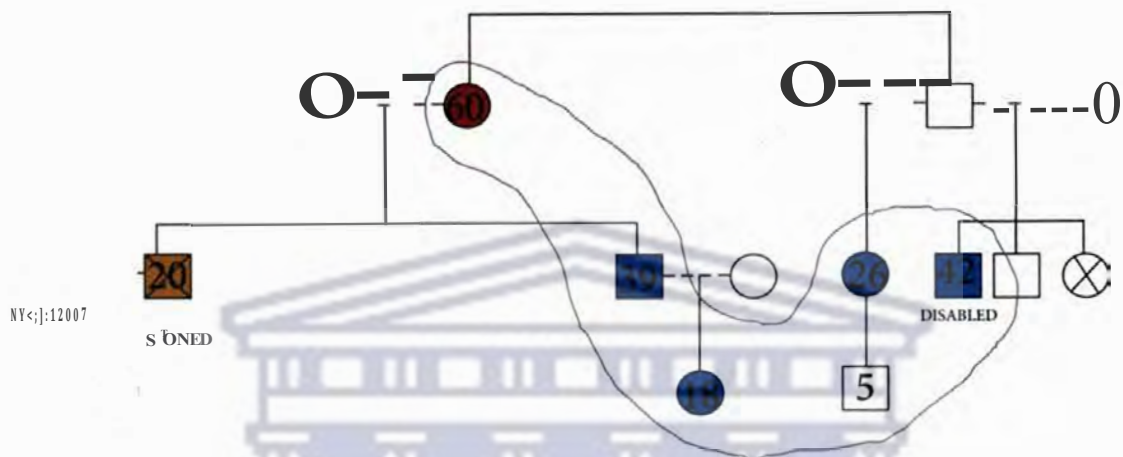
PARTICIPANT 4

PARTICIPANT 5

PARTICIPANT 6

PARTICIPANT 7

PARTICIPANT 8

ANNEXURE4:

BIOGRAPIDCAL INFORMATION OF PARTICIPANTS

Biographical Ino rmation

Interview	1
Gender	Female
Age	56
Marital status	Married (35 year relationship)
Highest level of education	Grade 11
Post school qualification(s)	Home Care course. Dressmaking course
Present employment	Full time live in domestic worker
Past employment	Domestic work
Composition of household	3 adults. Participant 1 (full time live in domestic), Husband (62) pensioner, son (30) (employed)
Employed members of household	2
Date of death	2002
Cause of death	Shooting
Relationship to the deceased	Son (youngest of four children)
Age of deceased at time of death	15

Biographical Information

Interview	2
Gender	Female
Age	64
Marital status	Widowed
Highest level of education	Grade 11
Post school qualification(s)	Certificate in child care
Present employment	Pensioner
Past employment	Child care/ domestic work
Composition of household	Total of eleven (6 adults and 5 children) Participant 3, two surviving daughters of 35 and 31, six grandchildren, one great grandchild and one nephew.
Employed members of household	2 (shop assistant and cinema attendant)
Date of death	a) 1995 - son b) 2001 - daughter c) 2003 - husband
Cause of death	a) Stabbed b) HfV c) Cancer
Relationship to the deceased	a) Only son (of four children) b) Oldest daughter c) Husband of 20 years
Age of deceased at time of death	a) 26 - FET College student b) 45 - Employed Junior school teacher c) 64 - Employed Electrician/handy man

Biographical Information

Interview	3
Gender	Female
Age	50
Mai tal status	Married (second wife)
Highest level of education	Grade 10
Post school qualification(s)	Nil
Present employment	Informal meat trader from her home
Past employment	Casual work/ cleaner
Composition of household	Three adults and 2 twochildren. Participant 4. Husband, a pensioner of 74. Adopted son of21 (FAS affected. Unemployable as functionally illiterate.) Daughter of 15 (Grade 9) and son of 11 (severe cerebral palsy - attends a special school)
Employed members of household	Nil in formal employme1ot
Date of death	2011
Cause of death	Shooting
Relationship to the deceased	Son
Age of deceased at time of death	21

