

**A SOCIAL CONSTRUCTIONIST UNDERSTANDING OF MOURNING:
INDIAN WIDOWS' EXPERIENCES**

by

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Submitted in part fulfilment of the requirements for the degree of

MASTER OF ARTS IN CLINICAL PSYCHOLOGY

at the

UNIVERSITY OF SOUTH AFRICA

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NOVEMBER 2007

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I declare that **A SOCIAL CONSTRUCTIONIST UNDERSTANDING OF MOURNING: INDIAN WIDOWS' EXPERIENCES** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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ABSTRACT

Death is one of the few certainties in life. It comes to all of us, but the way in which we deal with it will vary according to a range of social and cultural factors. Based on my mother's experiences since being widowed, this dissertation has undertaken a qualitative research method to examine how Hindu widows express their mourning in their context, thereby defining their experiences of widowhood. The aim of this dissertation is to give voice to the mourning experiences of Hindu widows. By examining these constructions of mourning experiences, one is able to gain an understanding of grief from a cultural perspective, which may serve as a guide for professional counsellors and academics in their endeavours to provide much needed support and understanding for bereaved Hindu women.

The epistemological framework is social constructionism. In this study five Hindu widows were interviewed with the intention of providing readers and fellow researchers with insight into their narratives, and the data was hermeneutically analysed. The participants' stories were interpreted and categorised into themes.

This study allowed for elaborate and detailed descriptions about Hindu widows' experiences to surface, with the view that this study will broaden the way Hindu widowhood is thought of. Analyses reveals that within patriarchal society, Hindu widows appear inadequately prepared for their widowhood. As a result they experience financial, emotional and psychological difficulties, which make adjusting to widowhood a challenge. The perspective this study hopes to argue for is broader, inclusive, collaborative engagement and thinking in respect of Indian widowhood

Key words: Mourning; loss; grieving; social constructionism; hermeneutics; empowerment; patriarchy; Hindu; widowhood; qualitative research; gender.

ACKNOWLEDGEMENTS

My gratitude and acknowledgements to:

- I wish to thank the All mighty for blessing me with patience and strength as I endeavoured in my journey of writing.
- Dr. Juan Nel, my supervisor. I feel deeply grateful to you for everything that you have done to support me in my journey. You have been my guiding light, and pillar of strength throughout my writing process. Your input, constant encouragement, patience and guidance are valued. Thank you for believing in me.
- Boshadi Semanya, you taught me so much. Though our journey together defined within the context of supervision was short lived, I am humbled by your kindness and support during this time.
- James Kitching, for making the time to assist me.
- Rheola, your support, love, care and understanding for me from the beginning has been invaluable. I am grateful to you.
- Mitesh, my husband, for being with me every step of the way. I thank you for your support, encouragement and patience during the many hours that I devoted to completing my studies.

- To all my friends, especially Cheryl, colleagues and family members, who offered constant support and encouragement during the writing of this dissertation.
- To all my participants, who cannot be named, thank you for sharing your life stories, without which this dissertation would not have been possible.
- To my late father, a blessing and a gift from God, thank you for being my guiding angel. This dissertation has happened because of YOU.
- To my mother, an inspiration to me. You have supported me throughout and I am eternally indebted to you. I dedicate my dissertation to you.

Jyoti Bhana

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Chapter 1

Losing a loved one is an event that affects all of us at some point in our lives (Dutton & Zisook, 2005). The death of a loved one also challenges the interpersonally created sense of self, disrupting relational systems like attachment, identity and social role. The bereaved individual must rebuild relational resources in order to cope with their lives after the death of their loved one (Shapiro in Stroebe, Hansson, Stroebe & Schut, 2001). Although there is little emotional preparation for the death of a loved one, understanding the mourning process can serve as a preparation and support for the bereaved (Weizman & Kamm, 1987).

The study of widows and widowhood in bereavement studies has become an area of significance in my endeavour to understand the meaning of life after a loss from a widow's perspective. Bereavement studies that focus on widowhood embrace various perspectives of loss. This provides an understanding of grief and the impact of loss on widows. It is argued that the need for meaning has been observed by individuals coping with death and 'some theorists have suggested that finding meaning is critical for successful adjustment' (Neimeyer, 2001:142).

In the past, being widowed in the Hindu culture was regarded as a misfortune that could be the result of bad karma resulting from sins or wrongdoings in previous lives, and widows were blamed for their husbands' death. Thus, the life of a widow was inflicted with harsh conditions and prescriptions which included eating only one plain meal a day, and performing menial tasks around the house (Choi, 1997). Currently, some of the trends have been redefined concerning the widow's status in society and

how she chooses to express herself in her community. This may be attributed to the progress made in society in terms of education and technological advancements, amongst others. However, there are some limiting/oppressive ideas that still prevail, and these are explored in this dissertation.

1.1 Rationale and aim

I decided to embark on the journey of this dissertation because of my mother's experiences as a widow. Following the death of my father in 1998 I felt the need to make sense of the loss I experienced. In this process I became aware of an Indian woman's journey in widowhood in the context of the Hindu culture. According to Firth (2005) Hindus have specific beliefs that influence their attitudes towards death. These beliefs are derived both from ancient Hindu texts and from popular belief that relate to the transition to another life, whether by reincarnation or life in heaven with God, similar to the beliefs of other cultures.

My struggle to find meaning and understanding in the loss of my father and the impact that it had especially on my mother, encouraged me to examine how one mourned within a family, and to look at mourning broadly within the Hindu culture. The process of defining mourning challenged my thinking about widowhood, which sparked my curiosity to investigate how widows construct meanings in their lives.

I attribute my awareness of widowhood to having journeyed with my widowed mother in her personal struggles. Her struggles have been and continue to be many and varied, some deeper than others, but always painful. Some of her challenges

include a sense of betrayal and abandonment within the larger framework of the family, financial issues, the redefinition of her identity since the loss of her partner, and the loss of her 'voice'. In light of this, my intention is to provide readers and fellow researchers with insight into the narratives of Hindu widowed women. My perception is that women across the board are faced with many challenges, which are defined by the roles women are expected to fulfil.

Victor Frankl argues in his seminal work 'Man's search for meaning' (1962, in Gillies & Neimeyer, 2006) that people are driven by a psychological need to find or create a sense of meaning and purpose in their lives and that this drive can facilitate their capacity to face and transcend even the most horrific experiences. When seen from a systems perspective meaning is derived from the relationships between individuals and elements, as each defines the other (Becvar & Becvar, 1996). In other words, meaning and understanding are socially constructed between individuals when they engage in meaning-generating dialogue within a certain context (Anderson & Goolishian, 1988).

This dissertation investigates Hindu widows specifically and studies how they express grief in their contexts or societies, that is, how they mourn and how they construct meanings in their lives. According to Riches and Dawson (2000) the culture we live in prepares our ideas about death and bereavement. Thus, social and cultural factors affect how individuals interpret the meaning of their loss and therefore affect how they experience and express their grief.

Inferred from the above, the widow's grieving process is very much a relational issue that is embedded in a society, and as such she cannot be viewed in isolation. Reciprocity – the interdependence of the observer (the researcher in this case) and the observed (the widow in this case) – is an important aspect of the holistic perception that takes into account the context of the interaction (Becvar & Becvar, 1996). This interaction highlights the notion of 'epistemology of participation' where parties within a specific cultural context mutually influence each other in a reciprocal manner (Becvar & Becvar, 1996:81). It is my contention, therefore, that widows are not necessarily passive participants in their process of grief and mourning. Rather, they are influenced by, and in turn influence, the social and cultural 'norms' and dynamics.

My perception of my mother's experience of being widowed has informed my understanding of other Hindu widows. Furthermore, my culture, religion and gender filter the way in which I interpret and write about widowhood. Hoffman (1992, in McNamee & Gergen, 1995:4) 'argue[s] that what we take to be accurate and objective accounts of nature and self are an outgrowth of social processes'; therefore, 'constructions of the world and ourselves are limited by our languages'. Thus, this dissertation is subjective, and biasness cannot be ignored. This is consistent with the theoretical model of social constructionism.

Much research has been done in India about Hindu widows, addressing issues such as widow-burning and related controversies (Choi, 1997), patriarchy and woman abuse (Johnson & Johnson, 2001), and women taking action and motivating the modification of certain ceremonies and rituals (Murthy & Suguna, 1988; Raman, 2001). The lack of adequate research on Hindu widows in South Africa motivates me

in part to explore and understand their experiences. The challenge is to debate the ideas that prevail on what it means to be a Hindu widow today. Inherent in this debate is to encourage women to think about how they could be engaging in self-repressing behaviours that limit their options for a different experience of widowhood.

The fact that the social context is male dominant frames the context which encourages women to become what society expects of them. Inherent in this context are unwritten rules, which appear to be prescriptive in that they prescribe how widows should behave and how they should live their lives. These issues are explored in chapter two.

I assume that culture appears to be a grounding framework on which widows come to rely for guidance and validation. For the purpose of this dissertation the aim is to explore how widows construct meaning of their widowhood and to infer to what extent culture influences the manner in which these constructions are made.

1.2 Design of the study

The study is qualitative. It will explore the personal meanings or stories of Hindu widows through narrative in order to gain insight into the experiences of Hindu widows in South Africa. The qualitative nature of this study will draw out personal experiences related from the widows' respective viewpoints.

1.3 Sampling and selection

The sample comprises five Hindu widows, who for the purpose of this dissertation will meet the criterion of being widowed for at least a year. The reason for this is to allow the widow some time to think about the loss she experienced so that she may be able to relate her experiences.

1.4 Data collection

The aim of this study is to explore with the participants their experiences of their struggles and triumphs in their widowed state. This is facilitated by the utilisation of interviews. The interviews will be recorded on an audio cassette, which will then be transcribed for data analysis.

1.5 Data analysis

A hermeneutics approach is used to analysing the data. The aim of hermeneutics is 'to discover meaning and to achieve understanding' (Wilson & Hutchinson, 1991:266) or to make sense of 'that which is not yet understood' (Addison, 1992:110).

In hermeneutics, the method of analysis entails that I, as the researcher familiarise and immerse myself in the texts obtained as data. Themes are inferred from the texts, which are then coded. Themes are examined more closely to relay deep understanding of the material. This requires careful thought processes, which are attained through

dialogues with my supervisor and colleagues, the literature consulted, and my own values, assumptions, interpretations and understandings.

1.6 Chapter review

Chapter 2 discusses a literature review and explores grief theories in psychology. Prolonged mourning in Hindu culture is challenged when looked at from a western psychological perspective. Emerging debates are highlighted, which encourage critical thinking about definitions of Hindu widowhood, further challenging Hindu women to think about their status in society.

Chapter 3 forms the theoretical aspect from where the dissertation positions itself. Postmodern philosophy and social constructionism are explored and discussed. This chapter orientates the reader to the theoretical stance.

Chapter 4 portrays the research design pertaining to this dissertation. A theoretical description of the qualitative research approach is discussed. The understanding pertaining to qualitative research methodology and its relevance to this dissertation are explored. The hermeneutic approach is discussed to highlight its relevance to the analysis of data.

Chapter 5 explores the five case studies as pertaining to this dissertation. A hermeneutic approach is implemented to extract themes and analyse the data.

Chapter 6 analyses and discusses the results obtained. This chapter also reflects on the entire research process.

Chapter 7 is the concluding chapter, which draws on the reflections of the dissertation as a whole. Limitations and strengths of the study are explored, and recommendations made.

1.7 Conclusion

This dissertation seeks to highlight the importance of understanding mourning from a Hindu cultural perspective. By conducting this research, I hope to provide a platform from which one can talk about the silences that prevail in Hindu communities about what it means to be a Hindu widow today.

In the next chapter I undertake a literature review and explore theories of grief.

Chapter 2

2.1 Literature review

2.1.1 Introduction

The aims in this chapter are threefold. The first aim is to explore how theories of grief in psychology only partly contribute to understanding mourning from a cultural perspective, for example from Hindu culture. To illustrate this constructions of grief and mourning are explored as outlined by various theoretical perspectives, and the relevant debates that emerge are examined.

It is my assumption that earlier conceptions of grief theory appear limiting because they focus on intrapsychic processes and are viewed from a modernist, linear perspective. This means that when grief is understood, emphasis is placed on processes experienced within the individual, while the greater context in which the individual lives is under-emphasised. Further, the resolution of grief is marked by stage or task-oriented theories, and psychopathology is implied if the 'normal' course of grief is not adhered to. Even though these theories are limiting they remain relevant because they provide a frame of reference that is used as a tool to make sense of the chaos in the grief process.

When mourning is looked at from a Hindu cultural perspective the prolonged mourning is not considered pathological. It is my contention that the very context of Hindu culture appears to be prescriptive of how a Hindu widow should behave after

the loss of her husband. These prescriptions would appear to be reinforced by members in the widow's family and community, who have a particular 'worldview' about Hindu widows. The second aim will be to illustrate how Hindu widows' prolonged mourning may be considered pathological from a western psychological perspective. The debate that emerges, however, is that what may be defined as pathological mourning is a contested issue.

Broadly speaking widowhood in Hindu culture needs to be redefined for the South African Hindu widow as there appears to be a lack of studies in this area. This process of redefinition would assist in understanding grief and experience of widowhood from a culturally sensitive perspective. Different cultural customs dictate different experiences of mourning. When comparing the Hindu widows' experiences of mourning within the western psychological model of understanding grief in psychology, one must be sensitive to the context of the mourner. Rando (1993) contends that the grief and mourning response does not occur in a vacuum. Rather, it is influenced, shaped and determined by a number of factors. The expression of grief is unique to each person within a specific cultural context because no two person's experiences are alike (Parkes, Laungani & Young, 1997).

