

**THE STUDY OF THE PSYCHOSOCIAL EFFECTS AND COPING
MECHANISMS OF BLACK WIDOWS IN THE MAFIKENG AREA
(NORTH WEST PROVINCE) FOLLOWING THE DEATH OF THEIR
SPOUSES**

BY



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DEDICATION

This study is dedicated to :

1. My beloved parents Newman Tumelo Sithole and Florah Gabaikangwe Sithole who are and have been my source of inspiration.
2. My only brother Robinson Kgosietsile Sithole who is also my source of inspiration.
3. My sons and daughters Tshidi, Goitse, Tshepo, Mumy, Kamogelo, Prince, Letlhogonolo and Thabo
4. All the black widows in the North West Province, more especially those in the Mafikeng area

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I wish to express my heartfelt gratitude to the following people for their contribution, without which the completion of this dissertation would be impossible

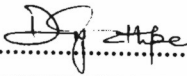
1. The Almighty God who provided me with patience, perseverance, strength and guidance throughout my studies
2. Myself, for not losing hope even if I was sometimes tortured and traumatized for the first part of this study, I did not give up, for I knew that where there is a will there is a way and further that, there is always light at the end of the tunnel.
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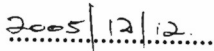
7. Last but not least, my parents, my children, my brother and my relatives for listening to my complaints, for their emotional, spiritual and financial support, for sharing my disappointments and triumphs throughout this study

DECLARATION

I, Ntshadi Juvinile Dithipe nee' Sithole, declare that the research hereby submitted to the University of the North West for Masters Degree (Clinical Psychology) is my own work and that all sources I have used or quoted have been indicated and acknowledged by means of full reference.



.....
NTSHADI JUVINILE DITHIPE



.....
DATE

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ABSTRACT

This study focused on the psychosocial effects and coping mechanisms of black widows in the Mafikeng area following the death of their spouses.

A descriptive research design was used in collecting data. A sample of forty-eight black widows aged between twenty-five and seventy years was randomly selected for the purpose of this study. A questionnaire was administered to the sample. This questionnaire contained both open-ended and close-ended questions. Beck's Depression Inventory was also used in the collection of data to assess the level of depression if any. A descriptive statistical analysis of data was used to analyze the collected data.

The findings indicated that most black widows experience psychological problems such as loneliness and depression due to withdrawal. There was also an indication that most black widows experienced social problems like being discriminated against and rejection by friends, relatives as well as neighbours due to the stigma associated with widowhood.

However, there is an indication that some black widows do experience a positive perception from their employers and have a positive relationship with their in-laws. This study also confirmed that some black widows use inappropriate coping mechanisms such as withdrawal from the societal activities in fear of humiliation in dealing with their widowhood. Some resort to religion as another way of coping with their loss.

The majority of older widows considered remarriage as a poor option while younger widows considered remarriage as viable. The grip on widows by traditional rituals is also diminishing especially among young, successful and educated widows.

Having undertaken this study the implication is that black widows are mainly stigmatized in the society in which they live. They are even humiliated through restrictions that are put before them. For instance, performance of rituals and customs. Some of those who are employed experience a negative perception from both their employers and their colleagues because of the stigma. However, there still some black widows who still enjoy the moral support of their in-laws, employers and also that of their colleagues.

CHAPTER 1 INTRODUCTION

It is unfortunate that in a society a person is defined who he or she is according to his or her marital status. Losing one's spouse means the end of one's status as a married person and assumes a status of a widow or widower, a transition that is difficult for some people to cope with. However, loss is a common experience in human existence and it stimulates both psychological and social responses. The loss of an intimate relationship is characterized by intense grief and a long period of readjustment.

During widowhood a widow experiences a number of emotional reactions resulting from the psychosocial effects that accompany her status, for instance, black widows who lose their husbands through death are subjected to a number of rituals, customs and taboos which at times are against their will, and in turn, make it difficult for them to cope with their loss. Having said that, the focus of this study is on describing the psychosocial aspects and coping mechanisms of black widows in the Mafikeng area following the death of their spouses.

1.1 PROBLEM STATEMENT

People are social beings, there is no way they can avoid contact with the environment they live in and other people around them. Through their interaction and interaction with their environment, they meet some challenges, which sometimes become part of their lives. The researcher has observed that black widows in her area of study are generally stigmatized, dehumanized and therefore become socially isolated. This eventually results in them being withdrawn from the entire society.

Most black widows in the researcher's area of study are expected to be in mourning and to wear mourning clothes for a period of at least one year regardless of age. Some widows wear black clothes and some wear blue and even purple ones. These colours differ according to religion, belief system, cultural influence, taboos and norms.

The motive behind wearing mourning clothes is to make them so conspicuous among other people who are not in mourning. However, some black widows choose not to wear mourning clothes due to their difference in religion, culture and family values. It is assumed that these colours symbolize the rejection of any pleasure while in mourning, and in the Batswana culture, they are taken as a proof of how much the mourner suffers her loss.

Furthermore, in the African culture widows are not expected to be seen in the street within the first three months after the death of their spouses; they are not expected to shake hands with friends and they are expected to be home before sun set as they are viewed as unpurified. Only after this period of three months a widow may visit relatives only. She can be taken to town in a private transport because she is not expected to be in a crowd, for instance, she may not attend weddings or other funerals. This is also viewed as a "bad omen" because she is viewed as unclean and as such, may cause "bad luck" (sehihi) to other people (Pauw:1997). On the basis of this, the black widow will be stigmatized and be perceived negatively. The psychological effects are that these black widows start experiencing discrimination, loneliness, depression and isolation and as such, some manage to cope whereas some despair. The intention of this study is to describe psychosocial effects and coping

mechanisms of black widows following the death of their spouses particularly in this area of study.

1.2 RESEARCH QUESTIONS

Research questions in this project are as follows:

- ❖ How does widowhood impact on the psychosocial well being of the widows?
- ❖ Does widowhood results in poor interpersonal relationship?
- ❖ How do black widows cope with their widowhood?
- ❖ What are the factors that influence acceptance of mourning rituals among black widows?

1.3 AIMS AND OBJECTIVES

- ❖ The researcher's aim is to explore factors that impact on the psychosocial well being of black widows
- ❖ To suggest alternative ways of coping with widowhood status.

The objectives of this study are therefore the following:

- ❖ To describe the psychosocial problems experienced by black widows on daily basis and how these affect them.
- ❖ To explore the coping mechanisms of black widows following the death of their spouses.

1.4 MOTIVATION OF THE STUDY

Various studies on widowhood have been conducted in various areas but no such study has as yet been undertaken in the Mafikeng area. Based on the fact that the researcher during her internship rotations in the Limpopo Province encountered many black widows coming for therapy due to the effects of widowhood, she was motivated to undertake this study in the Mafikeng area, which also has a number of widows. The researcher is a resident of Mafikeng. A source of motivation to study this topic also lies in her interest in the cultural practices that affect widows living in this area.

The researcher has observed that immediately after the death of their spouses, black widows in her area of study feel unaccepted by the community members and their spouse relatives especially during the first two years of widowhood. In most cases, particularly in the African societies, a widow is suspected of her husband's death and every misfortune in the family will be associated with her. This makes black widows to become socially isolated and withdrawn.

Furthermore, when the husband dies, the widow, particularly the young one, and their children feel unprotected by the community, friends and spouse relatives. This makes it difficult for the widow to develop new interpersonal relationships in terms of bringing up her children and seeking out new activities.

Lastly, after a preliminary literature review on this phenomenon, listening to radio programmes and watching television programmes on this phenomenon, the researcher was motivated by her quest to seek more knowledge. It is in the light of this

information that the researcher became curious and interested in describing the psychosocial problems and coping mechanisms of black widows following the death of their spouses particularly in this area of study.

1.5 SIGNIFICANCE OF THE STUDY

Given the efforts geared towards addressing the problem, this study will be significant in the following way:

This project will serve as a foundation for further research particularly in this province and will fill the gaps in the existing literature. In addition, it will provide insight into how different people that is, the spouse's relatives and the community could live and cope with widows. Finally, this study will bring the awareness to the helping professionals about the psychosocial problems that black widows are going through and what type of service they could provide to them.

1.6 SCOPE OF THE STUDY

This study was conducted in the Mafikeng area in the North West Province. Mafikeng is comprised of many rural areas, few semi-urban and urban areas. For the purpose of this study, the sample was obtained from Magogwe, Tlhabologo and Lomanyaneng which are mainly rural, Unit Three and Unit Six which are urban areas and Unit Thirteen which is a semi-urban area. The rationale behind this was to obtain information from professionals and non-professionals residing in these different areas.

Many people of different cultural groups reside in these areas but the Batswana are a predominant ethnic group. There is also a high number of professionals in Unit Three and Unit Six as compared to both Unit Thirteen and rural areas. Many black widows residing in rural areas adhere to the norms and practices associated with widowhood as compared to those in urban and semi-urban areas.

1.7 OPERATIONAL DEFINITION OF CONCEPTS

1.7.1 Psychosocial effects: These refer to those factors that affect a widow psychologically and socially and in turn make her to be dysfunctional both psychologically and socially. In this study these will refer to items like depression as measured by Beck's Depression Inventory; and feelings of loneliness, withdrawal from social activities and discrimination as assessed by the questionnaire in this project.

1.7.2 Coping Mechanisms: In a stressful situation, various ways of coping are viewed as possible ways to manage, master or to tolerate the circumstances appraised as taxing or exceeding the person's potential. In this study these will be used to refer to different ways that black widows are using to deal with the negative psychological and social factors that they experience following the death of their spouses. These include items like remarriage, religion and self-isolating patterns of behavior as assessed by the questionnaire in this study.

1.7.3 Depression: In terms of this study, depression refers to a state whereby black widows felt as though they were very bad and worthless, feelings of disappointment,

in themselves , have suicidal ideation, lost interest in themselves and other people, experiencing loss of appetite and lethargy. For the purpose of this study, all these features of depression are measured in Beck's Depression Inventory.

1.7.4 Widowhood: For the purpose of this project, widowhood refers to a period whereby a widow is exposed to several African customs and rituals such as mourning clothes as measured by the questionnaire of this study.

1.8 LIMITATIONS OF THE STUDY

- ❖ In the African culture widowhood is a sensitive issue t discuss particularly with those affected. Even if anonymity and confidentiality were adhered to, some black widows were not in the position to disclose about their widowhood status- this limited the sample size
- ❖ It could be suspected that respondents were dishonest to the questionnaires and the results might be unreliable.
- ❖ The fact that this study excluded the male-counterparts (widowers) might also have affected the reliability of the results
- ❖ The main focus of this study is on widowhood, women who were never married, the divorced and the separated were excluded from the sample.

CHAPTER 2 LITERATURE REVIEW AND THEORETICAL PERSPECTIVES

This chapter will focus on reviewing the existing literature concerning the topic under study and the integration of some theories relevant to it. The psychoanalytic and psychodynamic theories which include the Attachment theory, Maslow's self-actualization theory, the Existential Theory and Sullivan's Interpersonal Theory as pertains to this study will be discussed in brief.

2.1. LITERATURE REVIEW

Literature refers to death as a stressful event, an event that disrupts family organization and that requires more psychological and social adjustment than any other life transition Benoliel (1999). A family that has lost a member particularly a husband or a father is likely to change, and is psychologically and socially affected by the absence of that particular person. Psychologically in the sense that intimate relationship is lost and the remaining spouse may start to feel lonely and socially in the sense that the society does not recognize one as married but as either a widow or a widower

Parkes (1972) maintains that widowhood, especially when the husband dies leaving behind young children to be raised up, seems to be the greatest problem to the surviving widow. According to Cindy (2002) past bereavement studies have focused primarily on the emotional and psychological responses to widowhood and not how do widows cope with

their widowhood. In contrast to that this study aims at describing psychosocial aspects affecting black widows and their coping mechanisms following the death of their spouses.

2.1.1. PSYCHOLOGICAL ASPECTS

2.1.1.1. GRIEF

Some writers use both grief and mourning interchangeably. According to Kaplan and Saddock (1998), grief is the subjective feeling precipitated by the death of a love one.

The term grief is also used synonymously with mourning although mourning is the process by which grief is resolved. It is societal expression of post bereavement behavior and practices. Bereavement literally means the state of being deprived of someone by death and refers to be in the state of mourning.

Grief reactions to death can be psychological, physical and even social. Psychological or emotional reactions include anger, guilt, anxiety, sadness and despair. Physical reactions can include disturbance in sleep, appetite changes and somatic complaints whereas social reactions include anxiety feelings about taking care of others in the family and the desire to see or not to see family or friends.

Lindemann (1994) also suggests that typical grief reactions can be described in terms of somatic distress, preoccupation with thoughts and the image of the deceased, guilt feelings, hostile reactions and irritability towards a variety of people, restlessness and

sometimes, hyperactivity without any organized pattern of conduct or the ability to establish and achieve goals.

Grief processes depend on the nature of the relationship with the person lost, the situation surrounding the loss, and one's attachment to the lost person.

It is important to note that in most cases the societal reaction can vary from statements such as "it is time to pull yourself together" and "time will heal" after a few weeks of the enforced wearing of the mourning clothes which is taken as a sign of mourning for a maximum period of one year irrespective of age.

Furthermore, Carson, Coleman and Butcher (1993) mentioned that mourning and grief are interrelated components of bereavement. They are of the opinion that these are processes through which the bereaved person achieves psychological and social adaptation to the loss of a significant object or person. Sigmund Freud firstly used the term grief as a description of thoughts, feelings and actions to those most vulnerable, following the death of a person who was close to them (Carson et al, 1993 and Kaplan & Saddock 1998).

Kaplan and Sadock (1998) distinguish between normal and pathological grief as follows

2.1.1.1.1 Normal Reaction to grief

In Kaplan and Saddock' opinion, normal grief is a time of reduced psychological and physiological resistance to stress with little past history of experience to draw upon for support (Kaplan & Saddock 1998). Grief may be considered healthy or normal when it gradually diminishes in intensity, and when the widow gradually accepts the reality of this final separation and commits herself once again to the mainstream of life. A person in the normal grief process passes through these mentioned stages. The outcome of these stages is a positive reorganization in which the bereaved is united with the living community and gains a new symbolic identification with those who have died. The support that the bereaved receives from the family members, friends and relatives does in a way facilitate normal grieving.

2.1.1.1.2 Pathological reaction to grief

Mourning itself is a normal reaction to loss, it is only when unconscious factors become dominant and hostile, when guilt, anxiety and depression are extreme, both in duration and degree that the reaction becomes pathological (Kaplan & Saddock, 1998). To complete the work of mourning successfully, the transfer of interest from the dead loved object to the living world must be reorganized, because when maladjustment is realized and dealt with, equilibrium can be achieved. Fantasies that promulgate denial of death are indicative of pathological mourning responses (Wolfelt 1992).