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Biographical Information

Interview	4
Gender	Female
Age	51
Marital status	Widowed in 1985 from a traditional partner. Motor vehicle accident.
Highest level of education	Matric
Post school qualification(s)	Senior Certificate in Child & Youth Care
Present employment	Formally unemployed/runs a small business from home buying and selling items with her brother.
Past employment	Counselor at various NGO's dealing with children.
Composition of household	Six adults and one child. Participant 6 (self employed) Mother, pensioner (86) Single brother (self employed) (53) Single sister, unemployed (58). Daughter (25) unemployed, grandson (6) Grade I. Niece of 24 (unemployed)
Employed members of household	2 (from informal work)
Date of death	a) 2006 b) 2010
Cause of death	a) Shooting b) Suicide
Relationship to the deceased	a) Only son b) Nephew
Age of deceased at time of death	a) 22 b) 20

Biographical Information

Interview	5
Gender	Female
Age	59
Marital status	Widowed
Highest level of education	Grade 8
Post school qualificarion(s)	Nil
Present employment	Food bank coordinator (monthly stipend)
Past employment	Catering industry
Composition of household	5 adults. 3 sons (38, 32, 27) l daughter (24) studying at Cape Tech - office management, I grandchild (l)
Employed members of the house hold	Nil in full time work Participant 5 works 3 hours per day (for a stipend only)
Date of death	1990
Cause of death	shot
Relationship to the deceased	First born son
Age of deceased at time of death	18

Biographical Information

Interview	6
Gender	Female
Age	53
Marital status	Divorced
Highest level of education	Grade 6
Post school qualitication(s)	Nil
Present employment	Unemployed
Past employment	Contract cleaner
Composition of household	2 adults. Participant and male partner
Employed members of the house hold	Nil
Date of death	2009
Cause of death	Stabbed
Relationship to the deceased	Second son
Age of deceased at time of death	17

Biographical Information

Interview	7
Gender	Female
Age	71
Marital status	Widowed
Highest level of education	Nil
Post school qualification(s)	Nil
Present employment	State pensioner
Past employment	Char jobs/ restaurant kitchen worker
Composition of household	2 adults. I son(53) 1 gramdchild (6) I great grandchild (7)
Employed members of the house hold	Nil
Date of death	1992 Daughter 1992 Son 2002 Grandson 2003 Grandson 2007 Grand daughter
Cause of death	(a) stabbed (b) stabbed (c) shot (d) shot (e) stabbed
Relationship to the deceased	(a) Daughter - fourth child (b) Son - fifth child (c) Grandson - of third child (d) Grandson - of fourth child (e) Grand daughter - oHourth child
Age of deceased at time of death	(a)21 (b)21 (c)18 (d)20 (e)20

Biographical Information

Interview	8
Gender	Female
Age	60
Marital status	Unmarried
Highest level of education	Grade 10
Post school qualification(s)	Nil
Present employment	Administrator of funeral company office
Past employment	Unknown
Composition of household	4 adults. 1 son (39) I neice (26) 1 nephew (42) I grandchild (18) 1 great nephew (5)
Employed members of the house hold	Participant 8
Date of death	2007
Cause of death	Stoned to death
Relationship to the deceased	Only surviving son (of only two children)
Age of deceased at time of death	20

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ANNEXURE 5:
FIELD NOTES OF INTERVIIEWS

Field Notes - Participant l

Interview done in my home as L a housekeeper for a family in Constantia and was on her way home to Nyanga with several bags and parcels. We :agreed her house was too noisy for the interview so she would prefer it to be offsite. I took her home afterwards to her brick ('2 roomed') house in Nyanga and she showed me the shack where one of the gang members involved io the murder lives, about 20 m, ters from her front door, and where her mother-in-laws house is, 100 meters away. I realized that she was worried about my safety and that of my car if I had parked it nearby for the interview. There is no road in front of her house and only a wide alley between the houses in her area so I would have had to park 20 meters away in the stree.t and walk up the alley to her front door. My car and my presence in that community would have been of interest to any passing person.