The third aim is to challenge what Hindu women, including widows, believe about widowhood and how they interpret it. The intention is to encourage women to think critically about how they could be engaging in self-repressing behaviours which limit their options for a different experience of widowhood. The debates inherent in this aim contribute to the overarching themes relevant to this dissertation, thus forming the groundwork for the rest of the chapters.

2.1.2 Definition of terms

For the purpose of clarity it is imperative to understand the terms ‘bereavement’, ‘grief’ and ‘mourning’ as they pertain to the context of this dissertation.

Bereavement, grief and mourning are terms that apply to the psychological reactions of those who have experienced a significant loss. Bereavement literally means the state of being deprived of someone by death and refers to being in a state of mourning (Sadock & Sadock, 2003). ‘Grief is a subjective feeling precipitated by the death of a loved one’ (Sadock & Sadock, 2003:61). Grief work is a complex psychological process of withdrawing attachment and working through the pain caused by bereavement. Grief helps the individual to recognise the loss and to prepare for the processes of mourning. Without the experiences and learning provided by acute grief, mourning cannot take place (Rando, 1993). In the context of this study, the term ‘grief’ is used synonymously with ‘mourning’.

In psychology, mourning refers to the mental and emotional ‘work’ carried out following a loss. Mourning is the expression of grief. The word is derived from a Gothic verb meaning ‘to be anxious’ and it ultimately comes from an Indo-European base meaning ‘to remember’ or ‘to think of’ (Weizman & Kamm, 1987:40). Mourning involves remembering and thinking of the deceased and thereby making a person feel anxious and uncomfortable (Weizeman & Kamm, 1987). Mourning in its strict sense is the process by which grief is resolved. It is the societal expression of post-bereavement behaviour and practices (Sadock & Sadock, 2003).

One could understand mourning as being an intrapsychic, biological experience, as well as an experience that is influenced within a social cultural context. The mourning process within the postmodern paradigm encompasses both perspectives because both viewpoints engage in a dynamic way which informs the clinician on the way to assist the bereaved in making sense of the loss experience. A more holistic approach to understanding mourning includes the individual, the environment and the interaction which give meaning within that context. This includes a definition of mourning as representing the culturally defined acts that are usually performed after a death (Rosenblatt, Walsh & Jackson, 1976).

‘Mourning is the behavioural component of bereavement and is most influenced by sociocultural influence and expectation’ (Sprang & McNeil, 1995:5). Stroebe and Schut reiterate the definition of mourning as ‘the social expressions or acts expressive of grief, which are shaped by the practices of a given society or cultural group’ (in Hockey, Katz & Small, 2001:5). In essence this means that grieving within the sociocultural context has meaning for those individuals in that context. Thus, as much as mourning is behavioural, it is also cultural.

The dynamic interaction between the individual’s social expression of mourning and his or her cultural context imparts a different experience of mourning for the mourner concerned. The psychological experience of mourning, which includes behavioural and emotional dimensions, is influenced by these cultural expressions.

2.1.3 Views of loss in psychological theories

In the field of psychology loss has traditionally been viewed as an event that progresses through stages and that ‘resolution’ of the ordeal would eventually come to the person who is grieving. He or she would then be able to continue with life because their grieving was marked. The assumptions inherent in grief theories are that grieving is predictable and controllable. The models or stages of grief, which delineate the stages in an orderly manner, illustrate this.

The other apparent assumption is that there is no cultural difference in the way that people grieve, that grieving and mourning are universal. However, wide variations among cultures in the manner in which people grieve and how much they grieve pose a challenge to the claim that grief is universal (Rosenblatt, 2001). From this perspective regard for the greater context within which the bereaved is embedded is undervalued. As such, the bereaved are compelled to deal with their loss on their own as marked by the stages they ought to go through.

According to Howarth (2007) when focusing on the mental health of the individual the manner in which people construct grief in order to make sense of the loss is neglected. This typically results in the creation of reductionistic theories that tend to view diversity in terms of medical models of pathology. This is illustrated in the following paragraph.

Within the medical model of grief as marked by classification and diagnosis of pathological grief in the Diagnostic Statistical Manual IV (DSM IV), it has been

suggested that pathological grief should become either a separate category of mental disorder or be integrated within existing, extended classifications in the DSM IV. Currently the DSM IV shows greater recognition of bereavement being associated with complicated reactions. Uncomplicated bereavement is excluded from the diagnostic features in both the categories Major Depressive Episode (under the diagnostic class of Mood Disorders) and Post-traumatic Stress Disorder (under Anxiety Disorders). It features under V code classifications. V code classification encompasses classes of conditions that may be a focus of clinical attention, and are not considered to be manifestations of a mental disorder. Debates among scientists about what constitutes the definition of pathological grief and the distinction between pathological grief and normal grief highlight linearity in thinking about grief (Stroebe, Van Son, Stroebe, Kleber, Schut & Van den Bout, 2000).

2.1.3.1 Stage model

In an attempt to understand grief writers of grief studies are inclined to identify different aspects within such a process. For most of the twentieth century, it was generally believed that to get over the loss of a loved one it was necessary to do one's 'grief work' (Stroebe *et al.*, 2001). One example is Kubler-Ross (1989) who wrote about the five stages of dying. Her five stages consider the following:

- Denial and isolation
- Anger
- Bargaining
- Depression

- Acceptance

Stage models have been challenged. Researchers point out that the models may not necessarily address individual differences or other variables that could have an impact on the process of grieving. Worden (1982, in Sprang & McNeil, 1995) states that individuals do not always progress through the grieving process in a rigid manner and may experience more than one stage at a time.

The framework or guidance that models of this nature provide for the clinician is helpful. However, they are also limited as outlined briefly here. Manifestations of bereavement are complex and require different levels and depth of analysis which would provide insight into the processes of adaptive coping and bereavement.

The integrative theory considers both internal and external moderator variables. External variables include social support systems, how the deceased died, who died, and socioeconomic status. Internal moderators relate, for instance, to age, gender, ego strength, personality and attachment to the deceased as well as to current physical functioning (Sanders, 1999).

Bannano and Kaltman (1999, in Stroebe & Schut in Stroebe *et al.*, 2001) consider bereavement in terms of four components. The first is the context of the loss, which refers to risk factors like type of death, age, gender, social support and cultural setting. The second factor is the continuum of subjective meanings associated with loss. These range from appraisals and evaluation of everyday matters and problems, and existential concerns about the meaning of life and death. The third is the changing

representations of the lost relationship over time, which plays an important role in the grieving process. The fourth is the role of coping and emotion: regulation processes that highlight the range of coping strategies that may lessen or exacerbate the stress of loss.

The integrative approach as described in these models is necessary and useful in that it provides a basis for testing the validity of assumptions that people have about the coping processes. In understanding how people come to terms with loss much needs to be learned about the nature of grief and to be able to predict the likelihood of poor adjustment (Stroebe *et al.*, 2001).

2.1.3.2 The psychodynamic model

The psychoanalytic explanations of grief are largely associated with studies of depression, which is one of the many emotions that commonly follow the loss of a loved one. Psychodynamic explanations of human behaviour tend to focus their attention on the individual's childhood experiences, and the way in which such experiences are adapted to and interpreted over time (Littlewood, 1992).

The early works of Freud (1917) and Klein (1948) (both cited in Littlewood, 1992) have contributed to psychoanalytic thinking. Both Freud and Klein were primarily concerned with the inner, intrapsychic world of the bereaved person.

Freud (1917, in Littlewood, 1992) saw the process of mourning as being concerned with the removal of the libido from the lost object and its attachment to a new object.

This means that the reality of the death forces the person to recognise the loss and demand the detachment of emotional energy from the dead person. He believes that this detachment process may be accomplished by the ego's identification of the lost object.

Freud (in Sanders, 1999) describes further that during this period when the work of mourning is carried through the grieving person loses interest in everything and cannot experience love. Nevertheless, when the work of mourning is completed and when all ties with the loved person have been given up, the bereaved is liberated to reinvest in another person.

Klein's (in Littlewood, 1992) theory is based on studies of depressive illness. She suggests that in normal mourning paranoid anxieties are reactivated and loss may be experienced as punishment. From this perspective bereaved persons temporarily lose their ability to maintain what Klein calls the 'depressive position', which involves tolerating the ambivalence inherent in human relationships. In this light individuals view their situation as 'all good' or 'all bad' and oscillate between the two extremes. Resolution of the tension experienced by the two extremes would mean that the bereaved should come to terms with the ambivalent feelings, which is defined by the 'manic-depressive state'.

2.1.3.3 Attachment theory

Attachment theory explains the development, maintenance and loss of relationships in both childhood and adult life. This theory has been complemented by several others

which seek to place attachments in their social context by looking at the meaning certain relationships have in their particular societies and at particular times (Littlewood, 1992).

Bowlby (in Littlewood, 1992) contends that all relationships of physical and emotional significance are built on the response systems. These are first developed in the relationship between mother and child and the absence of the mother invokes anxiety, searching and protest in the child, while the presence of the mother alleviates these feelings.

Bowlby contends that humans are seen to have strong bonds with their caregivers, which serve basic security and safety needs in a person. These bonds influence how the person grieves. The concept of attachment refers 'to the tendency of individuals to make lasting affectional bonds with others and accounts for the emotional responses that result when these bonds are disrupted, threatened with separation, or permanently lost' (Sable, 1992:266). Bowlby (1980, in Waskowic & Chartier, 2003) differs from Freud's conceptualisation of the functions of mourning: Freud explains mourning as detaching the survivor's hopes and memories from the dead, whereas Bowlby posits that there is still a relationship between the bereaved and the dead person.

Worden (1983, in Waskowic & Chartier, 2003) argues that the strength of the attachment, the security of the attachment, and the ambivalence in the relationship are all factors that affect the grief reaction. He suggests that the more dependent survivors are on the deceased persons during their relationship, the more problems bereaved spouses will encounter in their grief.

Sable's (1989) study (in Waskowic & Chartier, 2003) supports the abovementioned view. The study examines the relationship between childhood attachments and women's recovery from grief following the loss of their spouse. The results demonstrate that women who had secure attachments in their childhood exhibit less distress, less depression and less anxiety over the loss of their husbands than those women who had anxious or insecure attachments as children.

Drawing on the above points it is important to note that attachment theory looks at pathological mourning and healthy mourning (Hockey *et al.*, 2001). This is parallel to psychodynamic theories, which also emphasise pathological and healthy mourning (Akhtar, 2001). These viewpoints highlight linear thinking.

The abovementioned models are by no means inclusive of all writings pertaining to grief and loss theories. In this dissertation the different perspectives available in the literature are indicated. These ideas, among others, seem to inform a particular way of thinking about grief and the bereaved.

2.1.4. Mourning in psychology

In this section I first explore the phases of mourning in psychology. Then complicated mourning as it is understood in psychological theories is examined. The inherent debates highlight gaps in defining complicated mourning. The viewpoints are made explicit to highlight the discrepancies in the process of defining complicated mourning and sensitise the reader to the fact that the diagnostic criteria are not

sufficient to allow for a diagnosis of complicated mourning owing to gaps evident in the mere process of defining complicated mourning.

2.1.4.1 Psychological understanding of the mourning process

Uncomplicated reactions of acute grief may last a number of months and, in some cases, even longer. In contrast, complicated mourning can last for a number of years if not forever under some circumstances. What this means is that one can mourn but not be in acute grief, which manifests in psychological, behavioural, social or physical reactions to the perception of loss. The expression of grief encompasses a wide range of emotions depending on cultural norms and expectations and on the circumstances of the loss, for example a sudden unexpected death as opposed to one that is anticipated (Rando, 1993).

According to Rando (1993), mourning refers to the conscious and unconscious processes and courses of action that promote three phases, each with its own particular focus.

The first phase involves the undoing of the psychosocial ties binding the mourner to the loved one, with the eventual development of new ties. In this phase an internal focus on the deceased helps to stimulate the acute grief resulting from the separation, the recollection and experience of the deceased and the relationship (Rando, 1993).

In the second phase the mourning process helps the survivor to adapt to the loss. In this process the mourner revises previously held assumptions of the world and adopts

or modifies his or her roles, skills and behaviours. The survivor then forges the development of a new identity (Rando, 1993).

The third and final phase promoted by mourning assists the mourner in learning how to live in a healthy way in a new world without the deceased. The focus is external as the survivor attempts to move adaptively into the new world without the presence of the loved one by adopting new ways of being in that world and reinvesting in people, objects, roles, hopes, beliefs, causes, ideals or goals (Rando, 1993).

Thus, mourning involves the processes related to the deceased, the mourner and the external world. The above in no way attempts to negate the psychological phases in a bereaved person's experience of mourning, but do acknowledge the phases as not being discrete (Rando, 1993)

2.1.4.2 What is complicated mourning?

According to Rando (1993), two main problems in the field exist with regard to complicated mourning. The first concerns difficulty in defining the phenomenon. The second relates to failure on the part of the mental health profession to recognise and/or understand the phenomenon.