According to Saunders (1981) when the husband dies, the widow has to adjust to a new status while at the same time she is preoccupied with a painful struggle to master her grief. For months or even two years after the death has occurred, her energies may be so absorbed in this struggle, and her feelings are so disturbed in such a way that they affect all her needs and her response to those who try to meet them.

Bowlby (1980) is of the opinion that normal bereavement is a gradual inclusion of the information that was defensively excluded so that over time the reality is understood. He further maintains that the bereavement process can occur in four successive stages as follows:

Shock and numbness : During this initial stage, survivors especially widows, have difficulty processing information of the loss. They are stunned and numb. This stage is also called the shock stage. It is characterized by a sense of disbelief. The loss of a significant person violates the previously formed models of relationships so extensively that the initial response is total denial of the reality of death. Normally, the widow does not believe that death could happen particularly to her husband, especially if it was not expected (Goredemà 2004). During this stage the widow will normally display intense emotional responses like crying, outburst of anger and panic attacks as she tries to interpret the reality of the loss. Bowlby (1980) believes that this stage last from few hours to at least a week.

Yearning and searching: Here Bowlby (1980) maintains that there is a combination of intense separation anxiety and disregards of the reality of the loss. This according to him engenders a desire to search for and recover the lost person. As the reality of death is assimilated, the first attempt is to maintain the original representational models of the deceased, which at times becomes impossible. It is important to note that this could only be accomplished by fully regaining new relationships.

Most of the time the widow is preoccupied with the deceased and her behavior is as if her spouse is still alive. Anger towards the deceased as well as towards everyone who is perceived as interfering with the desired reunion is one of the characteristics of this stage. Failure in this search as Bowlby (1980) maintains, leads to repeated frustration and disappointment.

Disorganization and despair:

This is the period when an individual that is, the widow herself starts to report of being depressed and has difficulty in planning future activities. Widows become easily distracted and experience difficulty in concentrating and focusing. This period according to Bowlby (1980), starts at the moment when the widowed person realizes the finality of the loss. Symptoms during this stage involve a variety of behaviors that appears more disorganized. These include attempts to initiate new goals, but is experiencing difficulty in finding new activities that are as meaningful or organized rather than that of searching for the deceased. The widow also reports depression and despair at this stage.

Among the Blacks, including the Batswana, this stage is characterized mainly by publicly displaying grief by dressing in black in the case of widows or attaching a black cloth on

the clothes in the case of widowers and children (Pauw 1997). The belief is that mourning clothes enables other people to behave appropriately towards the bereaved family; taking into consideration the psychological trauma they are going through (Bowlby, 1980, Rognlie, 1989; and Lopata, 1996).

Reorganization: Sutton (1987) referred to this stage as a phase of recovery. According to Carson et al (1988), after a month or two, most acute symptoms begin to subside, but there may still residual sadness, yearning and attacks of acute grief during ensuing months. During this phase, social life has resumed and the relationship with the deceased is no longer regarded as crucial to survival. The widow has realized the finality of the loss, has assumed new patterns of conduct and has tried to form new relationships. The widow begins to learn new skills and roles, as the self is redefined without the old relationship.

New constructs of reality are being formed where the clinging to the deceased is viewed as no longer relevant. The widow continues with the old social contacts, develop new relationships and define new goals in an attempt to establish a modified identity and purpose of life. (Stroebe, Hansson, Stroebe and Schut: 2001 and Parkes :2001).

Sandys (2001) maintains that the above-mentioned stages indicate the normal process of grief.

It is of significant importance to note that death takes the loved ones and causes a terrible pain called grief. Grief is powerful, it plunges people into sorrow and forces them to face the finiteness of life, the mightiness of death and the meaning of our existence on this earth (Quigley & Schaltz: 1999). Death is followed by a transition to widowhood which requires widows to relinquish many of their old assumptions and constructs a whole new set of assumptions which will enable them to cope with their changed world with the absence of their spouses.

Individuals, families and generations as well as cultures have their own unique style of grieving. Others express their grief by crying and others do not. This simply implies that grief does not occur in a uniform pattern. However Dooka (2002b) maintains that personalities, diverse relationships and individual circumstances affect how widows cope with the death of their spouses.

According to Lindemann (1994), when widows suffer the loss of their loved ones, they feel pain of that loss. It should be noted that comfort alone does not provide adequate assistance in the widow's grief process, therefore it is important to allow a widow to express her sorrow and her sense of loss (Lindemann: 1994). It is also important to note that it is healthier to express grief by talking and tears than to suppress the pain simply because sharing facilitates the mastery of these feelings. However, when widows realize that visiting and talking about their lost spouses and receiving sympathy causes them discomfort, they develop a tendency to avoid expressing their grief and avoid discussing about their loss.

This explains the question of isolation and withdrawal preferred by many of them. According to both Carson et al (1988) and Kaplan and Sadock (1998), avoiding and suppressing the pain caused by the loss may prolong the course of grief.

Both Lindemann (1994) and Rognlie (1989), went on to mention that a supportive environment is important to guide the widow to complete the two major tasks of grief which are: to accept death as real and to cope with both psychological and social problems which are created by loss. By being acceptive and by boosting a widow's sense of belonging.

2.1.1.2 MOURNING

Grief and mourning are not simple emotions. According to Kaplan and Saddock (1998), they are interrelated components of bereavement. Mourning is the formal recognition of death and social expression of grief, and the first stage of the mourner is to review her social relationships. Death is made less absolute until the mourning rituals are complete (Miller, Smerglia, Gaudet & Kitson 1998 & Cindy: 2002).

Youll & Wilson (1996) posits that the pain of loss and its attendant yearning for a deceased loved one are merely the more familiar external facets of a highly complex reaction. In its primary sense, grief over death is anger- anger at the injustice done to the self -not only through the actual loss, but also through the loneliness and the inconvenience it may bring.

The angry widow on the other hand attempts to retain equilibrium while at the same time she combines her strong feelings of guilt with a reactivation of old emotions connecting her with the deceased. It is important to note that these emotions are not constant. They shift and interact as the widow attempts to cope with the loss, and their interaction may serve either to expedite or retard the resolution of grief (Stroebe et.al. 2001).

Cindy (2002) regards the conventions of mourning as a public recognition of bereavement. He further states that every human society delays the final acceptance of death through rituals, which attenuates its suddenness. These conventions according to Cindy (2002) seem to reflect the central conflict of bereavement.

Performance of rituals helps to allay the latent anxieties of grief and to direct its course towards recovery. According to the Black culture and tradition and most importantly among the Batswana, mourning clothes symbolize the rejection of any pleasure in life and further serve as a proof of how much the mourner suffered the loss. Mourning is interpreted as an assertion of loyalty to the dead, therefore the acceptance of consolation seems as a betrayal to the widow (Rognlie, 1989). Since the conventional length of mourning is so ill-defined by other societies, including the Batswana, a widow needs reassurance that her grief has illustrated her love and respect for her deceased spouse.

While a widow struggles for reconciliation through her mourning process, she tends to be apathetic and even hostile towards any other relationship except the one she has lost.

Secondly, widows need help and reassurance even though their emotional conflicts make it difficult for them to accept.

Mourning is a visible display of sorrow and it differs from one culture to the other and from one person to another. In this sense, mourning rites and rituals are believed to reinforce the religious and social structure of a group and thereby maintain group solidarity and cohesion (Rip and Bezuidenhout: 1997).

Among the Batswana, both mourning rites and rituals associated with death are almost of a religious nature, the function of which is to work against destructive fantasy and illusion, and against a framework of reality (Miller et al: 1988). They also help to alleviate the emotions of the widow and provide a supportive social context, which lessen grief.

In the true sense, mourning provides widows with time to adjust to their loss, although the duration of time for grieving might be influenced by an individual's culture. A programme on wearing mourning clothes was broadcasted over the radio in January 2004 year, whereby a Pedi woman of thirty-seven years in the Limpopo Province was forced to wear black mourning clothes for a period of one year against her will.

After this usual period, she said she was offered a piece of a black cloth to put on her shoulders wherever she was, and this lasted for seven years and it was also against her will, because as she said, she had completed her mourning period. Eventually this

woman felt that she cannot do this anymore because she could not understand reasons why and this depressed her. Her mother in law was reported to be bitter about her reactions.

From this point it can be assumed that the amount of time for loss readjustment is often related to the value people place on the lost object, person or function, and this may differ widely from the value the bereaved attaches to that which is lost. This also indicates that mourning rituals could be enforced on a black widow by a hostile in-law group.

Lindemann (1994) on the other hand is of the opinion that the length of time spent in mourning depends on successful grief work, which includes emancipation from the bondage to the deceased, readjustment to the environment where the deceased is missing and finally the formation of new relationships.

Lindemann (1994) further postulates that the length and intensity of the grief responses (crying, feeling empty and being preoccupied with the deceased) depends on the dynamics including age, coping capability, support system and how the widow herself perceives the loss and the psycho- social changes that it brings.

As indicated earlier on, some writers use both grief and mourning interchangeably. Based on this statement, Kubler Ross (1975) as (cited in Louw,1997) and Kaplan and Sadock (1998), formulated the stages of mourning which also contribute to both processes, that is

grief and mourning. These stages are somehow similar to those stated by Parkes (1988).

They are as follows:

Shock and Denial: Kubler Ross believed that the process of mourning starts when a message is received that a loved one has passed away or with the diagnosis of impending death. Denial functions as a buffer after unexpected shocking news, allows the bereaved to collect themselves. It becomes difficult for the widow to accept the news and cannot believe that her spouse has died particularly if it was less expected.

Anger: When the first stage of denial cannot be maintained any longer, it is replaced by feelings of anger, rage and resentment. The reality of death is now assimilated. The widow will express anger towards herself for "failing" to offer help and towards the deceased.

Bargaining: In this stage the dying person tries to negotiate with God to postpone his death. The family including the spouse, also make bargains with God and usually wants to keep this as a secret to other people in her surrounding environment. Signs of withdrawal and silence are significantly observed.

Depression: This is the period when the widow starts to report of being depressed. It starts when the widow realized the finality of the loss. It can be thought that the most depressing factors are mostly the negative statements that a widow tells herself

concerning her widowhood status. Communication becomes more non-verbal than verbal.

The four stages mentioned above form part of pathological mourning where the widow will be involved in trying to understand the reality of death

Adaptation/Acceptance: In this final stage the widow has realized the finality and reality of the loss. New constructs of reality are being formed where clinging to the deceased is no longer viewed as relevant. It is at this stage one can say the widow accepts that her spouse is gone forever and that it is time to realize her own human potential so that to make life meaningful without her spouse.

Kubler-Ross believed that as individuals move between these stages, he or she can also experience what seem on the surface to be “conflicting emotions”. As with other stage theories, she also maintains that, each stage may not be evident and may be processed in a changed order, but individuals usually do complete each one. This completion is regarded as another way to organize the grief process (Huber and Gibson:1990). According to Kubler-Ross (1975) as cited in Kaplan and Sadock(1998), understanding death is the key to personal growth and the realization of human potential

2.1.1.3 LONELINESS

Following the death of the spouse is significant loneliness as a result of stigmatization, social isolation, rejection and withdrawal. Loneliness can be defined in various ways.

For instance, it can be taken as an inescapable separateness of one human being from another and it can further refer to an experience resulting from the failure to satisfy the basic need of human intimacy (Meyer, Moore, Viljoen:1995)

Raphael (1983) stated the following as the basic assumptions of loneliness:

- Loneliness involves deficiencies in social relationship
- It is at least partially subjective and dependent on an individual's expectations and perception
- It is unpleasant
- It motivates efforts to alleviate it.
- Loneliness is found to be associated with negative and unpleasant emotions such as anxiety, depression, hostility and hopelessness.

According to Lopata (1982), as cited in Raphael (1983) several studies have linked loneliness to a variety of psychological problems including neurosis, depression, anxiety and personality disorders. Raphael (1983) further maintains that lonely individuals are mostly found to be cynical and alienated from the society and specific relationships, and have difficulty in finding meaning and purpose and satisfaction in life.

Lopata (1982) went on to say among all age groups, certain personality variables such as self-esteem and social anxiety are found to be related to loneliness but higher levels are found to be among younger widows as compared to older ones (Lopata : 1982 and Goredema: 2004).

Lopata (1982) further posits that loneliness co-varies with ineffective coping strategies such as alcohol consumption, unnecessary shopping and watching television as opposed to initiating warm and close relationship. On the same note Raphael (1983) believed that loneliness is greater in the absence of certain types of relationships, for example, romantic relationship and friendship and at reduced levels of social contact with families, friends and romantic partners.

In a study conducted by Raphael (1981) in the USA it was concluded that loneliness is related to the amount of support received from one's friends and family. His study also revealed that greater loneliness is in conjunction with various situational factors such as inadequate social contact and activities, for example, more time spent alone and less time spent with family and friends, few or no social activities at all, less participation in membership groups and less social support. Furthermore, both Weis (1973) and Lopata (1982) as cited in Raphael (1983) assume that loneliness is derived from stressful interpersonal events. He further argued that stressful events such as divorce and the death of a spouse are the major causes of loneliness.

With regard to this information it can be assumed that loneliness of widows is perpetuated and perhaps initiated by rejection from others. Such rejection occur because widows are vulnerable to loneliness and secondly because they have inadequate social skills or in some way marginalized and stigmatized.

Once widows feel lonely, they tend to adopt a hostile, rejecting and self-isolating pattern of behavior that in turn may reduce their attractiveness from the perspective of others and also reduce the willingness of others to befriend or become involved with them.

In the hierarchy of needs, Maslow believed that the need to belong is a basic human motive, and that it is based on a pervasive drive to form maintaining lasting relationships (Meyer et al: 1989). Mother Theresa has also emphasized this when she said "Loneliness and a feeling of being unwanted is most terrible poverty".

Loneliness is likely to occur during the time of transition from marriage to widowhood status. Some studies also indicated that about 30% of widows reported that they are rejected by friends, this resulted in them withdrawing from the social life and thus experience emotional loneliness. It is even more pathetic when they are rejected by their own relatives.

It is important to note that with hard work and appropriate support however, the transition from marriage life to widowhood becomes possible and even enjoyable. It is on this note that some widows experience widowhood as an opportunity for growth and independence, a chance to pursue many interests, to make new friends, to acquire new skills in decision making and also in managing their lives (Goredema 2004).

Other researchers like Jacob (1996) who studied older widows in Zambia who were married for fifty years and over, has found that there is no group of people who are more

affected by omission than widows and that they always complain of loneliness which caused them significant emotional suffering, particularly those living in rural areas because their children are inclined to move into cities.

Jacob (1996) concluded his study by emphasizing that if relatives cannot do much to minimize the pain of grief, nor even a time relieve the widow's loneliness, their practical help in other spheres appears invaluable.