It was cold and raining and we had a warm dry quiet venue.

Her posture was proud and dignified and she carried herself with a quiet poise. She was initially silent and respectful in relation to me but was clearly summing me up to see how far she could disclose her feelings and ideas.

During the interview she started speaking very slowly and quietly and offered sketchy details. Her voice became stronger and more confident and the details became richer and thicker in content as the interview progressed.

She started the story as a victim and someone controlled by circumstances but ended the story recounting bow she had regained control of her lifo and her circumstances. Her lack of fear of the 'skollies' and her successful completion of the legal process and the imprisonment of the perpetrators and her refusal tl0 allow the intimidation tactics to deter her were the high point of the session.

She took control of the interview once she felt safe to do so and clearly is a dominant force in the community in terms of not allowing the 'skollies' to dictate the terms of engagement. She sees herself as a proud 'survivor' but is aware of the cost of the grief in deep sadness and ill health.

The sense was that she was the victim of her circumstanc{:s (the uncontrolled easy availability of unregistered guns, high numbers of unemployed, and unemployable young men, the levels of violence that are tolerated in her 1:ommunity, the passivity and fear of other parents and particularly the passivity of the police) but she had worked out how to remain true to her convictions. She had informed the mother of the perpetrator, the local counselor, and the police station commander immediately of the death and took control of everything she could take control of in the ensuing events.

Her discussion with me after the interview centered on her feelings about 'mothers' who did not take responsibility for their children. 'Before' mothers and Sunday school teachers in the community would take responsibility for all the children in their neighborhood as a joint activity. She now feels they have abrogated their responsibility for the areas children.

She also feels that churches have given up taking responsibiXity for raising children.

'Mothers are very cruel'. She believes they create the conditions for the deaths to occur. "You don't talk about people to your children" - meaning handing on knowledge about others which makes taking action easier. Adult knowledge needs to stay with adults. She sees the lack of a sense of responsibility for raising the children in her community as a primary motive for the shootings and killings of young men by other young men

Personal reflections

I was humbled by what I heard and the manner of the telling. L was a proud confident woman who once she had summed me up was willing and able to speak freely. Her situation was filled with pathos and I felt privileged to be able to her the story. She was a woman surviving in difficult circumstances. I tried to let the story flow and encouraged her to speak as much as she wanted to. Bracketing was achieved by having a respectful listening stance and allowing her to control the interview. I felt the interview went well as she became more and more confident in her telling of her story.

Field notes - Participant 2

The participant was ready for me at the agreed time and had chosen her venue and had arranged for her niece (unemployed and living with her) to babysit a three months old baby she is paid informally to care for by a neighbor.

We sat in her bedroom, the quietest place in the house and where she can tell the rest of the family to not disturb us. It is full of suitcases empty and full, storage bags for

extra clothes and bedding (for winter?) so floor space around the double bed is at a premium. The room smells of dust and urine.

A smell of urine 'wee-wee' - her grandson of 5 (and bedwetting) sleeps with her and 2 other children in the double bed. Her daughter bas separated from her husband and is staying with her three cbjldren at her mothers house

Her husband died in 2003. He had regular employment and a steady income as a 'builder'. There are signs of the house being well furnished, and adequate income for food, electricity and school fees etc. This is no longer the case.

Present situation. It is now full of worn out furniture and no money for upgrading or improvements of any sort. It felt as if time has stood still since his death. The dark surroundings and worn out feel of the house seemed a reflection of her general mood of being worn out.

Lack of income. Not enough money to finance everyone in the house (bills, rates, food, school fees)

Posture. Physically bent over when talking. Her voice, very quiet, did not change volume throughout the interview. No 'laughing' or 'chuckling' when telling the stories about her family. Shoulders slumped all the time. Could not remember any 'good' memories. Physically/emotionally bowed down by her circumstances.

'When I was working' seemed to be a better time but could not remember any helpful situations or stories to illustrate this time.