The definition of complicated mourning appears to be vague mainly because of imprecise and inconsistent terminology, and because objective criteria are lacking to determine when mourning becomes complicated. This is problematic as it becomes

difficult to agree on what the phenomenon entails — what may constitute pathology in one set of circumstances may not be so in another (Rando, 1993).

The demarcation between uncomplicated and complicated mourning is blurred and is constantly changing. This is justified by the notion that research about mourning is ongoing and no determination can be made without taking into consideration the various sets of factors known to influence any response to loss (Rando, 1993).

Reactions to loss are better interpreted within the context of those factors that circumscribe the particular loss for the particular mourner within his or her context of loss. The lack of specific and objective criteria for complicated mourning interferes with the development of a valid, reliable and precise definition. This makes it difficult to operationalise the phenomenon and to generalise findings about mourning (Rando, 1993).

Wolfelt (1991) contends that acknowledging that there is no ideal system of classification for complicated mourning does not reduce the importance of identifying when someone has strayed. Drawing on my understandings of the theories explained above, for example by Freud (1917), Klein (1948) and Bowlby (1960) — all in Littlewood, (1992) — among others, have contributed to the field of psychology and its interpretation and understanding of mourning. The differences of opinion on what constitutes disordered variants of mourning reinforce the subjective nature of psychological diagnosis. It is therefore useful to look at complications in mourning processes rather than to focus on particular symptoms of complicated mourning (Rando, 1993).

2.1.4.3 Grief is viewed as a disease or illness

According to Engel (1962, in Sanders, 1999), grief is considered as a disease from the viewpoint that 'pathological' refers to a changed state. To illustrate this he examined two primary biological modes of response to danger and associated them with object loss. He proposes that the central nervous system is organised to mediate two opposite patterns of response in the context of coping with bereavement and dealing with anxiety. He highlights the 'fight-flight' response to cope with anxiety and argues that 'conservation-withdrawal' comes into play when the 'fight-flight' response threatened exhaustion. This conservation-withdrawal response is marked by the individual's need for more rest, tending toward withdrawal. Engel states that conservation-withdrawal contributes more consistently to the common symptomology of physical illness than to anxiety.

Averill and Nunley (1988), on the other hand, view emotions and diseases as constituted in part through their relation to social systems. Grief is examined from the perspective that a dialectical relationship exists between emotional syndromes and the social systems of which they form a part. A holistic framework that allows for understanding at different levels of functioning is implemented. The contrast between grief-as-an-emotion and grief-as-a-disease exhibits the relation to social and biological and psychological systems of behaviour.

2.1.4.3.1 Pathological mourning, complicated grieving and DSM IV

According to Sadock and Sadock (2003), pathological grief can take several forms. It can range from absent or delayed grief to excessively intense and prolonged grief, to grief associated with suicidal ideation or psychotic symptoms. People at greatest risk for an abnormal grief reaction are those who suffer a loss suddenly or through traumatic circumstances, those who are socially isolated, those who believe they are responsible (whether responsibility is real or imagined) for the death, those with a history of traumatic losses, and those with an intensely ambivalent or dependent relationship with the person who died. Other forms of abnormal grief occur when some aspects of normal grieving are distorted or intensified to psychotic proportions (Sadock & Sadock, 2003).

The above descriptions are consistent within the medical model and from such a framework one could pathologise a person when the grieving process is deviant. Pathologising a person within a systems framework is inconsistent because the thinking that prevails in systems theory is that the individual is very much part of the system and is influenced and influences his or her context (see chapter three).

The Diagnostic Statistical Manual IV (DSM IV) symbolises the institutional basis of psychiatric practice in American-influenced societies. It constitutes the official protocol for certifying official psychiatric practice by professionally accredited professionals (Mezzich, Kleinman, Fabrega & Parron, 1996).

It is argued that the basic assumption in psychiatry is the need for objectivity, rationality and empiricism. In claiming authority over science, psychiatry stipulates applicability to all people. However, from a cultural perspective doubt is inherent when questioning the objectivity of a diagnosis and its universal applicability when it is known that DSM IV is consistent with western culture (Mezzich *et al.*, 1996).

It is argued that if the social constructionist view of psychopathology can be said to apply to so-called 'authentic' psychiatric disorders, then more compelling arguments should be made for other disorders. The basis for this argument rests on the understanding that biology, society and culture produce psychiatric disorders and lead to the development of psychiatric knowledge and systems of diagnosis. Therefore, in this instance, it should be evident that neither DSM IV nor any other classification system in psychiatry is complete (Mezzich *et al.*, 1996).

The ICD-10 (International Classification of Diseases, 10th Revision) has made great efforts to be applicable to psychiatric disorders in the context of the world community with all its cultural variations and richness (Haghighat, 1994). However, neither the ICD-10 Classification of Mental and Behavioural Disorders (World Health Organisation, 1992) nor the fourth edition of the Diagnostic and Statistical Manual of the Mental Disorders (American Psychiatric Association, 1994) contain a category to accommodate 'pathological' grief or any such variant (Klein & Alexander, 2003).

Consistent with the social constructionist epistemology of this dissertation diagnosing pathology does have implications. From a linguistic paradigm and postmodern perspective language creates realities as opposed to 'discovering' them. What this

means for mental health professionals is that ‘mental illness’, ‘diagnosis’ and associated concepts are social constructions. Although medical models and psychological models are used as essential truths in recovery programmes the implication for recovery is noteworthy. A double bind exists in the notion that recovery in mental health has been defined as a process by which people are labelled with mental illness with the hope of recovering. While this definition on the surface appears obvious, people become stuck in the medical interpretation of their experiences (Walker, 2006).

Contrary to the positivism inherent in most academic psychiatry there can be no immediate grasping of reality outside of historically derived categories. What this means is that what a client reports is in itself an interpretation based on his or her experience depending on his or her own cultural categories, words, images and feelings for expressing symptoms (Mezzich *et al.*, 1996).

Inferred, then, is the notion that one’s own cultural categories do not necessarily fit the realities of others, and one could consider the ways of others to be uneducated, misinformed and superstitious. However, it is more useful to be less ethnocentric and more open to learning about another person’s culture, no matter how discrepant it may be from one’s own or only understanding from a western perspective (Parkes *et al.*, 1997).

The section below intends to inform the reader on how culture and society construct an understanding of death. These constructions are important to the extent that they

provide information for members of a society about the meanings that are attached to death, which give significance to the bereaved in their healing process.

2.1.5 Perspectives on death

2.1.5.1 Cultural perceptions

All societies see death as a transition for the person who dies. Socrates postulates that humans cannot know what death means in terms of their continued existence, but that all people have beliefs on death (Corr, Nabe & Corr, 2006).

Greek thinking provides one aspect of western beliefs about the relationship of life and death. Different perspectives are offered on how the afterlife in western cultures is understood. Western religion (Christianity) associates an afterlife with concepts of heaven and hell (Corr *et al.*, 2006).

Hindus believe that life begins before birth and continues after death. They believe that at the moment of death the soul leaves the body and enters another being to continue the evolution of its karma, until finally it evolves, often through multiple incarnations of the person through cycles of birth, life and death, to a final passage into 'nirvana', a state of bliss after release from the cycle of reincarnations. All of life is structured around sacrifices and rituals, the most important of which occur at the time of death (Firth, 2005).

Each generation and each society has come up with its own ideas on how death is dealt with in terms of their respective beliefs and customs (Littlewood, 1992). The manner in which the survivors behave after a death also vary a great deal (Parkes *et al.*, 1997). Therefore, the manner in which one prepares for death informs an outsider how a society understands death, which in turn defines the way in which people who have been bereaved are treated (Littlewood, 1992).

In western societies attitudes toward death and dying have been defined by researchers in the area by denial and avoidance. Along with a decline in the ability to face death there is also a decline in trust in the rituals that accompany and follow death. Traditional mourning customs have been largely abandoned and the rituals of cremation or burial of the dead have lost much of the emotional significance that in the past was a source of support for the bereaved (Parkes *et al.*, 1997).

The manner in which people think about death is culturally embedded. Each culture, in having its own approaches to dealing with loss, has different experiences regarding loss. These may involve core understandings, spiritual beliefs, rituals, expectations and etiquette (Rosenblatt in Parkes *et al.*, 1997). For example, western cultures tend to discourage the overt expression of emotion at funerals and consider it deviant if done differently. This links with the thinking that emphasises denial and avoidance of death. In contrast, people in India talk openly of dying (Parkes *et al.*, 1997).

Harvey (2000) acknowledges that people construct and use meanings differently in their respective cultures. Western traditional understanding of grief and the use of this

to identify with grieving in ethnic cultures are in conflict because the contexts from which grieving is conceptualised are different (Hockey *et al.*, 2001).

2.1.5.1.1 Myths and realities of mourning

Society appears to maintain a host of unrealistic assumptions and inappropriate expectations of how grief and mourning should be dealt with (Rando, 1993:28):

- Grief and mourning decline in a steadily decreasing fashion over time.
- All losses prompt the same type of mourning.
- Bereaved individuals need only express their feelings in order to resolve their mourning.
- To be healthy after the death of a loved one the mourner must put that person out of her or his mind.
- Grief will affect the mourner psychologically but will not interfere in other ways.
- Intensity and length of the mourning period are a testimony to love for the deceased.
- When one mourns a death, one mourns only the loss of that person and nothing else.
- Losing someone to a sudden, unexpected death is the same as losing someone to an anticipated death.
- The mourning period lasts a year.

By realising the existence of these myths one is able to infer that this misinformation influences the thinking about what is normal and what is not for the bereaved. ‘Myths about grief and mourning may do more harm than help the bereaved person through their grief, because mourners may evaluate and compare themselves according to it. Consequently, proper knowledge about grief and mourning is essential for all involved to minimise potentially deleterious consequences as mourners’ personal assumptions of failure and caregivers’ insufficient provision of support or inappropriate diagnosis of pathology’ (Rando, 1993:28).

2.1.5.2 Hindu widowhood in perspective

It is important to contextualise how widowhood in Hindu culture is understood as these constructions influence the experience of widowhood. The cultural facet outlined hereunder illustrates the manner in which Hindu widows are socialised in their cultural context. Relevant debates and themes that emerge are explored.

2.1.5.2.1 Hindu mourning practice

In Hindu culture mourning is defined by the social and cultural prescriptions of behaviour. Inclusion of these practices highlight what is socially practiced and deemed appropriate within the culture.

Hindu mourning begins immediately after the cremation of the body and ends on the morning of the thirteenth day. Hinduism associates death with ritual impurity for the immediate blood family of the deceased. Hence, during these days of mourning the

immediate blood family must not perform any religious ceremonies (except those for funerals), must not visit temples or other sacred places, must not serve the sages (holy men), must not read or recite from the sacred scriptures or attend social functions like marriages, parties and so on (Wikipedia, 2007).

In addition, the family in mourning should eat a single simple vegetarian meal and cope with their loss. On the day on which the death has occurred the family do not cook, hence close family and friends will usually provide food for the mourning family. White is the colour of purity and also of mourning and many people wear white clothing during the mourning period (Wikipedia, 2007).

On the morning of the thirteenth day a Shraddh ceremony is performed. The main Shraddh ceremony involves a fire sacrifice in which offerings are presented to ancestors and to the gods to ensure a peaceful afterlife for the deceased. Typically, after the ceremony the family cleans and washes all the idols in the family shrine and flowers, fruit, water and purified food are offered to the gods. Only now the family is ready to break the period of mourning and return to normal daily life (Wikipedia, 2007). This description has some variations depending on the caste or social rank of the survivor.

2.1.5.2.1.1 The role of Hindu women

According to Harlan and Courtright (1995) there is no homogeneous, essential Hindu woman but rather a multiplicity of Hindu women in different socioeconomic classes, life stages and personal situations. Moreover, each individual woman is herself a

multiple person: a daughter, wife or widow, daughter-in-law, sister-in-law, mother, and so forth. These various personae, often demanding contradictory behaviours, become foregrounded in different life contexts, necessitating behaviours and decisions that may be difficult for some other role performed by the same woman. These constructions inform a woman who she should be and how she should behave.

In Hindu scripture it is prescribed that a woman should replicate the actions of her husband, so if, for example, her husband is happy she should be happy; if he is sad then she should be sad; and if he died then she should also die — such a wife is called *pativratta* (Choi, 1997: 40). In past Hindu culture behavioural and social prescriptions on how a widow should conduct herself were imposed on women. Among the many prescriptions that the widow followed was that the rest of her life was considered to be a ‘waiting period’ to be spent in prayer so that when she eventually died she might be reunited with her husband (Choi, 1997). In my interpretation the inherent message that Hindu culture seems to project is that a woman is identified with her husband — she should not be able to be an independent person because her identity is forged with that of her husband. Consequently, when her husband dies she is not supposed to cope with the loss and remains a living corpse. She should spend her time in mourning until she dies. This means that her mourning is prolonged and is justified within the confines of culture.

Harlan and Courtright (1995) contend that outliving a husband reflects badly on the Hindu wife because it means that she has failed to protect and nurture him. She is to some extent responsible for his death — if not from injuring or neglecting him in this life, then from the realisation of the negative consequences of actions she committed

in a previous one. Because of this the widow is expected to live her remaining years doing penance, which, though socially sanctioned, is usually self-imposed. She is expected to lead a simple life without any luxuries, devoting herself to religion and serving the household in whatever way she can.