When a widow feels isolated, unwanted and not belonging does not necessarily mean that change is impossible. Given ample time to express her feelings and concerns in a safe environment like support groups allows them to develop trust. As a result, subsequent discussion becomes more intimate and less emotional. And this in turn allows them to face a new reality, and a changed life without their spouses (Benoliel: 1999).

Immediately when a widow feels lonely because of being marginalized, discriminated and finally withdraw herself from the community of which she is a member, she is more likely to suffer what is termed widowhood-related depression because the support system is weak.

2.1.1.4 WIDOWHOOD - RELATED DEPRESSION

According to Kraaij, Arendsman and Spinhoven (2002), the death of significant others is mostly associated with higher levels of depressive symptoms and changes in social

functioning. He further posits that becoming a widow is being associated with an increase in psychological distress.

The pathological process of depression has a profound influence on the individual's well being (Kaplan & Saddock 1998). It involves psychological aspects, for example, self-criticism, biological aspects, e.g. weight loss, and social aspects such as avoidance or passivity symptoms that impair an individual's ability to function normally (Kazarian and Evans 1998).

This also applies to widows. They have a tendency of viewing themselves as worthless, avoid contact with other people and withdraw from social activities.

Zisook, Shucter, Stephen and Paulus (1994) distinguished between depression and widowhood-related depression. These researchers believed that symptoms which are rare in widowed women but common in severe depression include hopelessness, worthlessness and loss of interest in friends and in psychotic cases, the depressed person experience delusions.

It seems natural unfortunately, that widows would feel a great deal of overall negative feelings associated with the loss. Sadness, anger, grief, resentment and loneliness mostly characterize the state of depression in widows.

A study conducted by Zisook et al: (1994) in India about depression of widows over two years, confirmed that recent widows manifest symptoms of depression throughout the

first two years of widowhood. On this note, it can be assumed that, loss seems to be associated with some long-standing depression and affects the interpersonal relationships.

These researchers further maintain that those widows who display the worse cases of Symptoms of Major Depression (SMD) in the first two years were most likely to complain of poor physical health, be dissatisfied with work performance, usually refrain from social activities and show lack of interest in those activities they previously used to enjoy.

Goredema (2004) made a comment that a full depressive syndrome is common following a spousal death. In their study they also found that the depressed widows displayed statistical trends for more disturbed relationship with friends, and were less likely to be involved in new relationships. Other depressive symptoms include prolonged and marked functional impairment (Goredema 2004).

If according to a particular culture or tradition, the mourning period is shortened or viewed as not enough because of some reasons known to the widow and her immediate family, a widow will end up being rejected and discriminated against i.e. she is regarded as in the state of "impurity". This too contributed to a widow's stress and finally, depression (Macnab, 1993). However, in some cases, some widows seem to be unaware of their depression, although they keep on seeking professional assistance, exhibiting withdrawal from family and friends as well as social activities that previously interest them (Kaplan & Sadock, 1998).

Other researchers such as Cleveland (1999) in Brunhofer (2001) supports the opinion that some widows can continue to have symptoms of depression up to the period of two years after the loss of their spouses, and further believe that newly widowed individuals display a high rate of depression and its associated symptoms such as sadness and lack of interest in activities they once enjoyed (Brunhofer 2001).

The apathy and withdrawal that follow bereavement period tend to isolate a widow from social life. Her indifference and depression make her a poor company. According to Smith (1987), widows tend to loose confidence in themselves and in people around them. They also tend to have a poor self-image probably because of the perception and attitude that people have towards them. Participation in community activities is so limited among the black widows because they are socially isolated and as such, contact with the outside world is also limited.

2.1.2 SOCIAL ASPECTS

2.1.2.1 AFRICAN NORMS AND CUSTOMS ASSOCIATED WITH WIDOWHOOD

The African society has a tendency of being sympathetic towards men who experience the loss of a spouse, consciously reach out to morally support him and advice him to remarry within a short space of time. Surprisingly, such empathy is lacking on women with the same experience. They will be subjected to a number of rituals and customs associated

with widowhood, sometimes even against their will.

According to Pauw (1997), it is a common practice in the African culture that when there is death in the family, a few days after the funeral a traditional healer is called in to perform cleansing rituals to the bereaved family. This accordingly, has to be done for there is a general belief that, that particular family is in a state of "impurity" (Quigley 1999).

Secondly, if her husband died leaving young children behind, a common practice in the past was that the other brother to the deceased would be summoned to take the position of the deceased, as a husband to the surviving widow and a father to her children. This is called "*seya-ntlo*". *Seya-ntlo* is a practice in the African Indigenous culture whereby a younger or older brother of the deceased is allowed to marry his brother's widow despite the protest of the widow. This practice was probably for economic reasons to help children of the widow. This was practiced in a polygamous society. The main reason behind this was to provide both financial and moral support to the widow and her children. In most cases this was done even without consulting the widow. Some older widows preferred it whereas some did not (Pauw 1997) as they did not have any intentions of getting married again. This type of marriage also contributed to the psychosocial well being of a black widow

Psychologically, not all widows are able to cope with all these practices more especially young widows who are not conversant with them. In some cases if they do not feel

suicidal, they lose interest in their own lives and activities as though life without their spouses has no meaning at all. The result is constant consultations with health professionals because of the effect of African customs following the death of their spouses. However, Osei-Hwedi (1994) in his study conducted in Ghana found that older widows are found to be more tolerant and as experiencing less stress probably because they are more conversant with these psychosocial effects of widowhood as compared to young widows.

Some of these rituals will be so intense and humiliating to an extent that they contribute to stress and depression of the widow (Goredema 2004). Wilcox, Aragaki, Mouton, Evans and Wassertheil- Smoller (2003) maintain that stress experienced from these African practices affects a widow psychologically as well as socially.

2.1.2.2 Remarriage

Miller et al (1998) state that feelings of loneliness seem to arise from the longing for a particular companion, rather than from lack of company. Thus, while friends and relatives may replace some of a husband's practical functions and duties, and somehow distract a widow momentarily from grief, they cannot in any way compensate her for her loss. Indeed, the widow is often irritated by her comforters and is convinced that their efforts are futile. She needs to realize the full meaning of her loss and reconcile herself to it.

partner and her adult children and lastly, to a reluctance to give up new found independence.

2.1.2.3 ATTITUDES TOWARDS DEATH

2.1.2.3.1 Attitudes Of The Deceased's Relatives towards death and towards the widow

Stroebe, Hansson, Stroebe and Schut (2001) conducted a research on attitude towards death in the USA in 2001. The dominant attitude that Stroebe and his colleagues came across was that one of denial. They believed that some people regard death as the culmination of a social role, a moment within the continuum of life that stretches from birth to eternity, in which the community finally evaluated and benefited from the moral worth of the dying person. The latter statement is confirmed by the prevailing practice among the Blacks, with the inclusion of the Batswana, that of reviewing the life experience of a dead person and articulating them at night vigils in order to draw from them, moral lessons that might be helpful to those left behind.

Following a period of high involvement by relatives, the nuclear family must usually fend for itself, both socially and psychologically. The nuclear character of the family is not the only factor affecting bereavement; one must also consider the trend towards greater freedom for the individual within the family. In all the social realms, the family has less control. Family ties loosen; the family weakens as a source of comfort. Rip and Bezuidenhout (1997) support what is mentioned by Lopata (1996), that when death

occurs, the sense of grief deepens in proportion of involvement, dependency and belief in the worth and value of the individual

On the same note, Miller et al (1998), state that in most cases, it is very rare that a relative assumes the role of the deceased, especially in the case when the deceased was a sole bread winner because of the responsibility attached to it. It is at this time that the spouse's relatives see the widow as requiring attention.

With this increase in sympathy, may come decrease in respect, for instance, she may be viewed as a recipient rather than the giver of advice. More often than not, because of the negative attitude that the in-laws have towards death, they tend to blame the widow for her spouse's death, starts to refer to her as a "witch" and a malicious wife. This attitude subjects a widow to a number of psychosocial effects which at times she manages to cope and at times it becomes difficult. Both immediate and extended family relationship thus becomes negatively affected because of these attitudes.

The reconciliation of the conflicting attitudes of the extended family helps to determine how widowhood affects a widow's family and social relationship. But apart from its influence in the feelings of the bereaved, the end of marriage through death is itself a change in the pattern of relationship, since it dissolves the contract which brought this pattern into being.

In most cases the married woman remain aloof from her in-laws, and it seems likely that

in widowhood, she will lose touch with them even further. With her husband's death, her formal link with her in-laws breaks easily. Most widows who saw less of their husband's relatives accepted this as a natural consequence of widowhood, because it is common in the black culture that if a husband dies, the surviving wife is suspected to be involved in his death, she is as already mentioned or accused of witchcraft. What then follows is the negative attitude towards the widow and sometimes, her children. In order to cope with this, a widow will then withdraw her relationship with her in-laws (Shapiro: 1996)

According to Shapiro (1996), positive relationship between the widow and her in-laws as it was before death is lost and significantly changed. However, there are some cases although very scarce, where the widow will be psychologically and social supported by her in-laws.

Lopata (1996) studied the support system of widows in Chicago. In her study she found that when the support system is weak, links are broken, some widows become socially isolated, economically destitute and are unable to create new support networks. This implies that the widow's ability to actively create links with various support systems or support groups including the in-laws, is a crucial factor in adjustment to widowhood.

Sandys (2001) maintains that an emotional support is either relational, that is, having a confidant or a preferred source of support or aspect of self concept, makes one to feel important, secured or accepted by that particular person. Stroebe et.al. (1993) went on to say that widows who feel unsupported by people in their environment or widows who

perceive other people as not sympathetic are more likely to suffer complicated widowhood outcomes such as withdrawal.

In addition to this, Cindy (2002) also links social support with better psychosocial outcomes in widowhood and maintains that, widows should be encouraged to strengthen relationship with friends and family and furthermore, to develop new social connections.

Cindy (2002) further believed that a communal expression by the ones nearest to the widow makes her feel understood and also reduces the sense of isolation she is likely to experience.

2.1.2.3.2 Attitudes Of The Surviving Widow And Her Children Towards Death

As already stated, in widowhood, the survivor has to relinquish the status of a married person and assume the identity of a widow. In response to this identity transition, widows realign their social networks or alter their social activities. However, social relationships may become strained if the widow feels like a "fifth wheel" among married friends, thereby reducing her level of social engagement. This ultimately results into social isolation and social withdrawal. In this way, black widows tend to experience emotional loneliness and start to have a negative attitude towards death which according to her, has robbed of her husband (Goredema 2004)

According to Smith (1989), it is not surprising that widows express feelings of lack of control and direction; and anxieties of being alone in a "hostile world". When a widow has lost a person who was significant in her day to day interaction and shared construction of reality, she is likely to experience reduction in meaning. All those actions and conversations which had derived their meaning from mutual understanding of past experience and future plans now cease to be relevant to her.

For a widow, reality fails to have any meaning particularly for the fact that her partner does no longer exist. The personal journey that one travels while grieving and in mourning process may be described as a bereavement journey. It is personal in the sense that people do differ in their grieving process. Stoll (2000) maintains that during the first few months of widowhood, the paramount task that a widow is faced with is dealing with her grief and loss. However, in the midst of her grief process, a number of challenges present themselves. Firstly, is how to begin to move into what for most widows is a new and often strange identity - that of being a single person again.

Another immediate concern that the widow faces is the dilemma of being the sole parent. A black widow permanently loses her status, self identity for a while, and she may feel inadequate and unable to meet the needs of her family. According to the African culture and tradition, the widow is expected to wear mourning clothes, preferably black ones, for a period between six to twelve months and to abandon some of the routine activities including going to work if she was employed. The colours of the mourning clothes differ probably because of religion.

Interpersonal relationships tend to be limited to family members and some friends whom she thinks are supportive and neighbors. If the widow was unemployed before the time of the spouse's death, chances of getting a job during this period, even if they are abundant, are limited by the traditional bereavement process. Accordingly, she has to abide by restrictions and constraints of mourning traditions including not to be in close proximity with people who are not in mourning. She is also forbidden from coming back home late (Mellish 1980, Rip & Bezuidenhout.: 1997).

Based on the cultural and societal beliefs mentioned above, the widow tends to view herself negatively and thus develop a negative attitude towards death and lastly, towards herself. She also starts to withdraw from the entire community and its social activities. This withdrawal can either be temporary or even permanent but in most cases, it becomes permanent. Rip et al (1997), maintains that this eventually results in poor general adjustment to life, lower levels of life satisfaction and less active lifestyles. Lumpkin (1987) further postulates that younger widows also have to contend with the problem of constraints on friendship and with the tendency of other women who view them as possible competitors for the affections of their husbands.

The overwhelming questions that widows seem to ask themselves during this time include firstly: "How do I address my children's grief while I am so immersed in my own?" What happens more often than not, is that widows feel so uncomfortable confronting these issues that they end up avoiding discussing the death with their

children, though it is important that children particularly the young ones, are told of their father's death rather than hearing about it from either their schoolmates or neighbors.

The findings of the study conducted in the USA by Hershberger & Walsh (1990), about the effects of widowhood on older adults' social participation in Liberman (2002) emphasized the fact that, the more active one is after bereavement process, the easier the adjustment process to widowhood may be. This simply means that the society judges a widow "successful" when she snaps back and acts like her "old self" again.

Secondly, widows are quickly thrust in confronting their loneliness. They seem to wonder whether is it better to get back into ordinary life routines even if they don't feel like doing so. They also seem to ask themselves questions like: "What do I do with the advice that my families and friends are providing on how to live and behave as a widow?" (Stoll: 2000).

Based on this information one can say, widows are challenged to respond to a number of multiple tasks, such as development of a new self-image, reconstructing friendships, becoming the head of the household, managing finances, and most importantly, finding a new meaning in life. Therefore, to achieve all these, it is important for a widow to separate herself from the beliefs and attitudes of others, and get in touch with how she is actually feeling and furthermore, to refrain from blaming herself for feeling that she is not coping well with her widowhood status.

Valente et al (1996) posits that widowhood is a sudden event with little or no prior warning. A widow is expected to grieve. Not by ceasing the care for the dead, but by abstracting what was fundamentally important in the relationship and rehabilitating herself and at the same time, trying to work herself up.

Valente (1996) and his colleagues further maintain that a widow has to give up her husband without giving up all that he meant to her. This task according to them is extricating the essential meaning of the past and reinterpreting it to fit a very difficult future. It also seems to proceed by terminating approximation, momentarily comforting but at first, unstable (Valente et al 1996).

Lindstrom (1997) as cited in Cindy (2002) is of the opinion that widows should be encouraged to strengthen relationships with friends and relatives and develop new social connections. In contrast to this, black widows mostly tend to be more connected to their children than her spouse relatives, neighbours and friends. This is more common in the African culture and tradition (McVeigh & Shostack 1994).