A heavy feeling through the interview; police inaction, unemployed members of the extended family living with her, the effects of managing grandchildren with RN, unplanned babies.

"This thing" pointing to a mounted wooden wall box with a door on the front. Made by her husband

"These things" - "All be has done this", she motioned to the ceilings and walls covered in varnished pine paneling and two varnished wooden wall box/cabinets attached to the walls were all made by her husband. She wanted to point to her life before her husband's death and after husband's death. These illustrated the 'before' and 'after' of her situation. His was an expected death from cancer and very hard for her. The other 2 deaths were also hard for other reasons.

1. The son - who would not be there to support her in her old age.

2. The professionally trained and employed daughter - who left her with two more dependant children to look after.

3. The husband - resulting in the catastrophic lowering of her living standard (water cut off by municipality for non payment, non payment of rates, and school fees) and her health deteriorating.

A heavy sense of sadness pervaded the interview.

<u>Personal reflections</u>

I felt a tremendous sense of sadness about her circumstances and the unrelenting series of losses and the consequences for S. The heavy weight of what she was carrying was very evident. The enormity of the problems and their complexity was

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difficult to hear. As a researcher (not a practitioner) 1 was forced to consciously check myself from trying to work out how to begin to support her and enable some positive and life enhancing changes. This had to be consciously done throughout the interview as details emerged. 1 sensed that she was totally overburdened but was unable to help. Her English was not always easy to follow but she was able to make herself clear overall and reading the transcripts through several times made what she was saying in broken English clear to me. A very sad but very brave women.

Field Notes - Participant 3

She was ready for me and had 'chosen' a quiet place, a porta-cabin in her back yard where her employed nephew sleeps. It had a TV, stereo and electric light bulb and a double bed neatly made up and everything in its correct place. It was clean and tidy. We were undisturbed there.

There was poor ventilation as the onJy window remained firmJy shut to keep out the noise of the surrounding houses and the movements of the family. This made the room very hot but it was clean and quiet and private.

She was fluent in telling her story. This fluency improved as time went by. Eye contact increased. Her voice rose in volume over the course of the interview as she was given space and time.

"these K Ways"' refers to a jacket and cap with the brand name on them; cool gear her son asked her to buy him.

The interview ended. Then she started to speak again about the gang and her son's part in it and how he had tried to shoot the boy who later shot him. She did not see this as part of the story.

The loss of a loved, capable, reliable, strong man contrasted with the adopted son (she referred to him being diagnosed with FAS by a Social Worlker when it became clear he would never be properly educated or able to hold down a functionally demanding job. He had been sent to prison for a robbery others bad 'set him up' to take the rap for. He was the one who was caught and the others were not apprehended. She and her husband paid money to a lawyer to get him out of prison after 4 months.

Another son of 11 is "a laat lammetjie' who bas severe cerebral palsy from a difficult birthing episode.

The taped story was time specific and logical and consecutive events were described clearly. The background story was muddled and the impression was she just bears these things with stoicism and without complaining.

The information was given in short sentences. Then silence followed. Then she offered more information. It appears that she has never been offered a space to be heard like this before.

Pride and strength was heard in her voice when describing herself as a 'survivor' of a son's violent death. "I'm not the only one". Many women in her community/church are grieving the same death- a teen/young adult son shot by 'others'.

Fluidity only occurred when talking about politics and the police and local premiere and provincial premiere and voting etc.

Voice 'strong' when telling me she bad paid to get her adopted son out of prison and sold her car to pay for a lawyer to get her son M out of prison and 'to the bush'. She felt she had done the "right things" for her son M when he was alive. She was glad about that.

I found these details helpful to give context to the story told.

<u>Personal reflections</u>

I felt that M really appreciated being interviewed as if in some sense it gave weight and gravitas to her situation. The inconsistencies in ber descriptions of her sons behavior 'inside' and 'outside' the house were clear and 1 got the sense that she realized she knew she had chosen to ignore his life style and choices outside her influence. M was a proud confident woman in every other area of her life and I felt she was in control of it all, apart from the context she lives in of daily experiences of robbery, violence and killings. Her borne appeared to be her safe space and her large extended family her main support. I found the inconsistencies in her story hard to follow at times and had to just let the story roll until a sense of what she was trying to convey became clear.