Ironically, this is in contrast to what the Hindu culture preaches in terms of mourning the death of a person. In Hindu culture death is not seen as the final 'end', but as a turning point in the seemingly endless journey of the indestructible soul through innumerable bodies of animals and people, an idea that was highlighted earlier in this chapter. Hence, Hinduism opposes the idea of mourning excessively when somebody dies, because of the belief that continuous mourning could hinder the easy passage of the departed soul towards its journey ahead (Wikipedia, 2007).

2.1.5.2.1.2 The life of a Hindu widow

In the past the ultimate rejection of widowhood occurred in the burning of the Hindu widow on her husband's funeral pyre, a practice known as sati (meaning, literally, true or virtuous one). Sati or suttee is considered to be a ritual human sacrifice based on religious ideas (Choi, 1997). I have used the terms sati and suttee synonymously. Hindu religion defines the act of suttee as 'a ritually approved sacrifice surrounded, as in a wedding, by elaborate preparation and rituals' (Lopata, 1996:23). Sati is not practised today because it is illegal – when India was under British rule, the British authorities passed a law banning such practices. By introducing the Hindu Widows Remarriage Act in 1856, British authorities hoped to improve the plight of widows (Roy, 2006).

Under patriarchal rule the life of a Hindu widow was characterised by emotional, social and economic abuse, which she had to endure. This theme is explored later in this section. For example, in earlier times a widow not only faced a personal loss but also a major restructuring of her life. Female counterparts ensured that the rituals were followed. They joined in lamenting the woman's widowhood, and held her one by one in their arms, shed tears with her, and ended the ritual by throwing her violently to the ground. Doomed to perpetual widowhood she was cast out of society. Widows of low-ranking groups were allowed to remarry, but widows of high rank were expected to remain unmarried and chaste until death (Dubois, 1906).

Choi (1997) contends that the widow in Hindu society had to bear the burden of social stigma at various levels. As mentioned above, Hindus believe that misfortune is the result of bad karma earned by sins or wrongdoings in previous lives and widows are blamed for their husbands' deaths. If a widow followed tradition she would shave her head, shed her jewellery and wear only plain white or dark clothing. She was supposed to remain in mourning until her death and was forbidden to participate in any festivities because her presence was seen as an evil omen (Choi, 1997). This thinking still prevails in some places even today and is illustrated in the following paragraph.

Today the practices involved in the life of a widow vary. Time has changed the way in which widows mourn. In a personal communication with a widow (3 August 2006) she expressed that being widowed did not make her a different person. However, the enthusiasm and excitement with which she lived had changed because her husband

was not alive. She highlighted the fact that her sense of who she was had not changed. She is financially self-sufficient and feels that she is capable of making her own decisions. In contrast, in a personal communication with another widow (2 September 2007), this woman stated that people treated her differently because she is widowed. She expressed the belief that her widowhood did not allow her to do certain things during her daughter's wedding ceremony.

2.1.5.2.2 Feminism and its relevance

According to Roy (2006) all social and moral issues pertaining to the rights of women are conceptually connected to the notion of 'human rights', because all women's rights fall within the domain of human rights. Human rights as 'defined in philosophical literature are those rights which are inherent in our nature and without which we cannot live as dignified human beings' (Roy, 2006:1). Therefore it is highlighted that human rights are not only concerned with the rights of women but that they encompass the rights of the whole of human kind.

Feminism as an ideology has several theoretical positions. Its focus is on the empowerment of women, their emancipation, the creation of equality and elimination of oppression and discrimination (Roy, 2006). Roy (2006) argues that the history of human civilisation shows that women have been deprived and continue to be deprived of their rights. To understand the issues that women experience on social, cultural, political and economic levels it is necessary to probe into the various dimensions of their social and cultural construction from a historical point of view. In essence, one needs to explore their status in the context concerned.

2.1.5.3 Patriarchy and widowhood

In this dissertation the status of women is discerned by examining the theory of patriarchy. Although various categories of feminist writers have their respective perspectives on the impact or even understanding of patriarchy and its influence on society the aspect that needs to be highlighted here is that in India according to the Brahmanical (high caste learned persons) view, where women are subordinate to men and women accept their preconceived, predetermined role as faithful wife and selfless mother. Further evidence shows that for many centuries their position continued to be one in which they did not have either legal or social rights to make them independent of the family into which they were born or married. It would appear on a superficial level that women have no rights. Mehta in Roy (2006), however, argues the point. She maintains that women were not always without rights and were also not constantly in subjection.

Patriarchy is one of the major contributing factors that disempowered women. According to Roy (2006) patriarchy is the idea that in all societies and in all cultures men dominate the public world and through this domination control and define the behaviour of women. However, Roy (2006) also contends that women's rights are not necessarily violated by men but are sometimes violated by women themselves. She argues further that even though Hindus of the Vedic (Sanskrit text) period had a patriarchal society women in general did not suffer from the disadvantages that are characteristic of later periods, as in the case of widows. Widows in that age were permitted to remarry, which is justified by the Vedas (Hindu Sanskrit texts). Within

the rig Vedic (oldest Sanskrit texts) period there appears to be no evidence of sati or widow burning, but 'she was given an opportunity to enjoy life with her children, after the loss of her husband and customary prayers performed' (Roy, 2006:39).

From another perspective what may seem deviant grieving may be understood as a challenge to the power of certain people in the community to define aspects of reality or to control the person who grieves. In this sense grieving can be understood as one of the many arenas of social life in which power moves are carried out and power relationships are constructed (Rosenblatt, 2001). I consider sati to be one example.

The deterioration of the status of widows commenced from the epic period. Widowhood was considered both undesirable and inauspicious. Widow burning came into existence around 400 AD. The Hindu law makers of this period imposed certain duties on widows who did not ascend the funeral pyre and chose instead to survive widowhood. The life of a widow entailed strict discipline and penance lasting for the rest of her life (Roy, 2006). Living under patriarchal influence a widow who was no longer under the control and care of her husband had to reside with either her sons or in-laws. Either of these living arrangements translated into poor treatment, abuse or even abandonment. This defined her as a social and financial burden (Baig, 1988; Mani, 1990; Poulin, 1988, - all in Johnson & Johnson, 1997). Furthermore, mistreatment of a widow by her in-laws arose especially when she was without male children.

The patriarchal nature of Hindu society can also be seen when one examines the role of women. Owing to male domination women become economically dependent on

men and have fewer choices in terms of occupation, education and life course (Miller, 1992, in Johnson & Johnson, 2001).

Widows presented and continue to present both ideological and economic challenges to the Hindu system. Ideologically their femaleness and their sexuality are controlled by fathers, husbands or sons. Economically they are supported by male kin, through whom they gain access to resources. Whether the control of women is rooted in ideology or economics, it rests in male hands. Ideally, if a woman is widowed at all, she is widowed in old age, with a son to control and support her (Harlan & Courtright, 1995). This was the law according to Manu (law giver) in patriarchal society (Roy, 2006).

According to Roy (2006) women in the Hindu context traditionally accepted the reality of their situation through the structure of patriarchy, the emotive and binding force of familial love, and the distinctive cultural patterns of life and value systems. The power, dominance and hegemony were subtly built into the institutions and modes of interpersonal relationships between men and women. Thus, male hegemony obtained its legitimacy through the willing and recognised consent of the oppressed and discriminated women.

In the same breath the activist orientation in feminist theory is a response to the political aims and objectives of the feminist struggle, which is part of action programmes and activities. Women activists in India have taken up significant issues of rape, dowry, sati, prostitution and similar issues. There are non-governmental organisations (NGOs) working in remote rural and tribal areas and also in urban

centres, addressing social issues affecting women, mentioned earlier. In India, however, women amidst all of these social and legal changes have not yet been released from the shackles of female attire imposed on them by men. Gender-biased legislation is still prevalent. Women are still deprived of their rights. Indian women are still confined within the boundaries of their social and cultural heritage (Roy, 2006).

Now that Indian ideology has been outlined I pose the question whether South African Hindu women hold similar social and cultural constructions of womanhood.

2.1.5.3.1 Gender and South Africa

Every society defines the behaviour that it believes is appropriate for a man or woman. Certain things are expected from women and certain things from men. Women are meant to do certain types of work, for example, and men others. These gender roles are based on our biological sex. Gender roles are defined by society and therefore refer to the economic, social and cultural roles, behaviours, attitudes and opportunities that are associated with being male or female (Commission on Gender Equality, 2000).

The South African society presently favours men by indicating that women should be subordinate to men. Gender is socially constructed, however, and its construction is dynamic (Commission on Gender Equality, 2000).

Gender inequalities appear to be perceived by members within a society as cultural and so it is argued that addressing these inequalities means interfering with culture. Tradition and religion are also used as ways to stop the call for gender equality. These ideas – where men are heads of households and women are child rearers and house workers – are common to just about all cultures and allow men to undermine the principle that women are full citizens with the same rights to full and equal participation at all levels of society (Commission on Gender Equality, 2000).

There is much to be researched in terms of how the Hindu woman has adapted herself in the democratic South Africa, how she maintains her life as a working woman and simultaneously upholds cultural and religious values. Also, to understand that if she is limiting herself in any way, to ask if this is really necessary and who benefits from it? There is a lack of literature in this area.

A woman who is widowed can reconstruct or redefine her life in terms of how she chooses to be. Because women have evolved over time, the assumption is that she has a choice. She can decide how to spend her days of mourning and it may not be a negative experience as it was imposed upon her during traditional Hindu times within the context of India.

2.1.5.3.1.1 Hindu widowhood in South Africa

The South African context gives many cultures an avenue for preserving cultural and traditional aspects of their heritage. This diversity is unique to South Africa, because segregation laws – racial segregation during the apartheid era – kept ethnic races

separate. This had a profound impact on the dynamics of individuals in their respective communities. Individuals formed communities in unique ways that created a sense of belonging and identity for them. This establishment of communities had an impact on individuals' sense of being. The sense of who they were was rooted in the unique traditions and customs that made them who they became.

My perception is that the Hindu culture proves to be no different than any other culture resident in South Africa in the sense that it also embraces a common theme of identity and belonging within its confines. Many of the traditions and customs have been preserved and maintained in the steady practice of the teachings of Hinduism.

My challenge lies in questioning the Hindu community's interpretation of culture and the ideas of oppressing the Hindu widow's voice of expression as well as challenging the Hindu widow's submissive acceptance of domination, especially in the context where she is perceived as 'bad luck', for example during a wedding ceremony. If the status of the widow is perceived and constructed as low, then how we as a society interpret and accept culture and its teachings needs to be questioned.

In politics the South African women's context denotes a different experience of womanhood on one level. According to Suzman (in Reynolds & Richards, 2003), the issue of womanhood cannot be restricted to considering gender as the only factor. Inevitably the subject of race intervenes in determining the past, present and future of white, black, coloured and Indian women. Many laws that impact favourably on women have been passed in the past decade, for example in the workplace, affording equal opportunities according to the Constitution. In domestic life there are laws

granting equal custody and guardianship of children, a woman has the right to claim maintenance from the father of her children, there are the Prevention of Violence against Women Act, the Rape in Marriage Act, the Abortion Act and the abolition of marital power in community of property marriages. However, these laws do not necessarily suggest that the gender war is over. What and how women achieve their aims is up to them (Reynolds & Richards, 2003).

According to Prekel (in Lessing, 1994) women are making important contributions to the search for solutions for the problems facing South Africa – not only in women's traditional areas of family, education, community service and health care, but also in the community and in the economy at large. Women are moving into professions which in the past were regarded as a man's world (Lessing, 1994). These trends suggest the notion that women are redefining their positions in the home as well as outside their homes.

2.1.5.3.2 The South African Constitution and Bill of Rights

The Constitution contains South Africa's Bill of Rights. A constitution sets out how all the elements of government are organised and how power is allotted to different political units. It contains rules about what power is withheld, who wields the power and over whom it is wielded in the governing of the country (Bill of Rights, 1996).

The need to protect women's rights stems from the domination of women under a patriarchal society in which they were voiceless. For many years South African women under the social and legal control of their fathers or husbands were second

class citizens. It was not until the introduction of the Bill of Rights that all women in this country received formal recognition as equal citizens.

Women inclusive of Hindu women and widows are protected by the full range of rights guaranteed in the new Constitution. This includes the right to life, dignity, privacy and others. Women receive specific protection in section 9, entitled "Equality" quoted as:

‘The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth’ (National Gender Policy Framework).

The prohibition of discrimination on the grounds of gender, sex, pregnancy and marital status is clearly intended to protect women. ‘Sex’ as a biological feature and ‘gender’ as a social artefact are both included. The intention is to leave no doubt that no unfair discrimination based on any feature of being a woman will be tolerated. According to the National Gender Policy Framework gender equality refers to a situation where women and men have equal conditions for realising their full human rights and potential; are able to equally contribute to national political, economic, social and cultural development; and benefit equally from the results. Gender equality entails that the underlying causes of discrimination are systematically identified and removed in order to give women and men equal opportunities. The concept of gender equality as used within the policy framework takes into account women’s existing subordinate positions within social relations and aims at the restructuring of society so

as to eradicate male domination. Therefore, equality is understood to include both formal equality and substantive equality, not merely simple equality with men (National Gender Policy Framework, 2007:18).

2.1.6 Conclusion

This chapter provides the foundation for the dissertation. It draws on debates from a psychology perspective about grief, loss and mourning. It also explores the Hindu culture and gives a historical overview of Hindu widowhood as interpreted by Hindu society. The prolonged mourning among Hindu widows does not necessarily denote pathology as within western psychology.