After the death of their father, children look at their mother as the head of the family, turn to her for a word of advice and for help in bringing up their own children. It is at their home that they most often meet each other. But when their mother also dies, children tend to drift apart because they have lost their common meeting place. When they are home, they become more supportive to their mother as a single parent and in turn she also depends on them for moral and financial support. It is very rare that children

become unsupportive to their widowed mother and this is found only where the negative influence of the deceased spouse's relatives is playing a role.

Cindy (2002) revealed that the strongest single predictor of poor health outcome was the widow's perception of her family as unsupportive and or lack of understanding. Understandably, widows need help and moral support so as to cope effectively during this difficult time, particularly in the first few months of their widowhood. Some widows among those who are unemployed do ask for assistance, others do not, fearing rejection and humiliation.

(Parkes 1988) maintains that shyness to seek help predicts poor health outcomes like psychosocial problems. This suggests that those who do seek help may have less need of it than those who are too much afraid or shy to ask.

2.1.2.4 WIDOWS AND HIV/AIDS

According to the Department of Health (2002) and Statistics South Africa (2003), there is a high rate of deaths resulting from HIV/AIDS as compared to deaths resulting from any other cause. Statistics also indicate that more men are dying every year as compared to women because of this disease (Stats South Africa 2003).

The escalating HIV/AIDS epidemic adds to the burden of the already existing inferior status of widows. Osei-Hwedi (1994) conducted a study in Zambia on HIV/AIDS among

women. The results of his study revealed that the respondents had stated that HIV/AIDS could have first developed amongst the Whites, as they do not undergo the process of purifying widows and women who have miscarried. Among Zambians it is believed that widows and women who had miscarried are unclean and need to be subjected to a purification process in order to prevent sexually transmitted diseases like HIV/AIDS.

This is also a common belief among the Batswana that if a black widow has refused to undergo a purification process because of some reasons known to herself, then she is in a position to spread the AIDS virus and other sexually transmitted diseases. In fear of this belief and perception, the widow will be bound to abide with the process even if it is against her will.

It is unfortunate because in the South African society, AIDS is often seen as a result of women's immoral sexual behaviour, women are often blamed by most members of the society including other women. They may be blamed for the death of their spouses or they themselves feel guilty at having survived irrespective of who transmitted the infection.

In Hwedi's study (1994) the respondents further mentioned that as Africans no longer observe the process of purification of widows and women who miscarried, they are now vulnerable and can spread HIV/AIDS easily. This emphasizes the fact that HIV/AIDS is a consequence of disobedience of African norms and values as cited by Pauw (1997) as compared to AIDS being a viral infection.

The trauma of being widowed is great enough in the best circumstances, but for a widow affected by AIDS, the additional psychological burden is particularly great.

2.1.2.5 DISCRIMINATION, STIGMATIZATION AND REJECTION BY THE COMMUNITY AT LARGE

2.1.2.5.1 At a workplace

As indicated earlier on, widows are more vulnerable to discrimination. Society at large has a tendency of discriminating against widows in different institutions, for instance, employers (Van der Vleit1996). The South African Law Commission stated that the 1996 constitution guarantees the right to choose an occupation (Mohamed, 1998). however, the right to choose the occupation is limited when it comes to the issue of black widows.

The interpretation of this law is that no South African citizen should be denied employment nor be dismissed because of his or her marital status. In spite of this policy, black widows in the Republic of South Africa, particularly the newly widowed still experience discrimination in some workplaces both by the employer and the colleagues. Evian (1997) cites a case of a 36-year –old assistant manager who was dismissed from her job at a fast food franchise, few months after the death of her spouse. The reason was that she was not coping well.

In addition to this, when community members need services in different institutions, and learned that the person who is supposed to provide such a service to them is a widow, they tend to be hesitant and doubt her efficiency and competency (Pauw 1997). This is probably because of the stigma attached to a black widow. This kind of attitude impairs the widow's social functioning. She then starts to lose confidence in herself and as such, perceives herself as incompetent as well as worthless.

During widowhood the widow's self-concept may be badly damaged by the society's negative perceptions and attitudes. Hurlock (1994) also maintains that stereotyped attitudes of the society towards widows make them to feel that they are no longer useful to the community and that they are more of a nuisance than assets (McVeigh and Shostack 1994). These negative stereotypes seem to damage the widow's feelings about herself.

2.1.2.5.2 Discrimination by neighbours

In a traditional society when a newly widowed woman visits her neighbour, a particular ritual has to be performed either before she enters the gate or when she enters the door. Unless this ritual is performed, entry is denied. This was confirmed by Webb's (1997) study as cited in Cindy (2002) which revealed that the stigma is not associated only with youth, but also with adults.

It is of vital importance to note that stigmatization often occurs towards people who belong to a specific group. Widows are more vulnerable to stigmatization. Those who might not understand what they are going through label them and they are seen as a unique group of people from others because of identity given to them. All these have a direct psychological and social impact on the well being of a widow.

Widows though not all of them are more likely to be rejected by some of their relatives, friends and colleagues in the community (Osei-Hwedi:1994). This finding emanates from the fear held by the Batswana that being next to a widow or being involved with a widow in whatever way, may result in bad-luck (*sehihi*). This might be because of the lack of knowledge of the psychosocial effects that widows are going through, and in turn, this type of perception and belief make widows not to seek social support due to fear of rejection.

Among some blacks, particularly the Batswana, when friends and relatives know that the widow refused to be purified, or refused to wear mourning clothes because of either her religious and family values or even her belief system, they tend to discriminate, stigmatize and reject her.

There are however many widows who employ denial and rationalization or intellectualization as defense mechanisms to deal with these stereotypes. They therefore tend to accept all these as natural consequences of widowhood.

2.1.2.6 IMPACT OF RELIGION ON WIDOWHOOD

In addition to the changes in the family structure and the changes in roles within the family, a shift in the role of religion has an important effect on widowhood reactions. In order to deal with the emotional problems that arise when death does occur, man has developed rituals and culturally accepted patterns of behavior. Death and mourning rituals channels the normal expression of grief and gather friends and relatives to the emotional support of the bereaved, particularly widows irrespective of age (Pauw :1997).

These rites and rituals publicize and formally establish new statuses and roles necessitated by the loss, and help the widow and the bereaved to explore and accept the relationship between death occurrence and the natural progression of events.

Mantal-Bozos (2003) is of the opinion that rituals, customs and beliefs may facilitate or complicate the grieving process. He maintains that beliefs may facilitate grief by believing that pain caused can be eased by a belief that the deceased is in heaven and at peace. He mentioned that many older adults experience a deep sense of spirituality and these beliefs help them face their loss and the situation they may find themselves as a result of the loss.

On the same note, Kubler-Ross (1975) as cited in Louw (1997) , maintains that religious people who believe in the immortality of the soul accept death more easily than do the unreligious ones. Relying on religion is another way of coping with effects of death and

when religious people are told that their feelings are normal, and that it is important to express their grief, this helps them to recover (Carr, House, Kessler, Nesse, Sonnega, Wortman: 2000). Religious participation and its importance are directly related to a greater well being and less distress particularly few months after the death has occurred, even though some of the indigenous churches have a tendency of isolating a widow during this period.

On another level, Parkes (1996) suggested that the church could be psychologically helpful to many bereaved people if they would offer a clear lead in prescribing a period for mourning, thus saving them confusion and insecurity in their grief. However, he also noted that it is not enough to prescribe a ritual, faith in God is also necessary to overcome the prevailing psychosocial effects following the death of a spouse.

One of the most important functions of religion is to provide coping strategies for accepting the inevitability of death, even though death is difficult to accept, particularly when young people die especially from diseases such as HIV/AIDS (Van Dyk, 2001)

2.2. THEORETICAL PERSPECTIVES

A number of key theories related to widowhood are identified in the existing literature, each having an impact on the conceptualization of widowhood and coping strategies. The main theories that are discussed in this section are psychoanalytic and psychodynamic theories. These include Attachment theory and Erickson's theory of psychosocial

development, Maslow's self-actualization theory, Existential Theory and Sullivan's Interpersonal Theory.

2.2.1 PSYCHOANALYTIC AND PSYCHODYNAMIC THEORIES

According to Huber and Gibson (1990), psychodynamic theory is a broad term that encompasses theories that emphasize change and development and or theories that places motivation and drive as central concepts. These researchers further maintain that psychoanalytic approaches to bereavement common in practice are a subset of psychodynamic theory (Kaplan & Sadock 1998). For instance, they cited Freud's view that when a person realizes that an object is gone forever, she has to work through a review of the nature and value of the relationship in order to detach emotionally from that object. Freud believed that such catharsis is difficult and often resisted, but when accomplished, it becomes easier for the person to re-engage more fully in life again.

Proponents of psychoanalytic theory maintain that people need to confront the reality of their loss. They further believe that recovery from bereavement involves emancipation from the relationship with the deceased, readjustment to the environment and formation of new relationships. Accomplishing these steps as Huber and Gibson (1990) put it, requires verbalizing feelings of guilt, expressing a sense of loss and dealing with any feelings of hostility.

In addition, Freud (1968) is of the opinion that if people do not show or express their

distress, particularly after the loss, it is an indication of pathology. Essentially, a psychoanalytic approach to bereavement emphasizes being able to successfully re-engage in life. Freud advanced the idea that many psychiatric illnesses are caused by pathological mourning that is, both excessive grief and failure to grieve for the loss. This theory implies that people are allowed to grieve, but grieving should be normal, it should not be excessive and should not be less than what is expected (Meyer et al, 1998, Huber et. al. (1990) and Kaplan & Saddock (1998)

2.2.1.1 Attachment Theory

Attachment refers to an affective bond between two people. It is in Ainsworth's words, one model of relating to a specific figure (Bee & Michel, 1980). Bowlby (1969) formulated this theory basing his focus on the bonding between a mother and new-born child. Attachment is not however, limited to relationships between family members of relatives; it also extends to friends, to whom the attachment is sometimes stronger than to members of the family. This is likely to be so in the case of singles, elderly and widows. A child or an adult who is attached to another, uses that particular person as a safe base from which to explore the world, for comfort when distressed and for encouragement.

Huber et.al (1990) are of the same opinion with Bowlby that when insecurely attached person loses a partner, he/she is likely predisposed to anxiety and depression disorders. According to Bowlby's theory, people do not form these attachments to satisfy their biological drives, but rather to fulfill their needs for safety and security. In his theory,

Bowlby (1980) suggests those attachments formed needs to be strong for survival reasons, otherwise, an individual will suffer both psychologically and socially when these attachments are broken as in case of death.

On the other hand, Doherty (1998) is of the opinion that separation or loss initiates a process of grief. He further maintains that grief is a very basic and to a large extent, an automatic and instinctive biological reaction that causes aggressive behavior and stimulates attempts to regain the lost object or person. This explains that the extent to which people grieve a loss depends on how attached or close they were to the person of their loss.

Furthermore, Bowlby (1980) assumed that grief behavior is characterized by searching, followed by despair and possibly, frustration. Following on this assumption, he maintains that the resolution of grief requires the need for detachment from the deceased with such reorganization requiring cognitive restructuring of the situation.

Kaplan et al (1998) on the other hand also believed that by encouraging and supporting the widow, alternative ways of thinking could be sought. Parkes (1980) as cited in Cindy (2002) stresses the fact that cognitive restructuring in widows is needed in order for them to come to terms with the new reality. He believed that the widow has to go through the pain of loss and consciously acknowledge and express associated feelings because suppression of painful feelings might prolong or pathologize the grief process.

In brief, this theory suggests that grief as related to widowhood is understood to grow out of separation anxiety caused by involuntary separation from an attachment figure, hence after the death of a spouse the widow feel as if life without her partner is meaningless and worthless. It further emphasizes the fact that widows become more depressed by the loss of their spouses than a distant relative, simply because of the close attachment they use to have, that is, the closer and the stronger the attachment, the more intense and enduring the response and the more dependent the widow becomes.

2.2.2 Maslow's self-actualization theory

The main focus of humanistic perspective is on the individual's future than the past experiences (Meyer et. al.: 1998). Using Maslow's hierarchy of needs, this theory suggests that what happens in widowhood is that widow's deficiency needs such as self-esteem, belonging and love and possibly the safety and security needs, are challenged.

The community in which the widow lives provides a need to belong and re-establishment of self-esteem. This implies that if widows are isolated and rejected, all these are shuttered and challenged. A supportive community creates a format for developing a sense of belonging. To get beyond this, Maslow believes that widows need to substantially alleviate the pain that they are feeling and to get comfortable with their new single status. Once they are comfortable, it will be easier for them to form a circle of new friends and a new social life. This simply means that by socially isolating and rejecting widows, makes it difficult for them to become socially active and thus unable to form

new social and interpersonal relationship. The result is frustration, withdrawal and loneliness.

On the issue of interpersonal relationship, Maslow (1970) as cited in Meyer (1998) concluded that it would be quiet wrong to picture widows as cold and distant towards others. He concluded that self actualizers have deeper and more intense relationships

2.2.3 Existential Theory

Victor Frankl's view, in logotherapy is that people have to and must use their freedom to choose how they should behave when confronted by frustrations if they are to be psychologically healthy (Meyer et al 1998). If a situation cannot be changed as in the case of death, and if suffering cannot be avoided, what is retained is the individual's freedom to change himself or herself, for example, transforming a tragedy into personal triumph, to turn one's predicament into human achievement, a process which seem to be difficult in the case of loss.

According to Frankl, there are three inevitable facts confronting us all the time, namely, guilt, pain and death. He calls these "the tragic triad of human existence". However, he is of the opinion that meaning can still be found in guilt, pain and death. He maintains that somebody who found meaning in these has reached the highest peak of development therefore this particular person's belief in the meaning of life is unshakeable.

Frustration of man's basic will to meaning results in life becoming meaningless and

empty, and this exposes a person to existential vacuum which is experienced by many widows. On this note Rollo May believed that major experiences such as anxiety, guilt and death are not problems to be solved by paradoxes but to be confronted and be acknowledged.

Frankl are for the opinion that people cannot survive without some form of anxiety. He views this anxiety as an appropriate response to an event being faced. Being psychologically healthy according to them, entails living with a little neurotic anxiety as possible while accepting and struggling with normal anxiety which is part of living. Existentialists view anxiety as a potential source of growth.

Furthermore, Existentialists do not view death negatively but hold that awareness of death as a basic human condition gives significance to living. They believe that people can develop a way to evaluate how well they are living and what changes they want to make in their lives.

On the other hand, Schultz (1997) is of the opinion that too much focus on the self ultimately inhibit psychological health. He went on to say that people must move beyond the self in order to achieve intimate and productive relationship with the world and with others. Unlike widows, when they realize that the community is discriminating, stigmatizing and rejecting them, they tend to withdraw and isolate themselves from the community of which they form part. In this way, intimate and interpersonal relationship are significantly limited, this eventually results in loneliness and depression which is

experienced by most widows.