Field Notes -Participant 4

Participant ready and waiting for me. The interview took place in her bedroom with a king-size double bed and much furniture and cases and limited floor space. So we could be quiet the windows were kept closed (barking dog and crying children) as right by the front door of the house. A fan was used for the whole session as the day was hot and the room airless.

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The interview was not interrupted and the flow of information was smooth and coherent. The story is clear in her mind about both deaths and she is a verbal processor so had clearly told the details to others since the incndents both happened.

Her voice was strong and emphasis was made by strengthe:ning her voice, but not raising it.

She became tearful on and off and had to stop speaking, but she was in control of her feelings to the extent that she could continue after a break.

The only time she spoke with pride was when she spoke about her mother who is a steady and confident member of the extended family and about the support of her extended family. The network clearly works for her in times of crisis but also when life is not stressful for her.

She projected herself as a productive and helpful member of the community. She wants the area to be safe and secure and functioning well.

She does not see herself as a victim but has had her sense of security shaken by the two deaths. She sees herself as a survivor.

Personal reflections

I was moved by the stories of both deaths N had experienced. The way they both shattered her assumptions of safety and her role as protector was lucidly described. The insecurity of her area was clearly painful to her but she retained a sense that she could do something about it. Her communjty work that is unpaid but gives her a sense of her place in the area is a source of pride. The suicide of her nephew shattered her idea that she could offer safety by practical support. Mental illness was new to her

and it has left her feeling insecure as a provider and leader in her family. Her extended family is a huge support but several members are dysfunctional and she seems to take responsibility for them. I found myself admiring her strength of will and perseverance in her circumstances. Bracketing was not an issue as her life and her story were consistent and I did not find myself wondering what I could do or how I could assist her. A humbling experience for me.

Field Notes   Participant 5

Participant agreed to being interviewed in my car outside the feeding scheme she co runs at a church in Nyanga. The hall was too noisy and cold and the car was warm as parked in the winter sunshine.

A confident woman who was born in Nyanga, a member of the local street committee for her area and a community leader. "I am working in the community for a long time."

She bad been happily married to her husband for many years and both had been employed and ran a stable family unit.

Her story was fluent and clear. She had clearly told it before to others.

 She only became tearfl when she recounted his shooting. Silences were followed by fresh thoughts and deep sighs. She was tearful on and off but was under control for the interview.

She sees herself as a survivor and a leader in her community who knows what is happening in her area.

Her house is a '2 room,' which has had extensive additions made to it and money spent on it. It fronts onto a busy main road with much vehicle and foot traffic.

Her main distress was over the fact that no one had been caught/charged/sent to jail for the killing. She was now not so 'open hearted' with community members as she is never sure who shot her son. His death has left her less carefree. There is no resolution for her over the fact that the perpetrators are still at large.

Her opinion of the local police is not positive.

Personal reflections

An interview that was not draining or difficult in any sense. Z was fluent in English and had a self-confident approach to life so the story was easily told. She bad many of the supports that other participants were lacking. She came across as someone who was aware she had been dealt a better hand than most in her community and was grateful. I felt that Z was not as affected by her sons death in the sense that she was well supported and bad an intact and functioning family around her and had over time found a way to incorporate it into her life. I found myself wanting to ask questions to fill in more details that were missing from her story but had to consciously avoid doing so. She was able to talk about other things that made her laugh and smile and this gave a different complexion to the interview.

Field Notes   Participant 6

Participant was willing to speak to me at her home. A bonded brick house in a new complex of private homeowners it consisted of 3 bedrooms, bathroom, kitchen and open plan living rooms, all well furnished.