The chapter includes debates about defining complicated mourning. DSM IV and ICD 10, although used for diagnostic purposes, are insufficient for accurate diagnosis, as was explored.

Debates about women and their rights from the cultural and political dimensions are interrogated to evaluate their status. The theme of patriarchy and related themes are highlighted to illustrate the dynamics that exist in society. Women are challenged to think about their positions in their respective societies and question how or why they do what they do. Women, including widows, are encouraged to seek and claim their rights to redefine their mourning, although it is acknowledged that this entails a process of restructuring. This chapter asks many questions and seek answers. This in itself provides grounding for the rest of this dissertation. In chapter three the social construction of mourning is explored in depth.

Chapter 3

3.1 Theoretical framework

3.1.1 Introduction

The aim of this chapter is to outline and explain the theoretical framework of this dissertation. This encompasses the exploration of the thinking that underpins postmodernism and social constructionism. This theoretical framework is like a lens which offers a perspective to the reader, wherein I show how women and culture are social constructions. My subjectivity forms part of this framework and is consistent with the proposed perspective.

An ecosystemic epistemology and its bearing on this study are discussed. Thereafter postmodernism and social constructionism are explored. The nature of social constructionism is to invite contemplation and conversation (Burr, 1995). This theme emerges as debates about culture, gender and grief and related aspects are explored. The debates form the foundation that informs the thinking relevant to this dissertation. At the end of this chapter the reader is challenged to contemplate his or her perspectives.

3.1.2 An epistemology

In philosophy, epistemology refers to the study of how we know what we know. It focuses on the assumptions that underlie a particular framework and on whether the

knowledge claims made by the theory are logically consistent with its own assumptions (Becvar & Becvar, 1996). One could also say that an epistemology is a belief system that has been internalised and allows one to construct a personal reality. Our personal theories are informed within a social context through the interchange of ideas (Becvar & Becvar, 1996).

The study of how one thinks has centred principally on how one achieves a ‘true’ knowledge of the world. Empiricists have concentrated on the mind’s interplay with an external world of nature, hoping to find the key in the association of sensations and ideas, while rationalists have looked inward to the powers of the mind for the principles of right reason. The objective has been to discover how we achieve ‘reality’ – that is to say, how we get a reliable understanding of the world, a world that is assumed to be absolute and, as it were, there to be observed (Bruner, 1991).

Bateson (1978, in Searight & Openlander, 1987) contends that it is difficult to separate the observer from the system under observation. Fourie (1996) reiterates this point stating that when an observation is made ideas inform the observation. In other words, there is no such thing as an observer-free description of a situation that can be objectively assessed and evaluated, because one contributes to the construction of reality. This process is recursive, which means that what one knows leads to construction and what one constructs leads to knowing (Keeney, 1982, in Searight & Openlander, 1987).

The conceptualisation of reality as a multiverse of meanings is created in dynamic social exchange and conversation revealing a multiverse that includes diverse and

conflicting realities (Anderson & Goolishian, 1988). This idea illustrates the process of recursion where people and events are in a context of mutual interaction and mutual influence. From a systems perspective meaning is derived from the relationship between individuals and elements, as each defines the other. Causality becomes a reciprocal concept to be found only in the interface between individuals and between systems as they mutually influence each other (Becvar & Becvar, 1996).

These arguments are consistent with the systems perspective, which is briefly outlined below.

3.1.3 My understanding of systems theory

Systems theory directs our attention away from the individual viewed in isolation toward relationships and relationship issues between individuals. The interdependence of the observer and the observed is an important aspect of the holistic perspective that takes into account the context of their interaction. Emphasis is on reciprocity, recursion and shared responsibility. This means that within the context of a relationship each influences the other and both are equally a cause and effect of each other's behaviour. A change in part of the system will have an impact on the whole system: this is dependant on feedback within a system where information about past behaviours is fed back into the system in a circular manner (Becvar & Becvar, 1996).

In reviewing Bateson's writings in Dell, (1985), systems theory and cybernetics constitute an epistemology to understanding the world, and that failing to recognise

that we live in a cybernetic epistemology results in an epistemological error. Bateson believes that systems are characterised by circular causal processes.

The idea that observation cannot be value-free as argued by Bateson (1978) above, links up with the understanding pertaining to 'cybernetics of cybernetics'. In order to gain a perspective of cybernetics of cybernetics one must understand simple cybernetics. While in simple cybernetics we place ourselves outside the system as observers of what is going on inside a system and we do not see ourselves as either part of the system or concerned with why it does what it does, cybernetics of cybernetics includes the observer as well as the context within which the observation takes place. When punctuated from a higher abstraction level the observer becomes part of that which is observed (Becvar & Becvar, 1996).

3.1.4 Postmodernism

3.1.4.1 The enlightenment period and modernism

To understand postmodernism we must account for the thinking that has underpinned previous historical time frames. These accounts acknowledge the belief systems involved in how one makes sense of the world in which we live and are marked by the enlightenment period, modernism and postmodernism.

The enlightenment period was characterised by a search for the 'truth'. The purpose was to understand the nature of reality through the application of reason and rationality. At this time the individual became the focus for issues of truth and

morality. Based on objective scientific facts individuals were placed in a position to make judgements about what reality was like and therefore what an appropriate moral rule was. The search for truth was often based on ideas that were rules or structures underlying the external world, and a belief in a 'right' way of doing things. Inherent in this understanding is that these theories constitute what are called 'meta-narratives' or grand theories. This offered a way of understanding the entire social world in terms of one all-embracing principle (Burr, 1995).

The thinking in the enlightenment period was limiting, because the scientifically based principles were rigid and their applicability seemed to fall short as ideas about understanding the world became complicated. A different perspective had to evolve in order to understand the complex nature attributed to human understanding.

Modernity formed part of the enlightenment thinkers' endeavour to develop objective science and universal morality (Sarup, 1996). The modern era relied on the power of science and the knowledge of objective experts who supposedly possessed the truth about reality (Becvar & Becvar, 1996).

Modernism may be linked to a belief in the knowable world. In order to know the world modernism assumes that there are principles or laws that may be discovered about the properties of the subject matter and these may be generalised to other instances across time, situation and persons. There is a belief that by using empirical methods one may derive truths about the nature of the subject matter that are reliable and value-neutral (Gergen in Kvale, 1992). This thinking is consistent with the thinking applied in the medical model, which was explained in chapter two.

Modernism is an intellectual movement that preceded postmodernism. The turn toward postmodernity was marked by intellectual contestations and of particular interest was the notion that knowledge could be systematically gained and that the idea of truth was a matter of perspective (Kvale, 1992). The justification for this statement rests on the idea that perspectives are as a result of social interchange. Postmodernism thus became the avenue which allowed the engagement of persons and their ideas within a context, that is, a person being a participant in the construction of meanings would provide an alternative idea or perspective (Gergen in Kvale, 1992).

3.1.4.2 Postmodernity

Kvale (1992) contends that postmodernity refers to an age which has lost the enlightenment belief in liberation and progress through more knowledge and scientific research. According to Burr (1995) postmodernism represents a questioning and rejection of the fundamental assumptions of modernism.

Kvale (1992:2) contends that while there is no coherent postmodern philosophy there are various people who contribute to the different ways of thinking about a postmodern condition and thus ‘the term “postmodern” is controversial and ambiguous’.

Postmodern thought is characterised by a loss of belief in an objective world and the notion that there is no one true reality. Rather, the focus is on the social and linguistic construction of a reality that is mindful of different perspectives. What this means

according to postmodern thinkers is that what we call reality is not an exact replica of what is out there, but rather is socially or communally constructed and thus subjective. Through the interactive process of language people connect and construct their shared views of truth (Becvar & Becvar, 1996).

Similarly, the conceptualisation of reality as a multiverse of meanings created in dynamic social exchange introduces one to a multiverse that includes a diversity of meanings of the world. Within this framework there are no 'real' external entities, only communicating and languaging individuals. Thus reality is subjective (Becvar & Becvar, 1996).

Language is relevant, and the construction of specific aspects of reality relies on the social construction and linguistic elements where negotiation of meaning is defined within a context. This means that individuals may have different interpretations or definitions of a phenomenon and may not necessarily share the same truth (Doan, 1997). One needs to be mindful of a 'truth' that claims to be the only truth and this idea is not what postmodernism preaches. In this light this dissertation unveils a perspective of my truth about a construction of meanings around mourning in widowhood.

An important aspect of postmodernism that should be noted is the perception that postmodernism claims that all stories are equally valid and coherent. There is a difference between saying no singular perspective is sufficient to stand on its own and saying that all perspectives are valid (Doan, 1997). Cilliers (1995) contends that postmodernity is much more complex especially when looked at from a systems

perspective. Within a systems perspective a point of punctuation will determine a point of observation. This will determine what will be observed and at what depth a meaning will be discerned about a phenomenon, depending on the complexity of the system. Complexity is attributed as a result of rich interaction between elements in a nonlinear manner. In this light an individual is part of this complex system and cannot be viewed in isolation. Therefore, the individual's ideas make more sense when viewed within this complex network.

With this shift from facts to perspectives where scientific knowledge is replaced with reality which is subjective, previously held positions of the possessors of power and knowledge are challenged (Becvar & Becvar, 1996). Foucault's work (see Scott in McDowell & Pringle, 1992) provides an important way of thinking about the politics of the contextual construction of social meanings. He suggests that the elaboration of meaning involves conflict and power. Discursive fields appeal to one another's 'truths' for authority and legitimation. Knowledge obtained by means of scientific inquiry is assigned the status of objective knowledge and appears to be beyond dispute. As a result of this it serves a powerful legitimating function. However, the power to control a particular field resides in claims to knowledge that are embodied not only in writing but also in professional organisations, in institutions and in social relationships.

In terms of this dissertation one way to illustrate the above-mentioned argument would be to present the narratives formulated in various texts, experiences as described by the participants interviewed, as well as my perspective on the constructions of mourning. In view of this postmodernism invites other, often

marginalised voices to be heard alongside those of the dominant western discourses that value certainty (Doan, 1997). This awareness of different possibilities opens up the path of continued acknowledgement of the different ‘voices’ added to a reality in a manner that allows for intellectual debate.

3.1.4.2.1 Social constructionism

Social constructionism focuses on how ideas and attitudes have developed over time within a social, community context. It is interested in the narratives or discourses that have taken on a normative standard and in how people have come to align or judge themselves accordingly. Social constructionism encourages the deconstruction of single truths or grand narratives (Doan, 1997).

Grand narratives are like ‘rules’ that inform individuals about moral values. For example, theories, explanations and discourses exist in time and place, but a theory’s lifespan is decided by the dominant party. To support a popular theory is to be on safe ground (Owen, 1992). However, social constructionism involves questioning and re-evaluating opinions in the light of new data and entails an evolving set of meanings that emerge from the interactions between people. The theory claims that the development of concepts is a fluid process, which is socially derived. The process of questioning when engaging in social constructionist thinking is that it seeks to challenge the dominant stories or grand narratives and encourages different perspectives (Doan, 1997).

Social constructionists emphasise the role of language in the context of social interaction. It is further argued that through language we assimilate and influence our world as it is expressed in cultural norms and values. Also, within the realm of language we perceive, make meaning, and thus create our own reality (Becvar & Becvar, 1996). Thus, the human life-world is fundamentally constituted in language and language itself should be the object of study (Anderson & Goolishian, 1988).

Speed (1991) contends that even though reality is filtered through our perceptions, it does not mean that it does not exist and does not affect those perceptions. Co-constructivism elaborates the view that what we know arises in a relationship between the knower and the known. Co-constructivism takes for granted the existence of a structured reality, but also recognises that reality is constructed according to ideas that people have about it individually or in groups. As important is the idea that people live and understand their living through socially constructed narrative realities that give meaning to and organise their experiences (Speed, 1991).

According to Rosenblatt (2001) a social constructionist perspective on grieving denies the essentiality and universality of thoughts, feelings and words said in or about bereavement. From a social constructionist perspective the manner in which writers and theorists refer to 'bereavement' or 'grief' is a social construction. It is entangled in culture-based social construction processes, social interactions between those writing about grief, the ways their spoken and written language shape and limit what can be said about grief, and their own socially constructed experiences of loss and grief. From a social constructionist perspective what we may say as social scientists writing about grief is shaped by our current sociocultural environment. Because the

environment is ever-changing we are always in a position of revising what we think and say. From a constructionist perspective the basic terms – grief, gender, culture and Hindu women – are socially constructed.

All these terms are ‘fluid’ in the sense that another writer could define the terms in a way consistent with his or her constructions which may resonate with his or her context. This dissertation is a temporary base or platform which I use to define the above-mentioned constructions as they pertain to the relevance of my interpretation of Hindu mourning and widowhood. As the reader engages with the material presented in this dissertation from his or her own context, he or she will co-construct ideas as meanings unfold.

3.1.4.2.1.1 Grief as a social construction

Grieving varies across places, times and groups in how, when, or even whether emotions that might be taken as grief are expressed, how much bereaved individuals seem to be preoccupied by the death, and how much the death alters daily routines and interactions. Grieving varies across cultures in how death is understood (e.g. in the Hindu culture there is the possibility of a future reunion with the dead, as explained in chapter two), the meaning of various forms of emotions following the death, as well as the things believed about death. This illustrates that human grieving is not constant. My interpretations of grief and mourning of Hindu widows are based on my interpretation of my experiences, which acts as a lens to filter what and how I write about these phenomena as well as other writers’ interpretations, which include a western person’s understanding of Hindu culture, as well as an Indian person’s

understanding of Indian culture. The lenses available are many and varied, and so interpretations become interpretations which become interpretations. Therefore, a reader's own cultural and language limitations affect what the observer can grasp of what is written about another culture and language (Stroebe *et al.*, 2001).