Maladaptive behavior is seen as the product of a failure to deal constructively with existential despair and frustrations experienced after the loss.

Furthermore, this theory emphasizes the fact that forming new relationships indicates that people are relational beings. Being relational beings, we also strive for a connectedness with others.

In this light, proponents of this theory are of the opinion that we must give ourselves to others and be concerned with them, unlike in the case of the unwidowed, when they see a widow, they act as if she has a contagious disease and alienate her. This explains what Hurlock (1994) is emphasizing, that is, the fact that many widows have little capacity to express warm and spontaneous feeling towards other people who are not affected by their widowhood, because they have discovered from previous experiences that it is unlikely that such feelings will be returned.

2.2.4 Sullivan's Interpersonal Theory

In this theory, Sullivan maintains that people are social beings, and much of what we are, is a product of our relationship with others (Bee et al 1980). In other words, Sullivan believes that personality exists only in the interaction with others.

Sullivan views unsatisfactory or limited interpersonal relationship in the past or in the

present as the primary causal factor in many forms of maladaptive behavior as expressed during the period of grief. Basing on this theory, maladaptive behavior refers to the disturbance in the manner in which a person relates to others (Bee et al 1980).

According to this theory, inability to form new relationships and failure to progress satisfactorily in relationships paves the way for later maladaptive behaviors such as withdrawal, loneliness and avoidance of emotional involvement in hurtful situations rather than facing and dealing with them in a more constructive way.

All these mentioned behaviors become apparent in widows especially when they realize that they are being discriminated, stigmatized and rejected in the community at large, for instance, they tend to withdraw from the community and its activities, and avoid to talk about their feelings, and this in turn, results in their interpersonal relationships being very much limited and starts to experience emotional loneliness which Sullivan views as maladaptive behavior.

CHAPTER 3 RESEARCH METHODOLOGY

3.1 Research Design

According to De Vos, Strydom, Fouche and Delpoit (2002), a research design is a blueprint or a detailed plan of how a research study will be conducted. Bless and Higson-Smith (1997) explained that a research design fundamentally involves an attempt to isolate and assess the relevant factors of a study. In this study, a descriptive design was utilized. This design is used when the purpose of the research is to observe, to describe or to explore and assemble new knowledge.

A descriptive study aims at identifying problems in practice for justifying current practice and for developing theory. Another aim of the descriptive study is that, it describes a situation in order to gain more information because it describes a situation as it occurs. It also provides a baseline for further investigation because it enables us to define what actually happens.

3.2 Sample

De Vos et al (2002) defines a sample as a small portion of the total set of objects, events or persons that together comprise the subject of study. The principle of sampling, which refers to collecting information from only some people in the group in such a way that their responses and characteristics reflect those of a group from which they are drawn, is

an alternative way of finding out about a group of people. Such a group of people is referred to as a population. A sample is obtained by collecting information only from some members of such a group (Bless & Higson-Smith, 1997 and De Vos et al : 2002). The sample of this study is comprised of black widows that experienced widowhood in the past three years, that is, 2001, 2002, and 2003 respectively, whose ages range between 25 and 70 years. The rationale behind this is that they will be in the position to remember most of the information required for this study. The sample is heterogeneous in terms of age, educational background, religious affiliation and occupational background, and it is homogeneous in terms of sex. Literature states that the more homogeneous the sample, the better the chance of ruling out the effects of extraneous variables wherein sampling errors can be minimized.

3.3 Method of sampling

The sample was selected using the purposive strategy of non-probability sampling method. Non-probability refers to the case where the probability of including each element of the population is unknown. Neuman (1997) had described the non-probability sampling as a method by which not all sampling elements have equal chance of being included in the sample. That is, it not possible to determine the likelihood of the inclusion of all representative elements of the population into the sample.

Although from a scientific point of view this method of sampling makes generalizations highly questionable, it has pragmatic advantages such as saving time and money. Either

enlarging the sample of by choosing a homogeneous population can reduce its disadvantages.

The purposive sampling technique of the non-probability method of sampling was used in the sample selection. This technique involves picking cases that are judged to be typical of the population, by restricting observation to subgroups only. It is also based on the judgement of the researcher regarding the characteristics of a representative sample. This implies that a sample is chosen on the basis of what the researcher thinks to be an average person.

Both municipality records and death register were used in selecting a sample.

Municipality records were used to select participants residing in both urban and semi-urban areas. Every fifth widow who appeared in the register was selected. For the selection of participants in rural area, a death register from the Department of Home Affairs was used. As in the case of municipality record, every fifth widow who appeared in register was selected. The intention was to obtain a sample of ten widows from each unit and each rural area, which made a total of fifty participants. The chosen sample was homogenous in terms of sex but heterogeneous in terms of age, occupation and religious affiliation.

3.4 Research Instruments

Both a questionnaire and Beck' Depression Inventory (BDI) were used as research instruments. The main reason for data collection was to find out about the psychosocial

aspects and coping mechanisms of black widows following the death of their spouses. The new Dictionary of Social Work (1998) defines a questionnaire as a set of questions in a form, which is completed by the respondents themselves in respect of a research project.

The aim of the questionnaire is to allow the respondents to express themselves freely. This questionnaire was administered to individual respondents as a personal questionnaire; this means that it was handed to respondents who would complete it on their own after clarification of instructions. However, the researcher was available in case problems were experienced.

3.4.1 Structure of the Questionnaire

The questionnaire used included open-ended and close –ended questions. The rationale behind this was to make it more interesting for respondents to give as much information as possible. The questionnaire included questions covering a broad range of topics related to life both before and after the husband's death, personal characteristics such as health status, family relationship, religion, social and emotional adjustment to widowhood and finally the immediate circumstances of husband's death such as changes in social life, attitudes towards death and reactions to widowhood.

To determine the reliability and validity of the questionnaire, a pilot study of twenty subjects was conducted. The results obtained indicated that most of the black widows

withdraw from the societal activities after the death of their husbands and because of this withdrawal, they experience loneliness. In addition, the BDI as an external criterion on the depression item was also used, and its items also correlated with those of the questionnaire. Using the simple correlation coefficient, the correlation of items was close to 0.30.

3.5 Beck's Depression Inventory (BDI)

According to Groth-Marnat (1990), Aaron T. Beck developed the original version of the BDI. It has been developed in different forms including several computerized form, a card form, the thirteen item short form and the more recent BDI-II (Beck, Steer and Brown, 1996). These writers emphasized that the revised BDI has also been used by clinicians to discriminate loneliness, stress and self-report anxiety. BDI items also assess the intensity of depression in out-patients and short-term in-patients and furthermore, it is in compliance with the DSM IV criteria for depression.

3.5.1 Structure of the BDI

The scale that was used in this study is a self-administered 13 item self-report scale measuring supposed manifestations of depression. According to both Beck et al (1988) and Groth-Marnat (1990), each of the 13 items of the BDI attempts to assess a specific symptom or attitude which appears to be specific to depressed patients, and which are

consistent with descriptions of the depression which are contained in psychiatric literature.

Each category purports to describe a specific behavioral manifestation of depression and consists of a graded series of four self-evaluative statements. The statements are rank-ordered and weighted to reflect the range of severity of the symptom, from neutral to maximum severity. Numerical values from zero to three are assigned each statement to indicate the degree of severity. That is Normal =0, Mild =1, Moderate =2 and Severe = 3

3.5.2 Reliability and Internal Consistency

Test-retest reliability has been studied by Beck in the case of thirty-eight patients who were given the BDI on two occasions. It was discovered that changes in the BDI scores tended to parallel changes in clinical reading of the depth of depression, suggesting a consistent relationship between the BDI scores and the patients' clinical state. The obtained reliability figures were said to be above 0.90 (Groth-Marnat: 1990).

According to Beck et al (1988), the internal consistency for the BDI ranges from 0.73 to 0.92 with a mean of 0.86. He further maintains that the BDI demonstrates a high internal consistency with alpha co-efficient of 0.86 and 0.89 for psychiatric and no-psychiatric populations respectively. Spearman Brown's correlation for the reliability of the BDI yielded co-efficient of 0.93 (Beck et al: 1988).

3.5.3 Content Validity

The content of the BDI was obtained by consensus from clinicians regarding symptoms of depressed patients (Stinton : 2004). According to Beck et al (1988), correlations with clinician ratings of depression using the revised BDI ranged from 0.62 to 0.66. Clinical ratings for psychiatric patients were reported as high to moderate, ranging from 0.55 to 0.96 [Man $r=.72$.] Furthermore, Groth-Marnat (1990) reported moderate correlations between the revised BDI and other scales measuring depression such as the Hamilton Psychiatric Rating Scale for Depression, Zung Self-Reported Depression Scale and the MMPI Depression Scale.

The revised BDI items are consistent with six of the nine DSM IV categories for the diagnosis of depression. The content validity would seem to be high since the BDI appears to evaluate well a wide variety of symptoms and attitudes associated with depression.

3.6 Procedure for data collection

The researcher approached the Mafikeng Municipality and Home Affairs offices to ask for a permission to use their records in sample selection and that permission was granted.

Before both the questionnaire and a depression scale could be administered, the researcher visited the participants at their respective homes to introduce herself and to

familiarize them with the aims and objectives of this study. Potential participants were asked for their informed consent to participate in the study by signing a consent form. They were also assured of anonymity and confidentiality. Those who were not willing to participate were free to do so. Only two participants withdrew from the study.

Both the questionnaire and the BDI were administered at respondent's homes (the recently widowed, 2003) because of the cultural restrictions. A mutual agreement was reached that other respondents would meet at nearby schools for the administration of both questionnaires. This procedure took a period of three weeks.

3.7 Method of data analysis

The Statistical Package of Social Sciences (SPSS) version 9.0 computer package was used to analyze data. This is one of the computer packages that are used analyzing data statistically. Numbers are used instead of statements so as to be easily fed into the computer. A coding system was applied for the computer language. Tables, graphs and charts were computed.

3.8 ETHICAL CONSIDERATIONS

Firstly, to some people including the Batswana, widowhood is a sensitive issue to discuss openly. The researcher tried by all means to emphasize confidentiality in order to limit the possible resistance of the respondents, by so saying, anonymity and confidentiality were strictly adhered. This further implies that participants were asked not to write their

names on the questionnaires and were assured that the whole information will be treated as confidential.

Secondly, since talking about widowhood is emotionally provoking, those who experienced negative emotional reactions were referred a clinical psychologist of their choice, a counselor or a social worker in a nearby community hospital for professional intervention.

CHAPTER 4 PRESENTATION OF RESULTS

4.1 Sample Profile

The biographical data contained information that included widow's age group distributed as 25-45 years old coded as 1 and 46-70 years old coded as 2. Level of education distributed as Standard 5 and below codes as 1, Standard 6-10 coded as 2 and Tertiary coded as 3. Religious Affiliation distributed as Mainline churches coded as 1, African Indigenous churches coded as 2, and other churches coded as 3. Occupation distributed as student coded as 1, unemployed coded as 2, self-employed coded as 3, clerical coded as 4, professional coded as 5 and others coded as 6.

Data of this study was analyzed and interpreted quantitatively, using SSPS version 9.0 for windows and the research results as mentioned earlier, were presented in the form of tables, graphs and charts.

4.2 Presentation of results

The responses provided in both questionnaires were coded so that they could be analyzed by the computer system. Coding refers to the conversion process whereby people's responses to questions are converted into numbers, which is required in computer analysis. The essence of coding is to assign a number to each answer to a question, and each answer to a particular question is given a distinctive code, which will then be fed into the computer and thereafter represents a particular response to a given question (De Vaus, 1991)

Univariate method of analysis was used during analysis of data. This method is used if the researcher's intention is to describe only one characteristic of the sample at a time (De Vaus: 1999). The responses of the items on Beck's Depression Inventory were rated as normal=0, Mild=1, Moderate=2 and Severe=3.

Table 1: Distribution of the Sample according to Age Group*N=48*

		Frequency	Percentage
Valid	25-45	27	56
	46-70	21	44
Total		48	100%

Table 1 above indicates that 56 percent of the respondents who participated in this study were aged between twenty-five and forty-five years. The remaining 44 percent were aged between forty-six and seventy years.

Table 2: Distribution of the sample according to educational level*N=48*

		Frequency	Percentage
Valid	Std 5 and below	6	12
	Std 6 - Std 10	25	52
	Tertiary	17	36
Total		48	100%

With regard to the respondents' level of education, the results show that most (52%) of the respondents had only Standard Six to Standard 10 as their highest level of education. Followed by 36% who reported tertiary education as their highest level, and 12% is accounted for by Standard five and below. This is indicated in table 2

Figure 2: Distribution of the sample according to religious affiliation

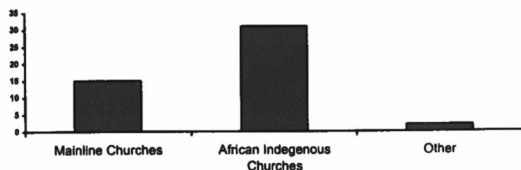


Figure 2 above shows that most of the respondents in this study affiliated with African Indigenous Churches like ZCC and Apostolic churches (31), followed by 15 who affiliated with mainline churches whereby a few number of them (2) affiliated with other churches.

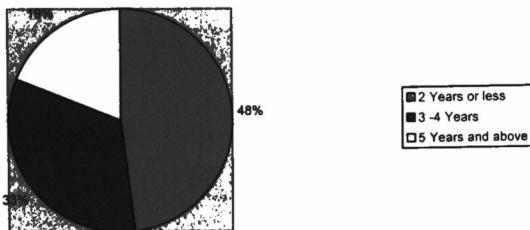
Table 3: Distribution of the sample according to occupation

N=48

		Frequency	Percentage
Valid	Student	9	19
	Unemployed	16	33
	Self-employed	9	19
	Clerical	5	10
	Professional	6	12
	Other	3	7
	Total	48	100%

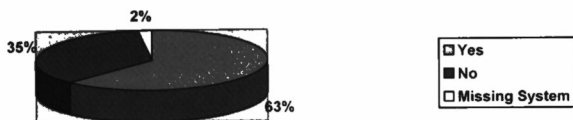
With regard to occupation, the results in table 3 above show that the highest percentage (33) of the respondents were unemployed. Followed by those who were self-employed and those who were still students in various fields (both 19 percent). Only 12 percent of the respondents were professionals, 10 percent were doing clerical work while the remaining percent 7 were working in other various fields.

Diagram 1: Responses to the question - How long one has been a widow



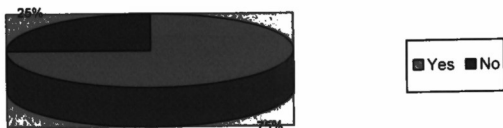
The above diagram indicates that 48 percent of the respondents in this study have been widows for a period of two years, followed by 33 percent who have been widows for a period between three and four years, the remaining percentage (19 percent) have been widows for a period between five years and above.