Her unemployed 'boyfriend' S was in his dressing gown to greet me at the door. He moved about the house during the interview between the kitchen, bathroom and bedroom whilst washing and dressing himself. His presence was not a disruption for her though be could clearly hear her speaking. He was quiet and unobtrusive and his presence appeared to be supportive for her.

Her voice was very soft and throughout her delivery was unsteady and shaky with several bouts of quiet crying. She was never completely overwhelmed but the long pauses were for her to get control of herself so she could continue speaking to me.

She bad pictures of both her boys on a small entrance hall table, prominently displayed. She brought them over to show me where I was sitting and bad them in front of her on the coffee table as she spoke. She said that having them displayed helped her not to forget them and was a comfort to her.

Outside of the recorded interview she revealed she had lost a great deal of weight through being unable to eat properly, had painful arthritis in her shoulders and heels which made daily living difficult, HBP and stomach ulcers which were 'burning' her insides.

She did not smile or laugh at all during the interview and presents as a heavily burdened woman.

She divulged that her only surviving child of the three (a 31 year old daughter) has two children of 5 and 3. She is looking after the five-year-old child from Monday to Friday (cares for him and takes and collects him from a local creche) to help her daughter. She said this child is the light of her life and her only reason for having any hope for the future. He takes her mind off her grief as he keeps her busy.

A huge sense of sadness and loss pervades all she says and does.

<u>Personal reflections</u>

I found this interview very exhausting as P was clearly depressed and had been so for some time. Her mental state was not good and although she is received drugs from the local clinic I found myself wishing she could be seen by a private doctor and given more focused time and energy and tried on different drugs. Her heaviness was palpable. Transference and counter transference was occurring inside me as I listened. I found it difficult to restrain myself from probing but stuck to listening and prompting as I could. She seemed to value the visit but bas no idea that Life could improve in any way. I left feeling tired and drained and suspect that is her permanent state.

Field Notes   Participant 7

The interview was delayed for six days as the participant had arranged to stay over with her only surviving daughter in KTC for a Xhosa 'umcimbi' ritual over the weekend. It was a feast asking the ancestors for 'assistance' over the misfortunes she was experiencing. It is a traditional ritual for speaking to the ancestors.

The interview setting was her simple '2 roomed' house in Mon a very small plot with a wooden 'hokkie' added on to the rear of the house with an outside toilet and tap. The yard was full of used building supplies and an old broken VW Golf. The road has no pavements and houses are very densely packed onto each plot

The house was not clean. The two rooms were full of furniture that was functional but mostly broken. There was no sign of any spare food.

The absence of any washing facilities and the many plastic buckets indicated that washing of clothes takes place in the one multi-function room, and was being done by hand. There was no hot piped water available.

The participant was a 71 years old 'Coloured' woman (according to the race group classification of the Apartheid era) who had been born in Ceres and moved to Bonteheuwel with her family as a young adult.

She had married a Xhosa man and her children all had Afrikaans or English names. It was apparent that they also had Xhosa names, which were used interchangeably by the participant.

The interview took place mainly in English, with a mixture of isiXhosa and Afrikaans words and phrases. She has resided in a Xhosa designated area for the past 50 years. The family appears to speak all three languages, interchangeably.

The participant had had eight pregnancies. One child died shortly after birth. A daughter and a son were stabbed to death. Another daughter died of HIV/AIDS. Three grandchildren were murdered (one girl was stabbed and the two boys were shot). Of the participant's four surviving children one son is in prison for 10 years,

two surviving adult children are living independently of her in neighboring suburbs, and one surviving son is unemployed dependant on her and lives with her.

Her household at present consists of her unemployed unmarried son (53) who lives with her in the wooden 'hokkie' in the yard, and two grandsons of 7 (son of the murdered grandchild Patricia) and a 6 year old (grandson of her youngest child who is in prison) who both attend the local junior school.

The participant was most affected by the shooting of her much-loved grandson John Hendricks. The other deaths were less emotive for her. The deaths have been so numerous she is not always clear about which one she is talking about when speaking generally. She spoke about each death as an individual event but on occasions moved between them all as she spoke.