In the context of psychology the 'language' and 'culture' also examines grief through a particular lens. Averill and Nunley (1988) view emotions and diseases as constituted in part through their relation to social systems. Grief may be a state of personal anguish, but it may also be associated with a wide variety of psychological and somatic disorders. Engel (1962, in Sanders, 1999) suggests that emanating from this, grief is like a disease. However, grief is also examined from the perspective that it is not an emotion that unfolds in a vacuum. A dialectical relation exists between emotional syndromes and the social systems of which they are a part. To use a holistic framework that allows for understanding grief from different levels of functioning proves to be informative. Highlighted is the idea that the contrast between grief-as-an-emotion and grief-as-a-disease exhibits the relation to social as well as to biological and psychological systems of behaviour.

3.1.4.2.1.2 Culture as a social construction

From a social perspective culture is seen as imminent in the patterns of interaction that arise among people and so becomes part of the person as a result of immersion in daily life. It provides a means for individuals to organise their experience. Although it is acknowledged that each individual's experience is diverse, the thread of culture

runs through this array of individuality and this allows for a negotiated sense of living in a shared world (Sexton & Griffin, 1997).

Ritual may be one of the most powerful socialisation mechanisms preparing individual members to understand the group's meanings and to carry on its traditions. Performance of these social roles is considered essential to its continuation. Social roles inform a community how males and females should conduct themselves in a social context. There are different cultural traditions for different aspects in life, for example when someone is born, or when there is marriage or a death. In accordance with this line of thought it is shown that rituals are socially constructed. Furthermore, rituals are part of culture and this is also socially constructed. Meanings that evolve within this context are socially negotiated (Imber-Black, Roberts & Whiting, 1988).

The culture and social structure of a society at any period of time influence the whole pattern of a member's existence. Culture contains beliefs about human nature and about people of different societal categories, such as gender, age, race and social class (Lopata, 1996).

With respect to mourning rituals within the Hindu culture, although it has been noted that there were certain taboos widows had to abide by, these rituals have been adapted to suit the modern working woman. Murthy and Suguna (1988) have shown that some rituals and ceremonies have been adhered to in terms of death ceremonies, but that the lavishness with which these ceremonies were performed has diminished. These changes have been partly motivated by the progressive change in the socioeconomic status of women.

3.1.4.2.1.2.1 Gender as a social construction

Gender is more than being male or female, although sex as a category is used to construct gendered distinctions. People have certain expectations about what it entails to be a man or a woman and they act to confirm these expectations. These behaviours, in turn, reinforce gender-biased views about the differing characteristics of men and women (Crawford & Unger, 2004).

There are various critiques written of the power structures of psychological theories and the structures of society where gender issues are concerned. The concept of 'feminine' is understood as an unchangeable ontological reality, but the concept could also be understood as a result of a social and cultural construct arising from a specific set of assumptions about the role of a female in society. The social constructionist perspective holds that one should question any claim that centres itself as a truth because there could be motives and objectives behind this claim which could benefit any particular purpose (Murphy, De Bruin, Venter, Qveiroz & Lotter, 2005:111).

Stukes (2001, in Murphy *et al.*, 2005) states that gender is a wholly discursive yet internalised form of culture and not an interior biological structure. She also claims that gender has displaced sex, and the human body cannot exist except as culturally gendered. As a result of the internalised and discursively maintained view of gender there is an unquestioning acceptance of any claims to the so-called innate characteristics of what it means to be male or female. These claims fit the dominant social viewpoints of a particular time period or culture and are in opposition to all alternative viewpoints that question these truths.

3.1.4.2.1.2.1.1 A construction of Hindu women

Tradition within the Hindu culture allows for two basic roles for women: daughter and wife. According to various texts composed by Brahmans (Hindu priests) it is auspicious for the wife to die first. As mentioned above outliving a husband reflects badly on the wife because it means that she has failed to protect and nurture him. As a widow she is expected to live her life doing penance, but which is, though socially sanctioned, usually self-imposed (Harlan & Courtright, 1995).

Traditionally Indian society in India was for the most part demarcated by patriarchal, patrilocal and patrilineal societies. The position of the wife in the male line system depended on the position of her husband, which was usually determined by his relative age and birth order.

After her husband's death the position of the widow depended on the determination of the male line, whose power was strongest if she could not return to her family of origin, had no adult sons responsible for her welfare and had no means of developing alternative support systems and lifestyles. Many of the attitudes of those people who had power over a widow in different places and times depended on their definition of her usefulness in terms of her wisdom and knowledge, as an owner or inheritor of property, as the producer of valuable children in the past or in the future, as a member of a work team, or as a special contributor to the group's status or welfare (Lopata, 1996:213).

In Hindu culture Indian women have been conceptualised and understood within the confines of the female in mythic traditions. Therefore, the manner in which she should carry out her duties as wife is prescribed. However, her mourning process is in direct contrast to her life as a wife. One observes a discrepancy here in that on the one hand women (as goddesses) are revered and, on the other, they are oppressed. The assumption inherent in this thinking is that women are powerless in a patriarchal society. However, the power that women possess is made visible in folklore and mythology (Harlan & Courtright, 1995).

It would appear that beliefs and assumptions about death and grief exist within every culture, providing possible 'mind maps' to make sense of loss. However, some of the assumptions can limit the meanings that individuals use to explain their experience of loss. Some of the dominant discourses that prevail in terms of coping with a loss are that one should get on with life, or that time will heal the pain (Riches & Dawson, 2000). These constructions are also gender sensitive and, therefore, the way in which men and women express their grief varies within specific cultural contexts.

These constructions are language within a socially negotiated cultural context. The dominant theories that prevail become part of society's thinking and this becomes a reality that motivates behaviour and attitudes. These understandings are relative and become questionable when looked at from a social constructionist perspective. According to Rosenblatt (2001) the construction of grief begins long before most people are bereaved. Grief is constructed throughout the life-span, in the full context of life in culture and society. Those of us who study grief typically 'punctuate' that context by beginning our examination of the survivor's, in this case the widow's,

grieving at the time the widow first knows of a death or first anticipates that a death will happen soon. Inherent in this thinking is the understanding that survivors have a lifetime of social construction about emotion, emotional control, the meaning of death and the etiquette of grieving.

3.1.4.2.2 Narratives

We live our lives in terms of our interpretations and our attributions of meaning. These attributions are no more than linguistic inventories that name the things we take to be real and identify the objects that may fill our realities (Anderson & Goolishian, 1988). Therefore, being able to tell one's story is a powerful way of making sense of life; this entails a process of constructing a plausible account of important events.

Different observers will account for the same event differently. Each story is unique and holds the essence of the storyteller's truth. In the process of significant loss one's previous narrative is challenged. Who one was in relation to the deceased person places a question on one's identity. A life story disrupted by loss must be reorganised and rewritten to find a new strand of continuity that bridges the past and the future in some coherent way (Neimeyer, 2001).

Narratives may be seen to be constitutive of experience, both opening up and closing down certain possibilities for perception, action and making 'sense'. As such the process is unique in that it highlights the individual's unique and idiosyncratic ways of making meaning. Anderson and Goolishian (1988) contend that language is the transformation of experience and at the same time transforms what we can

experience. Therefore, there are a multiplicity of languages, histories, causes, understandings and realities.

3.1.4.2.3 My construction of grief and bereavement

The systems approach to bereavement focuses on the role of existing family and other relationships in the individual's adjustment, stressing the nature of communication between family members as a key to understanding how individuals make sense of bereavement (Gelcer, 1983). Grief theories presented with a more culturally sensitive perspective that stresses the diversity of meanings attached to grief and mourning are consistent with postmodern thinking, because they offer a wider perspective on grief. In a systems approach attention is given to how patterns of family and social interaction adapt to the changed role of the deceased and in doing so, how they affect the sense that the bereaved individual makes of his or her own feelings of loss and grief. Lack of acknowledging the diversity that exists in understanding grief systemically may be criticised for being conventional, limited, lacking collaboration and linear. This highlights a modernist perspective (Hsu & Kahn, 2003; McBride & Simms, 2001).

These constructions inform the reader of how different perspectives inform a construction of ideas, which in turn influences the thinking about a condition, which in this case concerns grief. However, the importance of social constructionism highlights the thinking that encourages the reader to look deeper at the motives behind the perspective concerned.

3.1.5 How does social constructionism fit with the research?

We live in and take action in a world that we define through our descriptive language in social intercourse with others. The construction of meaning and understanding and the construction of human systems are constantly changing. Anderson and Goolishian (1988) argue that reality is a social construction through language. Language is understood as the meaning it creates within a context, which is a social participation that is influenced by history and culture (Gergen, 1985; Watzlawick, 1984). They further argue that language can take on meaning in human action. Therefore, meaning is interactional, local in nature and always changing. There is no universal validity to meaning. Anderson and Goolishian (1988) contend that language is the transformation of experience and at the same time transforms what we can experience. Therefore, there are a multiplicity of languages, histories, causes, understandings and realities.

In terms of this dissertation a widow is not viewed in isolation. She is part of a complex network of interaction and this perspective is consistent with systems thinking (Becvar & Becvar, 1996). How she constructs meanings and what she constructs as meanings about her loss are constructions informed when she interacts with the system of which she is a part. Her culture and history inform her perspective as she interacts with other individuals in her process of meaning making about her experience.

3.1.6 Conclusion

In this chapter I discussed my framework by using postmodernist and social constructionist perspectives. The various debates that emerged from engaging with this framework were also highlighted. I have shown how women, culture and grief are socially constructed to emphasise that this informs the widows' experience of grief.

Chapter 4

4.1 Research methodology

4.1.1 Introduction

According to Durrheim (1999) the designed and planned nature of observation is what distinguishes research from other forms of observation (Terre Blanche & Durrheim, 1999). Such planned research is termed ‘systematic observation’, because the observation is guided by concrete research questions and a research design. In order to draw conclusions and inferences from observations, the plan is made explicit so that it outlines clearly what needs to be observed and how it is going to be observed (Terre Blanche & Durrheim, 1999).

The nature and purpose of a study influences a researcher’s method of data collection and data analysis (Henning, van Rensburg & Smit, 2004). If the research purpose is to study phenomena as they unfold in real-life situations as interrelated wholes rather than split up into discreet predetermined variables without manipulations, then an inductive, qualitative approach is required (Terre Blanche & Durrheim, 1999). Qualitative research will be described and discussed in terms of its relevance for this particular study. In other words, this chapter illustrates a plan of action for the execution of the dissertation.

4.1.2 Qualitative research

Qualitative methodology emerged as part of a broad movement that Rabinow and Sullivan (1979, in Terre Blanche & Durrheim, 1999) call an 'interpretive turn' in social science epistemology. This refers to a turn towards 'contextual' research, which was less concerned with discovering universal, law-like patterns of human behaviour and was more concerned with making sense of human experience from within this context. Within this approach, to understand human experience, it was necessary to appreciate the social, linguistic and historical features that gave it shape (Kelly, 1999, in Terre Blanche & Durrheim, 1999). The role of the researcher as a co-creator of meaning became more important. This meant that researchers were inquiring into the way social meaning came about in discourses and how these discourses were maintained (Terre Blanche & Durrheim, 1999).

Events within the qualitative paradigm tend to be understood and reported in their context insofar as this can be discerned and described by the researcher (Stiles, 1993). According to Durrheim (1999), qualitative research is naturalistic, holistic and inductive. Therefore, it is necessary to choose an 'appropriate' method to conduct a study, where the intention is to elicit in-depth experiences and bring forth richly textured material of human experience in a specific context.

The relationship between qualitative researchers' observations of everyday life and their analyses of it are relevant because this involves a variety of interpretive concerns and processes (Dingwall & Miller, 1997). Qualitative research accommodates

nonlinear causality where elements feed back to influence their own subsequent behaviour (Stiles, 1993). In this light qualitative research may be defined as a situated activity that locates the observer in the world, which consists of a set of interpretive material practices that make the world visible. This means that researchers study things or events in their ecological settings, attempting to make sense of or to interpret phenomena in terms of the meanings people bring to them (Denzin & Lincoln, 2003).

This dissertation embraces a qualitative method of inquiry. The intention in this dissertation is not an attempt to produce an 'objective' description of the experiences of widowhood. Rather, the intention is to construct an analytical interpretation of the widows' construction of widowhood (Camic, Rhodes & Yardley, 2003). This is facilitated by the hermeneutics approach explored in the latter part of this chapter.

The study is an exploratory one, which means that it seeks to gain new insights about how widows construct meaning in their lives, which is, amongst other things, informed by their experiences. This is achieved by means of employing a flexible and inductive approach to understanding their constructions and then, in turn, making my interpretation of their interpretation explicit. The idea is to add to existing theories and/or perceptions of widowhood. In qualitative research it is acknowledged that the researcher is part of the research process and plays a relevant role in the context within which the study takes place. My role in the context of this study is relevant because the way in which data is interpreted is influenced by my observation. Drawing on the social constructionist epistemology outlined in the previous chapter, the idea that needs to be highlighted is that interpretation of the social world as a kind

of language, that is, a system of meanings and practices that construct reality, is of relevance (Terre Blanche & Durrheim, 1999).