Diagram 2: Responses to the question as to whether a widow and her children have wore mourning clothes



The above diagram indicates that most of the black widows in this study (63 percent) wore mourning clothes after the death of their husbands as compared to 35 percent who did not. The remaining 2 percent did not respond to the question.

Diagram 3: Responses to the question as to whether a widow and her children have undergone any purification process



With regard to the question as to whether a widow and her children have undergone any purification process, most of the respondents in this study 75 percent did, and twenty five percent did not undergo any purification process as indicated in the above diagram.

Figure 3 : Responses to the question- How is the attitude of a widow's husband's relatives towards her after the death
N=48

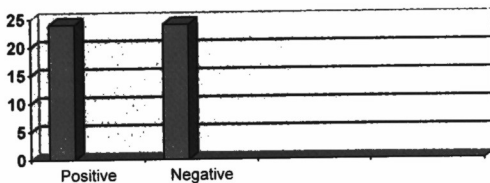


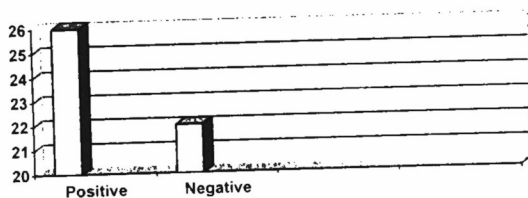
Figure 3 above shows the attitude of the husband's relative towards a black widow after the death of her husband. In this study twenty four black widows reported a positive attitude. This implies that they are still perceived as provider of assistance and advice as before the death. The other twenty four reported a negative attitude. These are the ones who might be blamed for the death of their husbands.

Diagram 4: Responses to the question as to whether widows are blamed for the death of their husbands



The results show that fifty eight percent of the respondents as shown in the above diagram were blamed for the death of their husbands as compared to forty two percent who were not.

Figure 4: Responses to the question -How is the widow's relationship with her in-laws



With regard to the relationship of a black widow with her in-laws in this study, the majority of them (twenty – six) reported a positive relationship. This is characterized by the support they receive from their in-laws. The remaining twenty two reported a negative relationship with their in-laws probably because they do not receive any kind of support from their in-laws.

Table 4: Responses to the question as to whether a widow expects her in-laws to take responsibility for her and her children N=48

		Frequency	Percentage
Valid	Yes	24	50%
	No	24	50%
Total		48	100%

The frequency table above indicates that fifty percent of the widows responded to the questionnaires in this study expected their in-laws to take responsibility for them and their children after the death of their husbands and the other fifty percent did not expect that.

Diagram 5: Responses to the question how much a widow depends on her family

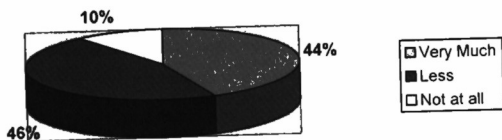


Diagram 5 above indicates that more widows (46 percent) depended less on their family members as compared to forty-four percent who depended very much on their family members. The remaining ten percent did not depend on their family members at all.

Figure 5: Responses to the question on which family member does widows rely most
most N=48

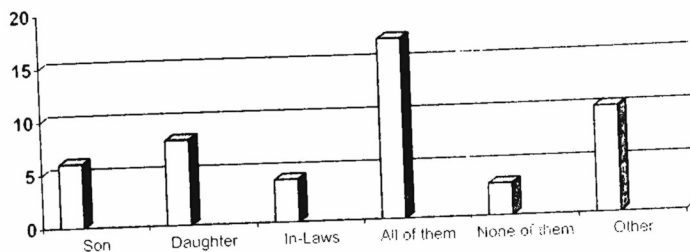
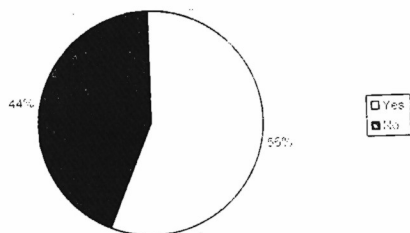


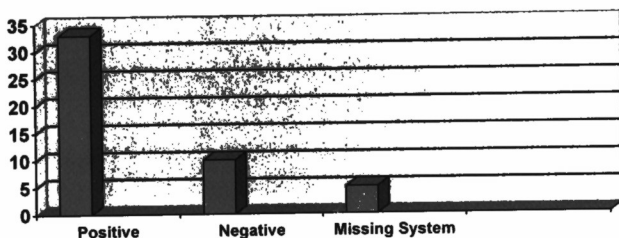
Figure 5 above indicate that widows relied mostly on all members of her family (18), ten of the respondents relied on other family members who might be relatives, eight of them depended on their daughters, six of the respondents depended on their sons, four depended on their in-laws and the remaining three did not depend on any of their family members.

Diagram 6: Responses to the statement that some communities have a tendency to isolate widows particularly when her husband died of HIV/AIDS related illness



The above diagram indicates that fifty-six percent of the black widows who responded to the questionnaires believed that some societies have a tendency of isolating widows particularly when her husband died of HIV/AIDS related illness whereas forty four percent did not believe that.

Figure 6: Responses to the question - how is the widow perceived by her employer at a workplace N=48



In this figure the results show that most of the participants in this study (thirty three) reported a positive perception from their employers, ten of the respondents reported a negative perception whereas five of them did not respond to the question.

Diagram 7: Responses to the question how a black widow is perceived by her colleagues at a workplace

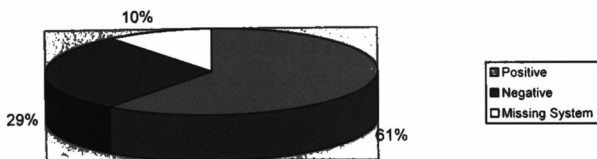
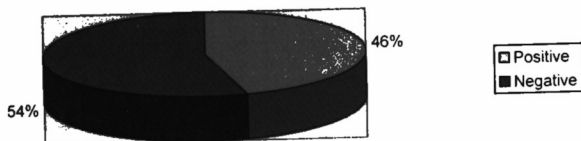


Diagram 7 above indicates that the majority (61 percent) of black widows in this study experienced a positive perception from their colleagues at a workplace whereas only a small percentage (29 percent) experienced a negative perception. The remaining ten percent did not respond to the question.

Diagram 8: Responses to the question how a black widow is perceived by her neighbors



The above diagram indicates that a highest percentage of the black widows in this study experienced a negative perception from their neighbors only (46 percent) experienced a positive perception.

Table 5: Responses to a question as to whether there are any objections from members of the church to associate with people wearing mourning clothes

N=48

		Frequency	Percentage
Valid	Yes	28	58
	No	20	42
Total		48	100%

The above frequency table indicates that the highest percentage of some churches had objections to associate with people wearing mourning clothes (58 percent) and only 42% of other churches did not have any objections to associate with people wearing mourning clothes.

Table 6: Responses to the question as to whether a widow does sometimes want to be alone and not be bothered by other people $N=48$

		Frequency	Percentage
Valid	Yes	28	58
	No	20	42
Total		48	100%

The results in the frequency table above indicate that most of the black widows (58 percent) in this study did sometimes want to be alone and not be disturbed by other people whereas the remaining 48 percent did not have a problem being with other people.

Diagram 9: Responses to the question as to whether a widow has any plans of getting married again

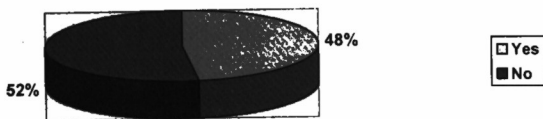
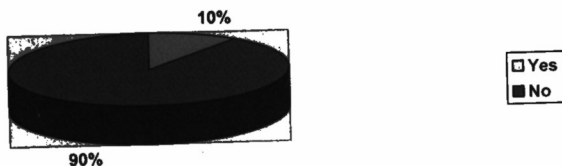


Diagram 9 above indicates that majority (52 percent) of the black widows in this study did not have plans of getting married again and only forty-eight percent did still had plans of getting married again.

Diagram 10: Responses to the question as to whether a widow would consider getting married to her husband's brother



Ninety percent of the widows in this study would not consider getting married to their husbands' brothers and the remaining ten percent would consider that as shown in the above diagram.

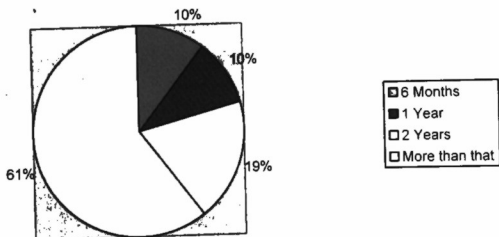
Table 7: Responses to the question when did a widow miss her husband most

N=48

	Frequency	Percentage
Valid Never	2	5
In the morning	3	6
During the day	3	6
During the night	5	10
At times of trouble	10	21
At all times	25	52
Total	48	100%

The above frequency table indicates that most of the widow missed their husbands at all times (52 percent), 21 percent missed their husbands only at times of trouble, 10 percent missed their husbands during the night, 6 percent missed their husbands during the day, this is equals to those who miss their husbands in the morning and the remaining (5 percent) never missed their husbands

Diagram 11: Responses to the question how long a widow thinks is going to take her to get over her grief



In response to the question how a widow thinks is going to take her to get over her grief, sixty one percent reported that it will took them more than two years, nineteen percent reported a period of two years, ten percent reported a period of one year and another ten percent reported that it will took them a period of six months to get over with their grief.

Section C of the questionnaire was based on the respondents' feeling on the day of the administration of the questionnaire. This section was categorized into thirteen parts of the Beck's Depression Inventory. The following responses were elicited.

Table 8: Responses to the first question - how did a widow feel on that day

	Frequency	Percentage
Valid I do not feel down in the dumps or down-hearted	14	29
I do feel down in the dumps and down-hearted	19	40
I constantly feel down in the dumps but cannot do something about it	11	23
I feel so down in the dumps	4	8
Total	48	100%

Table 8 above indicate that on the day of the administration of the questionnaire, the majority of widows (40 percent) were feeling down in the dumps and down-hearted. Followed by 29 percent who reported that they did not feel down and in the dumps or down-hearted. 23 percent reported to be constantly feeling down in the dumps and down-hearted but could do something about it. The remaining 8 percent reported to be feeling so down in the dumps.

Table 9: Responses to the second question – how did a widow feel that day

	Frequency	Percentage
Valid I do not feel particularly pessimistic about my future	12	25
I feel pessimistic about my future	14	29
I feel that I have nothing to look forward to	12	25
I feel that the future is without hope and that nothing is going to change and improve	10	21
Total	48	100%

The results in the frequency table above (Table 9), show that most (29 percent) of the black widows interviewed in this study do felt pessimistic about their future as compared to twenty-five percent who do not felt pessimistic and another twenty-five percent who felt that there is nothing to look forward to. The remaining percentage (20.8 percent) felt that their future is without hope.

Table 10: Responses to the third question – how did a widow feel on that day

N=48

	Frequency	Percentage
Valid I do not feel like a failure	16	33
I feel that I have had more failures than other people	17	36
When I look back on my past I only see failures	12	25
I feel that I am a total failure	3	6
Total	48	100%

The results in table 10 above show that most of the respondents (36 percent) felt that they had more failures than other people did. This is followed by 33 percent who did not feel like failures. Twenty-five percent reported that when they look back on their past they see only failures. The least percentage (6 percent) of the respondents reported that they felt that they are total failures.

Table 11: Responses to the fourth question – how did a widow feel on that day*N=48*

		Frequency	Percentage
Valid	I do not feel precisely dissatisfied	8	17
	I do not enjoy life as I used to enjoy it	32	67
	I do not get anymore satisfaction out of anything in life	4	8
	I feel dissatisfied with everything	4	8
Total		48	100%

The results in the frequency table above indicate that the highest percentage (67 percent) of the respondents felt that they do not enjoy life as they used to enjoy it. Followed by 17 percent who did not feel precisely dissatisfied. 8 percent reported that they do not get anymore satisfaction out of anything in life. The remaining 8 percent reported that they felt dissatisfied with everything.

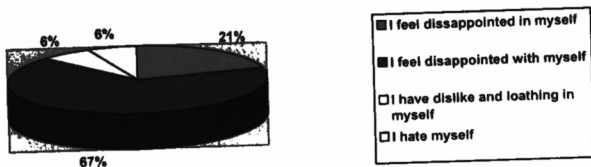
Table 12: Responses to the fifth question – how did a widow feel on that day *N=48*

		Frequency	Percentage
Valid	I do not feel guilty in life	24	50
	I often feel bad and unworthy	8	17
	I feel reasonably guilty	6	12
	I feel as though I am very bad and worthless	10	21
Total		48	100%

Table 12 indicates that the highest percentage (50 percent) of the respondents in this study do not feel precisely guilty in life. This is followed by 21 percent who reported that they felt as though

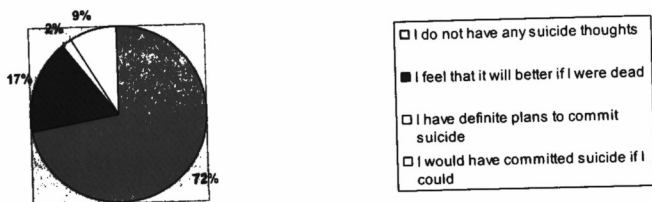
they were very bad and worthless. 17 percent reported that they felt bad and unworthy. The remaining percentage (12 percent) reported that they felt reasonably guilty.

Diagram 12: Responses to the sixth question- how did a widow feel on that day



The results in the above diagram indicate that most of the respondents reported that they felt disappointed in themselves (sixty-seven percent). This is followed by twenty-one percent who felt that they are disappointed in themselves. Six percent of the respondents reported that they felt they hate themselves and the other six percent reported that they had dislike and loathing in themselves.

Diagram 13: Responses to the seventh question -how did a widows feel on that day



The results in diagram 13 above show that the highest percentage (seventy –two percent) of the respondents in this study did not have any suicide thoughts whereas seventeen of them felt that it will be better for them if they were dead. This is followed by nine percent who felt that they would have committed suicide if they could. The smallest percentage (two percent) reported that they had definite plans to commit suicide. These are the ones who were referred for professional intervention including those who reported that it will be better for them if they were dead.