She was able to be coherent for most of the interview but broke down in tears at points and took time to collect herself so she could continue. For the most part her voice was strong and clear.

She did not want to know what her children and grandchildren are involved in once they leave her house. There is a sense of fatalistic acceptance of her lot in life.

She did not discuss in the interview the death of her husband when he was 64. He was a lorry driver whose truck was involved in an accident in 2002 but bis absence and the loss of income must have altered her financial income.

She suffers from arthritis, HBP and walks with a pronounced limp and has a bent frame. She uses a crutch with an elbow support for walking and does not often leave the house.

<u>Personal reflections</u>

This interview was the most difficult for me in the sense that E lived in such poverty and with minimal supports from anyone I had to mentally prepare myself for the task. Her conditions left me feeling desperate but they explained much about her choices to 'know' and to not know' about her children and grandchildren's lives outside of her home and influence. There was a sense that she had survived what life bad thrown at her, but was the victim of extreme poverty and deprivation. She bad clearly given up all responsibility for her family apart from the two grandchildren she was caring for. It seems highly likely that she will lose control of them as well as they get older and the pattern of violent deaths may well be repeated. I left feeling desperate for the poorest of our society and overwhelmed at the prospect of anything changing. The easy availability of drugs, alcohol, unregistered guns and poor policing are not going to change in the near future. Her speech was peppered with words from all three languages that made me wonder at the time what she was saying. On reading the transcripts several times the themes became clear.

Field Notes   Participant 8

The participant works as an administration clerk for a funeral company with many branches. She runs the local office from a room in a community centre, which houses other small businesses. She agreed to me interviewing her there in a separate office she had arranged to use. In preparation for the interview she had organized for a family member to field calls for her while she spoke to me.

She said her house was always full of people and would not be a suitable quiet space.

She was able to narrate her story with ease, but would break down at points and cry quietly. There were long pauses after she bad recalled incidents and then collected herself before continuing.

Her body was slumped for the interview and her eyes were on the floor for most of the session. Her voice was soft and pain filled. By contrast her voice was strong and clear when we were in the public passages.

The major impression is of this still being a tragedy and not being a settled matter in her mind.

The fact that the perpetrators were never caught and punished means she lives amongst them.

Her household includes her only surviving son, and his teenage son, a niece and her baby, and an adult unmarried nephew. The impression is that this family unit is her support system.

The only outside responsibility she carries is financial and emotional support for the deceased sons child (born out of wedlock) and living nearby with the mother.

She was so focused on this death that she could only mention her husband's death as a passing comment. He had died of an unknown cause some weeks prior to her son':s murder. It became apparent after the interview that she was not fom1ally married to this gentleman. It was not clear what her relationship was with this gentleman.

She appears to hold down a responsible job, which is within waUcing distance of her house, and is a recognized community member.

The importance I was giving to her story by listening to it and the sense of it being given value resulted in her thanking me for the opportunity of telling it.

Personal reflections

I found this interview full of sadness and a sense of hopelessness. It reflected N's mental state and pervaded the whole session. Her inability to change the situation or be a part of changing her society was clear throughout the interview. I had to consciously not ask her leading questions about her condition or about herself personally but let the interview run. This was not always easy to do as she was one of the more educated participants and was fluent in English. She also spoke in a coherent way which would have made questioning easy with her. I felt that telling me her story was a help to her and it made me wish there was some group support available to such women in that community.

ANNEXURE 6:

'TURN IT IN' PLAGIARISM DECLARATION

Turnitin Originality Report

WOMEN'S EXPERIENCES ENCOUNTERING LOSS AND GRIEF IN NYANG by Hilary Mclea

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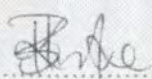Publications:
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ANNEXURE 7: ACCREDITED EDITOR DECLARATION

This is to certify that I, Harriet Burke, B Soc Sc (UCT), B Hons Journalism (Rhodes), of 21 Bergview Estate, Leeu Street, Louis Trichardt, 0920, have edited this thesis.

Signed: ....

Date: 19/11/2013