4.1.3 Legitimacy of qualitative research

According to Neuman (1997), research methodology is what makes social science scientific. Coherent designs are achieved by ensuring that the research purposes and techniques are arranged logically within the research framework provided by a particular paradigm (Durrheim, 1999).

Researchers have argued that contrary to what scientists have believed for decades there is no general methodology (including experimental designs) that can lead to the kind of certainty that we once had hoped the positivist/empiricist approach to science would give us. The spirit of qualitative research suggests that the questions of interest should dictate the design rather than being limited to asking only those questions that fit accepted research protocols (Becvar & Becvar, 1996). Stiles (1993) argues that accepting qualitative research as viable does not necessarily mean that it denies the value of traditional experimental design, quantitative method and statistical analyses. Each angle or method of observation has its own biases and limitations. The scientific enterprise has its own elitist agendas and the methodology of conventional science, which involves reductionism and separation of subject and object, has led to harmful unintended societal consequences (Atkinson & Heath, 1991).

The academic and disciplinary resistances to qualitative research illustrate the politics embedded in this field (Denzin & Lincoln, 2005). Positivists contend that new

experimental qualitative researchers do not write scientifically and have no way of verifying their truth statement. However, at the same time, qualitative researchers must be able to resist conservative attempts to discredit qualitative inquiry by allowing the thinking to be consistent with positivism (Denzin & Lincoln, 2005). In essence qualitative research must acknowledge the context within which qualitative research occurs as the dynamics within that context is unique. Therefore, comparing qualitative research with how positivists view research is like comparing two different ideas embedded in different scientific contexts.

4.1.3.1 Credibility of my dissertation

4.1.3.1.1 The credibility of the researcher

The credibility of qualitative research depends partly on the credibility of the researcher, 'because he or she is the instrument of data collection and analytic process' (Patton, 1990:461). In terms of this dissertation my experiences as a therapist in training; as a daughter whose mother is widowed; and as a researcher, I provide my interpretations of co-constructed stories of experiences of Hindu widowhood. Further, by methodically reporting the details of data collection and the processes of analyses, this dissertation 'will allow for others to judge the quality, and therefore the credibility of the resulting product' (Patton, 1990:462).

4.1.3.1.1.1 Bias in research

It is sometimes the case that qualitative researchers address topics that are personally significant (Stiles, 1993). However, according to Lincoln and Guba (1990, in Stiles, 1993) in the course of sharing these processes with the reader new meanings evolve. Being part of the research process my ideas about widowhood are impacted upon and this influences how I understand and interpret the experiences of the co-constructed stories of the participants. To acknowledge this impact my reflections are included. The information gathered in the process of developing an interpretation represents an important source of information in its own right. Accordingly, my influence in terms of my culture, gender, educational background, as well as understanding my mother's experience of widowhood, is acknowledged as it informs my thinking. In this regard biasness cannot be ignored.

4.1.3.1.1.2 The credibility of the analyses

The credibility of a research process, among other things, also depends on the quality of the analyses. Within the context of this dissertation, apart from the insights I will express when engaging in the analysis of the data, I also explore alternative ideas. This includes a process where I identify patterns and trends in the analysis of data in one case study, and then in contrast look at alternative patterns or trends in a different case study. Case study in this context is an individual (in this instance a widow) whose behaviour is understood and studied in a context (in Hindu culture embedded in the society she lives in) for the purpose of conducting this research (Gillham, 2000). Justification for exploring differences is consistent with the thinking that we do

not live in a perfect world, and certainly, our experiences vary. Dealing openly with complexities and dilemmas posed by alternative ideas is humbling and at the same time ‘invites scepticism, which is important for critical thinking’ (Patton, 1990:624).

4.1.3.1.1.3 Triangulation

The credibility of the study is enhanced by triangulation. Within this context triangulation is understood as seeking information from multiple data sources, multiple methods and multiple prior theories or interpretations, and assessing convergence. It is one way to ensure the phenomenon studied is better understood by approaching it from various angles. According to Kelly (1999), the aspect of theory triangulation entails the use of multiple perspectives, which are used to interpret a single set of data. Convergence across several perspectives represents a stronger validity claim. It is argued that an interpretation is fair to the extent that it honours alternative constructions, including those of participants. This is sought out by actively soliciting alternatives and negotiating the meaning of observations in an open setting in which negotiators are skilled and informed (Terre Blanche & Durrheim, 1999).

If triangulation adds credibility to a study then it is imperative to review the themes in widowhood from various angles. The reason behind this is that there are limitations to relying on a single theory or perhaps method of inquiry. By viewing a phenomenon from various angles and levels, even though some of the angles may be in direct contrast to one another, allows for different interpretations to emerge that may not have necessarily emerged from looking at the phenomenon from just one perspective.

Thus potential gaps may be addressed in this manner and this ensures the validity of the material.

The credibility of a research is also accounted for by the validity and reliability of the study. Described hereunder are issues of validity and reliability that pertain to this study.

4.1.3.1.1.4 Reliability

Kvale (1996) contends that verification of knowledge is commonly discussed in the social sciences in relation to the concepts of reliability, validity and generalisability.

According to Stiles (1993) both reliability and validity are concerned with trustworthiness. Reliability refers to the trustworthiness of interpretations or conclusions. Positivists believe that they are studying a stable and unchanging reality and so reliability is a valued criterion that indicates how accurate and conclusive findings are. In contrast social constructionist epistemology assumes that the contexts are changing and that individuals behave differently. Therefore, within the social constructionist framework dependability is proposed. Dependability refers to the degree to which the reader can be convinced that the findings did indeed occur as the researcher says they did.

In the context of this dissertation I provide elaborate and detailed descriptions that show how certain actions and opinions of widows are embedded in and develop out of contextual interaction, which informs their experiences and therefore their

construction of mourning (Terre Blanche & Durrheim, 1999). Rather than seeking to control variables that may confound the internal and external validity of a research design, all variables are viewed as part of the context and are included in the investigation. It is within the spirit of qualitative research to see the data and interpretations as valid under the unique conditions of a particular project at a particular time and place (Becvar & Becvar, 1996).

4.1.3.1.1.5 Generalisability

McWhinney (in Crabtree and Miller, 1992) contends that the basic concepts of generalisability and representativeness are challenged by the theoretical underpinnings of qualitative research. It is argued that generalisability and representativeness imply a single reality that is independent of context, which applies in most or all circumstances. Smaling (1992, in Terre Blanche & Durrheim, 1999:431) relates to the concept of ‘transferrability’, which refers to the ability to provide answers in other contexts.

Owing to the contextual nature of interpretive research there are usually limitations on the generalisability of findings. Results from this study cannot be generalised owing to variability in meanings, which is attributed to the unique circumstances of each widow. However, by providing methodical descriptions of contexts one is able to transfer findings. Meanings are variable across contexts of human interaction. In the context of this study one is able to transfer meanings from this context and to provide a framework for reflecting on the arrangement of meaning and action that occurs in

these new contexts (Terre Blanche & Durrheim, 1999). The findings can only be generalised to theory and not to a representative population.

In the next section is a discussion of ethical considerations, followed by a discussion of the sample and the selection thereof.

4.1.4 Ethical considerations

The purpose of ethical research planning is to protect the welfare and the rights of research participants (Terre Blanche & Durrheim, 1999). Participants should be treated with the utmost respect as they have much to contribute, especially in the context of research. Their ‘voices’ build the foundation from which a study evolves, which adds insight into a phenomenon. It is therefore imperative to consider some relevant issues that may possibly influence the outcome of the study.

As an initial step I would place an advertisement in the newspaper (explained in detail later) to draw potential participants. My contact details are included so that participants are able to contact and inform me of their interest to participate in the study. After negotiating a suitable date and time to meet they are briefed again about the aims and purpose of the study, that is, to hear about their experiences since being widowed. By being presented with consent forms (see Appendix C) participants are informed that their cooperation is valued and their signature on the form implies a confirmation of their consent. Participation is based on their willingness to participate. Therefore, they are free to withdraw from the study at any time.

Participants are informed that the interview will be audio recorded and their permission will thus be required. Further, they are made aware that details of the recording will be kept in a safe place, which only I have access to. Additionally, only information pertaining to the analysis of material recorded will be discussed in confidence with appropriate professionals in my field as well as my supervisor, purely for academic purposes. The results that are obtained after analyses are to be published when my studies reach completion. Their personal identities will not be revealed to anyone and quotations cited would be done so using pseudonyms.

In the context of conducting interviews I have identified emotional issues that may pose as risk factors. Where I think a participant will benefit from emotional support through counselling, therapy or legal support, I will refer accordingly.

4.1.5 Incentive for this study

My interest in Hindu widowhood is because of my mother's experience of being widowed. Having to journey with her made me aware of the hardships she endures in order to cope with many challenges, which appear to manifest physically, emotionally, psychologically and spiritually. My involvement in the experience of loss encouraged me to look at how one mourned within a family and to look at mourning more broadly within Hindu culture. The process of defining mourning posed a challenge to my thinking about widowhood and this led to my interest in investigating how widows constructed meanings of their lives and what it means to be a Hindu widow in current times. The widows' expression of grief in their context or

society, that is, how they mourn and how they construct meanings about life is how this study seeks to understand widowhood.

Lopata (1996) contends that culture contains beliefs about human nature and about people of different societal categories such as gender, race, social class and age. These beliefs are built into the socialisation system and form the foundation of people's behaviour toward members of the category, identified by symbolic 'characteristics'. 'Culture specifies what behaviours are acceptable in any given society, which provides a framework that members of a society use to view, understand, behave, and pass on to each succeeding generation' (Doorenbos & Nies, 2003:18-19). In my understanding the traditions and customs in Hindu culture informs how one thinks about widowhood. Even though the practices of rituals may be different they are part of life in almost all societies and the meaning and symbolic metaphors hold a cultural value and significance for the individual as well as the community (Murthy & Suguna, 1998).

According to Van den Bosch (1995) within the context of traditional Indian customs high caste Hindu widows were not reincorporated into society. A widow remained in mourning dress until her death and she had to observe many rules of avoidance for the rest of her life since she was considered impure. Her presence was regarded as a bad omen and she was therefore excluded from important public ceremonies. In my understanding some of these ideas still prevail and this motivates stereotypical thinking about widowhood.

Apart from the rituals that distinguish women who are married from those that are widowed, women live and interact in a community context. Therefore, when a widow mourns the loss of her husband she does so in a community context. In this regard each widow's experience is unique, because her context is different. In light of this dissertation, to understand how widows construct meaning of widowhood, their experiences in terms of their struggles and achievements are examined.

Hindu widows' voices need acknowledgement within the greater community. Community refers to academic circles, helping professionals and the person who has or will experience grief. The limited numbers of studies conducted on Indian widowhood perpetuate the conservativeness and silence that prevail and continue to suppress knowledge about the untold stories of suffering widows in our communities.

The qualitative nature of this study allows me the opportunity to explore in depth the way in which widows construct their experiences of mourning in widowhood, and therefore provides a means for thinking and co-constructing thinking about widowhood differently. The intention is to sensitise the reader about widowhood within a cultural framework and to create awareness and consciousness toward a broader and collaborative style of engaging with people experiencing widowhood. Therefore, this is an important step toward a change in thought pattern that appears to prevail in the Hindu community, which I, the researcher, seek to undertake.

4.1.6 Sample and sample selection

In order to accomplish the study a number of techniques will be used. These include sampling, data collection (method of inquiry) and analysis, using hermeneutics.

4.1.6.1 Participants

The aim of purposeful sampling is to select information-rich cases, the study of which will allow the exploration of questions in this dissertation (Patton, 1990). In this dissertation a total number of five participants are chosen with the intention to study in detail how they construct their experiences. Ultimately the aim is to work out consistent and recurrent patterns through in-depth understanding of the participants' lives. The manner in which these five participants are chosen is illustrated below.

As mentioned earlier, to access the sample I placed an advertisement in the local newspaper in Johannesburg (Lenasia) informing readers about this study (included in Appendix A). Lenasia is an area where predominantly Indian people reside since the Group Areas Act established this to be so during the apartheid era. The newspaper is considered a non-invasive method of attracting prospective participants for the study concerned.

Hindu women who have been widowed for at least a year are selected for the interview. The criteria of one year is used 'because the literature indicates that it takes about six months for any widow to begin to focus on the changes in her life since her

husband's death, and that at about the four year point most widows have redefined their life patterns, identities, and social milieu' (Scannell-Desch, 2005:17).

Prospective participants are encouraged to contact me telephonically to confirm their participation. From this pool of volunteers I will consequently choose five volunteers for the interviews depending on their availability and suitability. Initially more than five participants volunteered to participate, but I ended up with three volunteers only. The time frame within which the interviews were to be conducted was limited and the prospect of getting two more participants during this time was essential. Some of the participants withdrew from the study and I had to respect their wishes.

The purpose of gathering data from the participants is to analyse how their experiences inform the way they construct their lives as widows. A widow does not live in isolation, but is part of a complex network of relationships. Her culture, the community she lives in, as well as her biography informs her experiences. Gaining an understanding of the data from this perspective is consistent with systems thinking as was outlined in the previous chapter.