Table 13: Responses to the eighth question - how did a widow feel on that day

N=48

	Frequency	Percentage
Valid I have lost interest in other people	16	33
I have less interest in other people than before in my life	16	33
I lost most of my interest in other people and care little about them	13	27
I have no interest in other people anymore	3	7
Total	48	100%

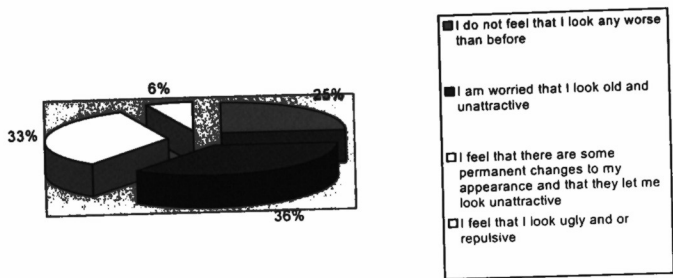
Table 13 above shows that 33 percent of the respondents in this study had lost interest in other people than before. The other 33 percent reported that they had not lost interest in other people. This is followed by 27 percent who reported that they had lost their interest and care little about other people. The remaining 6 percent reported that they had no interest in other people anymore.

Table 14: Responses to the ninth question- how did a widow feel on that day*N=48*

	Frequency	Percentage
Valid I make decisions as effectively as before	10	21
I try to avoid any decisions	8	17
I find it very difficult to make decisions	26	54
I cannot make any decisions anymore	4	8
Total	48	100%

The results in table 14 above show that the highest percentage (54 percent) of the respondents in this study found it very difficult to make decisions. This is followed by 21 percent who reported that they made decisions as effectively as before. 17 percent of the respondents reported that they tried to avoid making decisions and the remaining 8 percent reported that they felt that they cannot make decisions anymore.

Diagram 14: Responses to the question-how did a widow feel on that day



The results in diagram 14 show that thirty six percent of the respondents reported that they were worried that they look old and unattractive, thirty-three percent reported that they felt that there are some permanent changes in their appearance and that these changes let them look unattractive, twenty-five percent reported that they did not feel that they look any worse than before and the remaining percent reported that they felt that they look ugly and repulsive.

Diagram 15; Responses to the eleventh question-how did a widow feel on that day

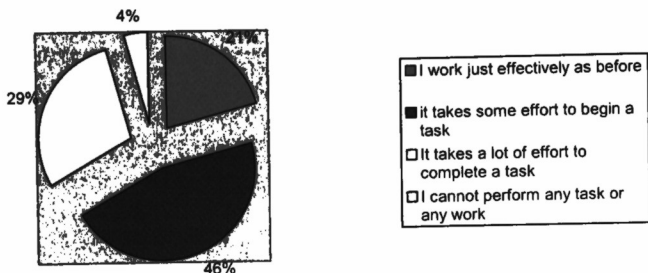


Diagram 15 above indicates that forty-six percent of the respondents reported that it took them some efforts to begin a task, followed by twenty- nine percent who reported that it took them a lot of effort to complete a task. Twenty-one percent reported that they worked as effectively as before and the remaining four percent reported that they couldn't perform any work.

Table 15: Responses to the twelfth question –how did a widow feel that day N=48

		Frequency	Percentage
Valid	I do not become more tired than before	8	17
	I become tired much easier than before	28	59
	I become tired in performing any task	8	17
	I become too tired to perform any task	3	7
Total		48	100%

The results in the frequency table above indicate that the highest percentage (59 percent) of respondents reported that they became tired much easier than before. Followed by 17 percent

who reported that they did not become any more tired than before. Another 17 percent reported that they became tired in performing any task. The remaining percentage (7 percent) is accounted for those respondents who reported that they became too tired to perform any task.

Table 16: Responses to the thirteenth question – how did a widow feel on that day

N=48

		Frequency	Percentage
Valid	My appetite is not any worse than before	8	17
	My appetite is not as good as before	29	60
	My appetite is very bad nowadays	9	19
	I do not have any appetite nowadays	2	4
Total		48	100%

The frequency table above shows that most of the respondents reported that their appetite was not as good as before (60 percent), 19 percent reported that their appetite was very bad on those days, 17 percent reported that their appetite was not any worse than before. The remaining 4% reported that they did not have any appetite on those days.

CHAPTER 5 DISCUSSION OF RESULTS

This chapter is based on the discussion of the major findings of this study such as wearing of mourning clothes and process of purification, loneliness and remarriage, objections of other churches on people wearing mourning clothes, perception of black widows by both their employers and their colleagues, relationship of a black widow and her in-laws, widowhood related depression, blame for the death and finally, time that black widows took to deal with their grief.

The results indicate that most (sixty-three percent) of black widows in the Mafikeng area still acknowledge wearing of mourning clothes and still undergo a process of purification or cleansing of a widow to remove bad luck as it is expected in the African culture. This is confirmed by data as illustrated in diagram two and three respectively in chapter four of this study.

In an African culture, during the mourning period, some rituals are to be performed. There are also restrictions and prohibitions attached to wearing of mourning clothes. Rituals performed include the cleansing of a widow and her household. A goat is slaughtered and its dug and blood are mixed with water for a widow to bath with them. Meat will be eaten only by relatives. These are done for there is a superstitious belief that a widow is in a state of impurity.

Restrictions include that, in an African culture, a black widow in mourning clothes is expected to be home before sunset and prohibitions to mention but a few, a black widow in mourning clothes according to the African culture is not supposed to attend funerals, shake hands with other people or even to be seen in the midst of those who

are not in mourning. However thirty-five percent of black widows in this study were not restricted to wearing of mourning clothes and cleansing.

In addition, most (thirty-three) percent of the black widows in this study were unemployed. This is confirmed by data as illustrated in Table three, and most (sixty-four point six percent) of them have a low educational level. It can be assumed that these are older black widows who conform to the African culture on the issue of wearing mourning clothes and who underwent purification process, probably because firstly, they were home most of the time, secondly because they understand the deeper meaning attached to these and are doing this in fear of the blame for their husbands death, particularly when their husbands died of HIV/AIDS related illness.

Furthermore, it might be true what Osei-Hwedi (1994) mentioned in the literature that older widows are found to be more tolerant with the African customs and experience less stress contributed by these African customs as compared to the young ones.

However, young professional widows in urban areas do not comply with the expectations of the African culture concerning the issue of wearing mourning clothes. Their professions might influence this. There is what other experts call "dualism" in the life of black widows. Dualism refers to a pattern of life where both the western style of life and the black traditional life demands are practised by a group of people. For example, if a widow satisfies her employer by wearing a white dress as a professional nurse during working hours and puts on black mourning clothes after working hours. This is a gross distortion in meaning as Frankl maintains.

What the researcher has observed in this area of study is that, young black widows if they do wear mourning clothes, they do it only for a short period and not for a period of twelve months as older widows do.

Another finding in this study concerning mourning clothes is that some churches also still have a tendency of segregating widows in mourning clothes. This is indicated by results as shown in Table five in the results chapter. Black widows in churches take back seats and do not take active participation in the church programme. Some of the churches allow that to happen. Black widows take this self-isolating pattern of behaviour in fear of humiliation and stigma. The question that comes into the mind of other people is "where now should black widows go in order to cope with their feelings of loneliness if churches isolate them?"

All these indicate that black widows' sense of belonging is shattered especially when still in mourning clothes. This is also in line with Maslow's opinion (1970) in Corey (1990) that people are relational beings and as such people strive for connectedness with others. Sullivan's theory (1973) in Bee et al (1980) also suggests that people are social beings and much of what people are is the product of their relationship with others. These two theories maintain that by isolating and rejecting black widows, it becomes difficult for them to become socially active, thus unable to form new social and interpersonal relationship with others.

All these pave the way for maladaptive behaviours such as self-isolating patterns of behaviour which black widows engage in, in fear of humiliation and prejudice. They also exhibit withdrawal from social activities in fear of discrimination and rejection.

These types of behaviours expose widows to a number of psychosocial problems as revealed in this study. These findings indicate the negative impact of widowhood in the psychosocial well being of a black widow. It also indicate how do black widows cope with their widowhood as stated in chapter one of this study.

From data collected and analysed, this study revealed that the majority (fifty-two) percent of the black widows do not have plans of getting married again. Less than half of the respondents in this study intend to remarry as depicted in diagram nine. The reason for remarriage might be because most of the widows miss their husbands at all times as depicted in Table seven of the results chapter.

The custom of *seya-ntlo* is not acknowledged by young widows whereas older widows do. Young widows might be considering it as demeaning to them because they are educated even if they miss their husbands at all times. Today's government also gives more rights to black women as compared to the black culture

Industrialization also seems to be influencing today's young black widows as it acknowledges women as people at their own right and not as sub-humans irrespective of their marital status. Thus mourning rites, customs and rituals in the African culture have now become a matter of choice rather than a matter of must.

Older widows might be considering this in order to conform and secondly, because they are in rural areas wherein a woman has little or no say at all in places like *kgotla*. Lopata (1980) is on the same opinion that marriage offers constant companionship and relief from endless anxieties over money and status. She went on to say that

remarriage offers widows an escape from the painful situation of loneliness. This is also confirmed by the attachment theory (Bowlby:1980) which states that people form attachments and therefore these attachments need to be strong for survival reasons, otherwise an insufficiently attached person will suffer socially and psychologically when these attachments are broken as in the case of death.

According to Bowlby theory, when an intimate relationship is threatened, the surviving spouse experiences isolation and loneliness especially when the support system is weak.

Furthermore, the existentialists Victor Frankl in particular, in freedom of choice maintain that people are free to choose from alternatives and therefore have a large role in shaping their destinies. This simply means that what we become is the result of our choices and as such we must take responsibility for directing our lives, therefore we are entirely responsible for our lives, our actions and also our failures.

Remarriage in this perspective can be viewed as another way that black widows use to cope with loneliness and furthermore, it can be associated with dependent relationship on a marriage partner in a male-dominated society wherein women lack sufficient skills to fulfil their main interests and needs (Pauw:1997). In addition it can be said that, it is because these older widows experience feelings of insecurity and empty nests. Young widows feel that they still look attractive and do not feel any worse than before, and that they do not enjoy life as they used to enjoy it, hence remarriage is possible for them. The most common reason for remarriage is a desire for companionship.

Objections from other black widows about remarriage are based on the belief that they could never love another man as much as they have loved the deceased, and further that they wish not to sacrifice their newly found independence to a stranger. This was emphasized by Lopata (1980) when she concluded that despite the benefits offered by marriage, most black women widowed in late life have no intentions of replacing their lost spouses. They fear the conflict that may arise between a new partner and their adult children.

The study revealed that even though black widows in this study might be discriminated, stigmatized and rejected in the society, most of black widows experience a positive perception from both their employers and colleagues. This contradicts what Evian (1991) who reported that the newly widowed still experience discrimination in some workplaces by both their employers and colleagues.

Furthermore, this is in line with Maslow's (1971) theory that the society in which one lives, provides a need to belong and re-establishment of self-esteem. This positive perception reported by respondents in this study might be based on the skills, potential and competency at their different workplaces particularly the young educated widows. Because of this, black widows become competent and feel worthwhile in performance of their duties. This implies that even though some workplaces still discriminate against widows, the Employment Equity Act of 1998 is still acknowledged by others.

In addition, the government of today is more egalitarian than traditional as it considers the rights of all people regardless of their marital status and gender. This finding also negates the research questions which states that: does widowhood results in poor

interpersonal relationship and also indicates the negative impact of widowhood on the psychosocial well being of a black widow as stated elsewhere in this project.

Most of the respondents in this study reported a positive relationship with their in-laws. This statement is confirmed by data as illustrated in Figure four in the chapter of results. This contradicts what is said in the literature that a positive relationship between a black widow and her in-laws as it was before is lost or changes significantly after death and that, after death a widow turns to lose touch with her in-laws even further (Shapiro:1996).

Furthermore the results of this study indicate that the majority of the black widows are blamed for the death of their spouses (Diagram four). However it is clear that this blame does not break the link that existed between a married wife and her in-laws before death. In this sense it means that a black widow is still viewed as a provider of assistance and advice as before. This positive relationship with their in-laws makes them not to feel guilty in life and also to feel worthy and not to experience existential vacuum. In this way adjustment becomes easy because the support system is strong.

In addition, the Maslow's theory maintains that people are relational beings and that people strive for connectedness with others. This is in line with the Interpersonal theory of Sullivan as mentioned earlier, which states that people are social beings and much of what we are is a product of our relationship with others. According to these two theories, failure to progress satisfactorily in relationships paves the way to later maladaptive behaviours such as avoidance and withdrawal.

The implication of this positive relationship is that most of the black widows do not feel self-sufficient without being connected to their in-laws. Their families move from nuclear to extended type of a family wherein individualism is not practised. This finding also negates the research question does widowhood result in poor interpersonal relationship as stated elsewhere in this project.

From the data collected and analysed there is a clear indication that few black widows (seventeen) depend on all members of their families for assistance and support and that very few (three) are independent. These findings are illustrated by figure five in chapter four of this study.

It is not surprising when black widows become more dependent on their family members for assistance and support. This might be because most of the black widows in this study are unemployed and as such, they are rejected in the society to which they belong. In fear of humiliation and prejudice as mentioned earlier, they turn to their family members including the extended families. Those that are independent might be those who are employed and are able to provide for themselves.

However, the attachment theory on the other hand assumes that attachment is not only limited to relationship between family members or relatives but also, extends to friends, to whom this attachment is sometimes stronger than to members of the family. In this way widowhood does not result in poor interpersonal relationship

The study further revealed that black widows are depressed most of the time. This is emphasised by most of the items in Beck's Depression Inventory. This is in line with

the notion that the death of significant others especially a spouse, is mostly associated with higher levels of depressive symptoms and changes in social functioning. This finding also addresses the research question "how does widowhood impact on the psychosocial well being of a black widow.

The attachment theory (Bowlby:1980) on the other hand maintains that when an insufficiently attached person loses a partner, he or she is likely to be predisposed to anxiety and depression disorders. This theory further suggests that black widows become more depressed by the loss simply because of the close attachment they use to have with the deceased. Existentialists Rollo May in particular, went on to say that major experiences such as death are not problems to be solved by paradoxes but to be confronted and acknowledged.

In the researcher's view it is possible for black widows to feel depressed because of the loss, because in a modern society a person is defined of who she or he is according to his or her marital status. When one loses a spouse, it means the end of one's status as a married person and time to start learning the role that a marriage partner was playing in the family. To others this transition is difficult to cope with, whereas to some it is easy.

Finally, this study revealed that black widows need more time to deal and cope with their grief. This statement is confirmed by data as illustrated in diagram eleven in chapter four of this study. Based on this, it can be assumed that the amount of time tolerated for loss readjustment is often related to the value people place on the lost

person. This contradicts with what Freud says in Meyer (1998) that grieving for a period of more than two years is pathological or maladaptive.

In addition, Lindermann (1994) maintains that the length of time of grief responses depends on the dynamics including coping capability, support system and how the widow herself perceives the loss and the psychosocial changes that it brings. On the very same note, the attachment theory maintains that the resolution of grief requires the need of detachment from the deceased with such reorganization requiring construction of the situation. However, the Freud's theory on the other hand emphasized the need to mourn adaptively before being able to re-engage in life, because failure to grief may result in a psychiatric illness. This finding addresses the research question "How do widows cope with their widowhood?"

In light of this information one can conclude this chapter by saying that black widows are challenged to respond to a number of multiple tasks such as development of a new self-image, reconstructing friendships, becoming head of the household and most importantly, finding a new meaning in life. Therefore to achieve all these, it is important for a black widow to separate herself from the beliefs and attitudes of others, and get in touch with how she is actually feeling. Furthermore to refrain from feeling that she is not coping well with her widowhood status.

CHAPTER 6 CONCLUSION AND RECOMMENDATIONS

6.1 CONCLUSION

It is vivid from the findings of this study that the African culture and customs with regard to widowhood are no longer observed as before. For instance, the wearing of mourning clothes and the cleansing ritual. Young educated widows do not conform because they do not believe in superstitions. Their professions and a new life style might influence this. Furthermore the non-conformity might be since when in mourning clothes, there are many restrictions and prohibitions placed before a black widow.

This makes it difficult for young educated widows residing in semi-urban and urban areas to observe wearing of mourning clothes and cleansing. The observation is that if they do wear them, they only do it for a short period of three months unlike older uneducated widows residing in rural areas who wear mourning clothes for a period of twelve months. Thus wearing of mourning clothes and observation of rituals as mentioned elsewhere in this study have become a matter of choice and not a must.

The custom of "seya-ntlo" is also not considered as the best option by young educated widows. Even if they miss their husbands at all times, they rather consider remarriage but not "seya-ntlo". They view this as belittling them and further believe that they have a freedom to make choices and can be responsible for those choices. This might be influenced by industrialization which recognizes black women as people at their own right as compared to tribalism.

It is among this group of black widows that is, the young ones where most of the time they are blamed and suspected for the death of their husbands. Although it is true that some of them may be involved in the death of their husbands, this blame does not shake them in any way.

As far as the issue of remarriage is concerned, some young widows consider remarriage simply because they have a feeling that they still look attractive as before and most importantly, they feel lonely. They might also be feeling that one is the fifth wheel when in the midst of married couples. The major reason for remarriage for young black widows can be taken as another way of coping with loneliness and a desire for companionship.

Older black widows on the other hand consider remarriage to combat feelings of insecurity. Older people believe that a house without a man figure goes astray. They strongly believe that a man is the head of a family.

This could be partly true especially in black women who depend mostly on their spouses to make decisions and those who cannot stand on their own, thus fulfilling the prophecy that widowhood impacts negatively on the psychosocial well being of a widow.

The positive relationship of a widow with her in-laws explains the fact that black people believe in an extended family. It must be borne in mind that black people believe in connectedness and togetherness. The system of individualism is not preferred as far as the blacks are concerned. When one member of the family is affected the whole family

system becomes affected. That is why young successful and educated widows who refuse to wear mourning clothes or reject rituals may be perceived as disloyal by hostile in-laws.

It can be concluded that positive relationship with people in the family system is therefore of crucial importance in the adjustment process of a black widow. In this way the healing process and grieving period are shortened.

A newly widowed woman is discriminated and rejected in a traditional society, to an extent that she resorts to self-isolating patterns of behavior and withdraws from societal activities. When black widows withdraw from the society and its activities, the society on the other hand misses an opportunity to learn from these widows because some of them are somehow skilled. The main reason for this discrimination is because she is seen as a bad omen.

The societal discrimination and rejection of black widows in this study are viewed as handicapping conditions which keep black widows away from living a fulfilling life. This discrimination and segregation is even seen in religious denominations whereby the newly widowed women are not allowed to take active participation in the church program and thus take a back seat as long as they are still in mourning

Another problem that black widows face is that they are seen as victims of HIV/AIDS, forgetting the fact that these widows whether or not they are affected or infected with the

virus, may have much to offer to the society. These may include skills that may have not been utilized during the period of marriage.

It is unfortunate because in the traditional society AIDS is often seen as a result of women's immoral sexual behavior and disobedience of African norms and taboos as compared to HIV/AIDS being a viral infection. There is a belief among the Zambians that black widows are unclean and cause misfortunes. This might explain the question of segregation of black widows in some churches as it was found that most black widows in this study affiliates with African Indigenous churches.

On this note one can conclude that the escalating HIV/AIDS epidemic adds to the already existing inferior status of black widows.

With regard to the psychological functioning of black widows this study revealed that the negative perception and attitude of society fuels the vicious circle that black widows find themselves in. Black widows often have misconceptions as directed by the society on how they should behave and feel about themselves. Social factors in this study also seem to be playing a major role in the well being of the black widows by prolonging the grieving period.

Employment on the other hand as revealed by this study remains a fundamental problem affecting black widows in our country. This could partly be due to discrimination, rejection and stigma which put them at a disadvantage. However, most of the black

widows in this study reported a positive perception from both their employers and colleagues.

The fortunate part is that our South African government has undertaken numerous initiatives to address this issue in a more affirmative and comprehensive manner. Policies like the Employment Equity Act have been currently implemented in the workplace for issues of this nature.

Anybody who have lost a significant object in his/her life feel depressed for sometime, therefore, it is also possible for black widows to feel depressed because of the loss. Their depression is exacerbated by enforcement of customs and rituals and furthermore, the blame that is put before them. The fact that in today's world a person is defined of who he or she is according to his or her marital status also contributes to their depression, and starts to involve in a destructive ways in order to cope with their widowhood. I believe a new breed of black widows is emerging in due course whose self confidence will be boosted by the government employers, educational level and a shift from traditionalism to egalitarianism. Further research is needed in the changing status of women.

Finally, medical doctors put grieving on a timetable of six months to one year, and anyone who grieves too little or too long is made to feel abnormal. In addition to that many psychiatrists view widowhood as an illness that requires therapy and tranquilizers before recovery, whereas the society on the other hand judges a black widow successful when she snaps back and acts like the old self again. Friends and some relatives often

view a widow's normal reactions to her loss as simply the self-indulgence, stubbornness or pathology of a widow (Rip et al: 1997)

All these misconceptions make it even more difficult for black widows to cope with their loss and grief because they are constantly comparing themselves to a hypothetical norm, that is judging their recovery by the standards of others. In this case, black widows are more likely to blame themselves that they are not coping well with widowhood, rather than realizing that professionals, friends and relatives do not really understand their inner feelings.

It is therefore imperative that black widows need to separate themselves from the beliefs, attitudes and perceptions of all others and get in touch with how they are really feeling.

6.2 RECOMMENDATIONS

Subsequent to this study, the researcher recommends that:-

- ❖ Resources like psychosocial services should be made available to make black widows, particularly the young ones, to cope with debilitating symptoms associated with widowhood.

- ❖ Assertiveness training programs should be rendered. This should involve coping with criticisms, helping black widows to express their feelings assertively without hindering other people's rights or feelings.
- ❖ The intervention of a psychotherapist trained in grief and mourning, loss and bereavement is highly recommended to offer not only support and understanding but also psycho-education and assistance in working through the grief process. Through this intervention, support groups could be established wherein black widows would share their experiences and empower each other in a safer environment. In this environment, black widows and those affected can undergo therapy to resolve issues relating to their level of acceptance and psychological functioning to ensure both successful integration and adjustment.
- ❖ It is recommended that black widows should talk about their feelings. In frank communications, it is recommended that black widows talk about their loved ones with family members using words like "dying", "dead" and "died" rather than using words like "lost" or "gone". Although this can be difficult, it can help them to accept reality and it is regarded as an important dimension of any coping style. Such facilitation is easily left in the hands of women's issues in the society to boost widows.
- ❖ It is further recommended that black widows, the society as well as the government take the initiative in dealing with the issue of widowhood in terms of psychological

and social aspects affecting black widows. The society needs to be educated on the issue of widowhood in order to promote acceptance.

- ❖ It is also recommended that our government be involved, particularly the Department of Education to work towards developing programmes that will bring the awareness of what widowhood is. The Department of Labour should do away with discrimination in the workplace especially when coming to the issue of widowhood.
- ❖ Finally, it is recommended that a replicate study be conducted with a larger sample including widowers as part of the sample so that the results can be more generalized. This study was more of an exploratory attempt to see what variables or issues affect black widows in the Mafikeng area in the North West Province.

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Dear Respondent

My name is Ntshadi Dithipe, a student in M.Soc.Sc. (Clinical Psychology) at the University of North West in the Department of Psychology. I am conducting a study on the psychosocial effects and coping mechanisms of black widows following the death of their spouses

You are selected among other widows in your area to participate in this study. It will be highly appreciated if you would share your experiences on this topic and how do you cope. There are no right or wrong answers to questions, only your honest opinion is important. The information you supply will be treated in the strictest manner, thus no identifying information is required for the sake of confidentiality and anonymity.

Your cooperation in this regard is requested, as it will be beneficial to this community, the department of Health and Welfare, Social Services, Population and Development and the country at large.

**Thank you for your cooperation
Dithipe NJ**

QUESTIONNAIRE

INSTRUCTIONS

1. Read the items carefully, mark with an X where applicable and give details only where space is provided.
2. Be honest to your responses as there are no right or wrong answers.

SECTION A

DEMOGRAPHIC INFORMATION

1. Age Group

25- 45	
46-70	

2. Level of Education

Standard 5 & below	
Standard 6- Standard 10	
Tertiary	

3. Religious Affiliation

Mainline Churches	
African Indigenous Churches	
Other	

4. Occupation

Student	
Unemployed	
Self-employed	
Clerical	
Professional	
Other	

SECTION B

1. How long have you been a widow?

Less than two years	
3-4 Years	
5 Years and above	

2. How many children do you have?

None	
1-3	
4-6	
Many	

3. If you have children, have you and your children worn mourning clothes after the death of your husband?

Yes		No	
-----	--	----	--

4. Have you gone through any purification process?

Yes		No	
-----	--	----	--

5. How is the attitude of your husband's relatives towards you after the death?

Positive		Negative	
----------	--	----------	--

6. How is your relationship with your in-laws?

Positive		Negative	
----------	--	----------	--

7. Do your in-laws blame you for the death of your husband?

Yes		No	
-----	--	----	--

8. Do you think your in-laws have to take any responsibility for you and your children?

Yes		No	
-----	--	----	--

9. How was the relationship between your parents and your in-laws before the death?

Positive		Negative	
----------	--	----------	--

10. How is it now?

Positive		Negative	
----------	--	----------	--

11. How dependent are you on your family?

Very Much		Very Little		Not at all	
-----------	--	-------------	--	------------	--

12. On which family member do you rely most?

Son	Daughter	in-laws	All of them	None of them	Other
-----	----------	---------	-------------	--------------	-------

13. Some communities have a tendency of isolating widows particularly when her husband died of HIV/AIDS related illness

Yes	No
-----	----

14. How does your employer perceive you at a workplace as a widow?

Positive	Negative
----------	----------

15. How does your colleagues perceive you at a workplace as a widow?

Positive	Negative
----------	----------

16. How is the perception of your neighbours towards you as a widow?

Positive	Negative
----------	----------

17. Are there any objections from members of your church to associate with people wearing mourning clothes?

Yes	No
-----	----

18. Do you sometimes feels that you want to be alone and not be bothered by other people?

Yes	No
-----	----

19. Do you have any plans of getting married again?

Yes		No	
-----	--	----	--

20. Would you consider being married to your husband's brother?

Yes		No	
-----	--	----	--

21. When do you miss your husband most?

Never	
In the morning	
During the day	
During the night	
At times of trouble	
At all times	

22. How long do you think is going to take you to get over your grief?

Six Months		One Year		Two Years		More than that	
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SECTION C

BECK'S SCALE

SELF-EVALUATION QUESTIONNAIRE

In the following questionnaire there are group of viewpoints. Choose the viewpoint in each group that describes your feelings today. Draw a mark in the block next to the viewpoint that you have chosen. When more than one of the viewpoints are appropriate to your feelings, draw a mark in each of the appropriate blocks.

1.	A	<input type="checkbox"/>	I do not feel down in the dumps or down-hearted
	B	<input type="checkbox"/>	I do feel down in the dumps and down-hearted
	C	<input type="checkbox"/>	I constantly feel down in the dumps and down-hearted, but cannot do something about it.
	D	<input type="checkbox"/>	I feel so down in the dumps, down-hearted and unhappy that I do not know if I am going to make it longer

2.	A	<input type="checkbox"/>	I do not feel particularly pessimistic about my future
	B	<input type="checkbox"/>	I feel pessimistic about my future
	C	<input type="checkbox"/>	I feel that I have nothing to look forward to
	D	<input type="checkbox"/>	I feel that the future is without any hope and that nothing is going to change and improve

3.	A	<input type="checkbox"/>	I do not feel like a failure
	B	<input type="checkbox"/>	I feel that I have had more failures than other people
	C	<input type="checkbox"/>	When I look back on my past I only see failures
	D	<input type="checkbox"/>	I feel that I am a total failure

4.	A	I do not feel precisely dissatisfied
	B	I do not enjoy life as I used to enjoy it
	C	I do not get anymore satisfaction out of anything in life
	D	I feel dissatisfied with everything

5.	A	I do not feel precisely guilty in life
	B	I often feel bad and unworthy
	C	I feel reasonably guilty
	D	I feel as though I am very bad and worthless

6.	A	I do not feel disappointed with myself
	B	I feel disappointed with myself
	C	I have dislike and loathing in myself
	D	I hate myself

7.	A	I do not have any suicide thoughts
	B	I feel that it will be better if I were dead
	C	I have definite plans to commit suicide
	D	I would have committed suicide if I could

8.	A	I have not lost interest in other people
	B	I have less interest in other people than before in my life
	C	I have lost most of my interest in other and care little about them
	D	I have no interest in other people anymore

9.	A	I make decisions as effectively as before
	B	I try to make any decisions
	C	I find it very difficult to make decisions
	D	I cannot make any decisions anymore

10.	A	I do not feel that I look any worse than before
	B	I am worried that I look old and unattractive
	C	I feel that there are some permanent changes to my appearance and that they make me look unattractive
	D	I feel that I look ugly and /repulsive

11	A	I work just as effectively as before
	B	It takes some effort to begin a task
	C	It takes a lot of effort to complete a task
	D	I cannot perform any tasks or any work

12.	A	I do not become any more tired than before
	B	I become tired much easier than before
	C	I become tired in performing any task
	D	I become too tired to perform any task

13.	A	My appetite is not any worse than before
	B	My appetite is not as good as before
	C	My appetite is very bad nowadays
	D	I do not have any appetite nowadays

**THANK YOU FOR ANSWERING THIS QUESTIONNAIRE, YOUR CO-OPERATION IS
HIGHLY APPRECIATED**