4.1.7 Method of inquiry

4.1.7.1 Interview as a social construction

Positivist social science does not take into account the unique personal theoretical stances upon which each person bases his/her actions. By contrast, adopting the interpretivist approach I am inextricably bound into the human situation I am studying

and observe the phenomena as part of the system (Walliman, 2005). This means that I am able to bring my meaning and understanding to the investigation from my perspective. There is a strong recognition of the fact that attempts to find understanding in research are mediated by our own historical and cultural background (Walliman, 2005). This idea is expanded on in the latter part of this chapter.

According to Durrheim (1999) researchers working within interpretive constructionist paradigms favour qualitative methods of data collection, which include interviewing and observation. 'Interviews, because of their flexibility are a useful method of obtaining information and opinions' from the participating widows (Walliman, 2005:285). These methods, observation and interviewing, permit detailed observations of a few cases and allow for the building up of understanding of phenomena by observing particular themes as they unfold in the interview context and later in the analyses (Terre Blanche & Durrheim, 1999).

Bearing in mind that the conception of knowledge as a mirror of reality is replaced by a conception of 'the social construction of reality' (Berger & Luckmann, 1966, in Kvale, 1996), the focus is on the interpretation and negotiation of the meaning of the social world. With the breakdown of the universal meta-narratives of legitimation there is an emphasis on the local context. As such the qualitative research interview is a construction site for knowledge. The knowledge generated by interviews is related to the features of a postmodern construction of knowledge.

Constructionism is concerned with broader patterns of social meaning encoded in language. Constructionist approaches see the interview as an area within which

particular linguistic patterns can come to the fore. This means that whatever meanings are created in the interview they are treated as being co-constructed between the interviewer and interviewee (Terre Blanche & Durrheim, 1999).

The aim is to gain an in-depth understanding of the experiences of Hindu widows and this is facilitated by interacting personally with the participants in the form of a semi-structured interview. The interviews are conducted at a time and place convenient to the participant. The ultimate goal is to invite the respondents/participants as informants or collaborators to tell their stories with minimal constraint and to let their narratives unfold. According to Mishler (1986, in Neimeyer, 2001), data collected in this manner best represent a participant's truth.

According to Patton (1990) the purpose of interviewing permits a researcher to enter into the other person's viewpoint. An interview guide or schedule (see Appendix B) would allow me to explore, probe, or ask questions that are relevant to the study concerned. The advantage of an interview schedule is that it ensures adequate use of the limited time available in an interview situation. Therefore, the interview is flexible yet directed. By limiting the questions and particular issues in advance and keeping the interaction within the interview context focused the interview schedule simultaneously allows the participant's perspective and experiences to emerge (Patton, 1999).

The information revealed during the interview will be transcribed and clinical observations recorded. Transcribing involves translating from an oral language with its own set of rules to written language with another set of rules. Transcripts are

interpretive constructions that are useful for a given purpose (Kvale, 1996). The transcripts will be transcribed verbatim, which will assist me in the analysis process.

The purpose is not to collect bits and pieces of 'real life', but to place real-life events and phenomena into some kind of perspective. Interpretive analysis can be seen as a back and forth movement between the strange and the familiar, as well as between a number of other dimensions: descriptions and interpretations; foreground and background; and part and whole. The product should be a convincing account of the different experiences of widowhood, close enough to the context so that other people familiar with the context would recognise it as true, but far away enough so that it would help them to see the phenomena in a new perspective (Terre Blanche & Durrheim, 1999).

4.1.8 Method of analysis

4.1.8.1 Hermeneutics

According to Kvale (1996) hermeneutics is the study of the interpretation of texts. The purpose of hermeneutical interpretation is to obtain a valid and common understanding of the meaning of a text. The philosophy of hermeneutics is discussed only as it pertains to providing the platform for delineating the research method. It is important to realise that hermeneutics is not a method that the inquirer employs to generate a kind of objective knowledge of human lives. According to Kelly (1999) it is imperative to understand that the meaningful linking of parts into a network of meaning and ultimately into a landscape of meaningful action gives understanding to

interpretation and, therefore, an aspect to human phenomena (Terre Blanche & Durrheim, 1999).

According to Bruner (1991) a hermeneutic interpretation is required when there is neither a rational method of assuring the 'truth' of a meaning assigned to the text as a whole, nor as an empirical method for determining the verifiability of the constituent elements that make up the text. The best hope of hermeneutic analysis is to provide an intuitively convincing account of the meaning of the text as a whole in the light of the constituent parts from which it is compiled. This leads to a hermeneutic circle, elaborated on in the next section in this chapter.

Reason and Rowan (1981) contend that all understanding is hermeneutical, acknowledging that history and culture play a determining role. This is justified by the fact that we are historical beings and that our understanding is a historical process strongly influenced by culture. Modern hermeneutics argues that we cannot ever totally transcend our historical position. Therefore, the prejudgements that we bring to our understanding are largely determined by culture (Reason & Rowan, 1981).

The research interview is a conversation about people's experiences of their lives, with the oral discourse transformed into texts to be interpreted. Hermeneutics is doubly relevant to interview research, first by elucidating the dialogue producing the interview texts to be interpreted, and then by clarifying the subsequent process of interpreting the interview texts produced, which may again be conceived as a dialogue or a conversation with the text (Kvale, 1996). Interpretation is better illustrated in the next paragraph.

The process of understanding involves an interpretation. Heidegger (in Jackson, 1992:248) contends that ‘the basic principle of all interpretation is that we understand a text from and out of itself, which means that the whole must be understood in terms of the parts and latter in terms of the whole’. It is important to share the author’s meaning (in this case mine) and allow for the possibility of it being true. He argues that the prejudices of the researcher not only restrict her or his vision, but that they also enable it. As a result of this understanding is never mere repetition or reaffirmation of what has been. It is a movement, an event in cultural history, which generates true novelty and thus remoulds tradition (Jackson, 1992).

In light of the above the hermeneutic approach appears to be suitable for this particular study. The evolution of meanings motivates for a difference in thinking about widowhood. This dissertation marks a process in my journey wherein new meanings evolve and continue to evolve about widowhood. Personal transformations that evolve during the research process will be accounted for through a reflective process.

4.1.8.1.1 The hermeneutic circle

According to the principle of the hermeneutical circle part of the text is understood in the context of the whole and the whole in the light of the parts. Therefore, to understand is always to execute an unending movement from the whole to the parts and back again in an ever-widening circle until the relatively total meaning is in our grasp (Jackson, 1992).

Hermeneutic understanding cannot be applied, as it were, from the outside, as in the case of an 'objectivist' perspective. It is assumed that the interpreter 'knows' to some degree the phenomena he or she seeks to understand (Reason & Rowan, 1981). This links up well with the idea that I, the researcher, am part of the process and an active participant with my participants in the co-creation of meanings that evolve.

The 'structure' I will follow for the analysis, as proposed by Radnitzky (1970, in Kvale, 1996) as well as in the writings by Terre Blanche and Durrheim (1999) is incorporated and illustrated hereunder.

The steps outlined below are by no means a fixed recipe and should be seen merely as a guide. The process involves 'unpacking' the processes involved in oneself and in reflection of the data, and this will be illustrated and integrated in the next chapter, which discusses the analysis of the raw data.

My first step will be to familiarise myself with the data. This will be achieved by immersing myself in the data that I have collected in the form of my observations recorded during the interview as well as interview transcripts. Engaging with the material in this manner will allow me to know what kind of things can be found where, and what sorts of interpretations are likely to be supported by the data and what are not.

In the second step I will induce themes which will be extrapolated using the language of the interviewees. I will extract these themes and then label the categories of themes. This process is more than just summarising the content of the interviews,

because it will look at the process which highlights tensions and contradictions. From this I will be able to extract themes and subthemes.

After developing themes I will code data in the third step. In coding data are broken down into labelled, meaningful pieces with a view to later clustering the 'bits' of coded material together under the code headings and further analysing them as a cluster and in relation to other clusters. Codes are understood as fluid, because as meanings emerge subthemes evolve and so codes are likely to change. Provision is made for this.

The fourth step entails elaboration. When data are collected the understanding is that I will immerse myself in the material, which will be done in a linear manner. However, when the themes are induced from the collected data the linearity of the process is no longer applicable, because the events and remarks are brought closer together. This gives the impression of a fresh view of the data and allows for the comparison of sections of texts that appear to belong together. Themes will then be closely viewed to see how similar or different they actually are. Exploring themes in this way is called elaboration. The purpose is to capture the finer nuances of meaning not captured by the original coding system. This links with Radnitzky's (1970 in Kvale, 1996) understanding of the hermeneutic circle whereby a researcher needs to involve her/himself in the continuous back and forth process between the parts and the whole of the information that is gleaned with the whole research process as well as the interview process.

To facilitate the process of elaboration I will listen to the audio cassette recordings. As I listen to the recordings a vague and intuitive understanding of the text as a whole will begin to form in my mind, its different parts would allow for interpretation, and from these interpretations the parts are again related to the totality. For the analysis of the transcripts I will read the interview first to get the general meaning of the widows' experiences and how they express their grief through their narratives shared during the interview. I will also be mindful of my observations during the interview and incorporate this reflection as a relevant aspect, because it will add rich detail and depth to the data. Then I will go back to certain themes and expressions, develop their meaning, and then return to the more global meaning of the interview in the light of the deepened meaning of the parts.

The purpose in reviewing the coding system is not to come up with one correct way of structuring the material, but to keep experimenting with ways of structuring until a point is reached where it is felt that a good account can be given of what is going on in the data. I will keep on coding, elaborating and recoding until no further significant new insights appear to emerge.

The last step involves interpreting the data. This is where I will provide a written account of how the widows grieved after their loss and other related experiences using thematic categories from the analysis of subthemes. My reflections will include how I collected my data and how I created the interpretations as these are relevant to the process of qualitative research. As previously noted, my interpretations cannot be objective because of my personal involvement in this study.

4.1.9 Conclusion

This chapter discusses the method of inquiry, thus encompassing a detailed discussion of the qualitative approach as it is relevant to the dissertation. The legitimacy of qualitative research is explored. The researcher forms an important part in the gathering as well as the interpretation of the material. Related to this is the notion of biasness and subjectivity, which are examined. The methods used to collect data and to select the sample are outlined. I also elaborate on the method of data analysis using the hermeneutic approach. In the next chapter I discuss analysis of the data, including its interpretation.

Chapter 5

5.1 Data analysis and interpretation

5.1.1 Introduction

This chapter contains five case studies, which include stories or narratives of widows' experiences.

The participants' actual transcripts are included in Appendix D. In presenting the participants' narratives I will first include biographical information and then describe the setting of the interviews. Quotes from the narratives have been edited to facilitate easier reading. My impressions of the participants are also included. Then each participant's narrative about how her loss occurred is sketched and this is followed by themes that explore the narratives that evolved from the conversations as seen from the participants' perspective. I have used pseudonyms to protect the identity of the participants.

Themes that are elicited from loss are identified and described. I must reiterate that the interpretations and observations presented here are punctuated by my epistemological frame of reference, which highlights the notion that the observations and interpretations are not value-free (as explained in chapter three under systems theory). Therefore, the themes that are identified are a reflection of my perception of the world. The reader who engages with the material contained in this dissertation may identify different themes, which acknowledges his or her own context or

perception of the world. The themes are not mutually exclusive and an overlap may occur at times.

I have also included self-reflections which explain the effect of the interview on me as the researcher and a reflection on the dissertation process as whole.

5.1.2 Analyses of widows' experiences and thematic analysis

5.1.2.1 Participant: Mrs Jagruti

Jagruti

5.1.2.1.1 Biographical information

Jagruti is a healthy looking woman in her fifties. She is Hindu and lives on her own. She is an aromatherapist by profession and her compassionate nature motivates her to offer her assistance to her community. She specialises in treating children who have been diagnosed with Down's syndrome and has received acknowledgement from her colleagues for her many achievements and dedication in helping these children. She also won a 'therapist of the year' award. She manages two centres in Gauteng and finds gratification in her work. She was married for 29 years and she describes those years in terms of fond memories and good times. In this marriage the couple had two children, one of whom was shot and killed at the age of 21. The only surviving child is a married son with two children. They have settled in another province.

5.1.2.1.2 The conversational setting

The hour-long interview took place in Jagruti's 'consulting room'. She expressed concern about whether the consulting room would be the best place to have the interview and suggested that we could go to her flat nearby. We decided to conduct the interview in her consulting room. The neat room was smallish but child friendly, with colourful posters decorating the wall and stacks of toys neatly stored in crates which were placed side by side. Natural light streaming in through the windows defined the atmosphere as carefree and relaxed. A few chairs and desks were neatly arranged.

5.1.2.1.3 My impressions of Jagruti

Jagruti greeted me with a warm smile, welcoming me into her consulting room and offering to make me some tea. Her manner was friendly and I felt comfortable with Jagruti, sensing that she had a lot to share. From the way she chatted I perceived that she was comfortable with herself and I was curious to hear what her story entailed.

During the interview I was mostly silent, letting her do the talking. I was moved by her experiences, by her eventual emergence as a strong woman after the death of her husband, or so it would appear. When I reflected on my experience with Jagruti, and also on my personal knowledge of my mother's experience, I realised how strenuous the journey of widowhood can be. During the interview her experiences re-evaluated my knowledge about life and its harshness. Her journey inspired me, but also moved

me to tears later, after the interview; I judged her as sincere, not putting on a show because she was in need of sympathy and belonging.

5.1.2.1.3.1 On giving her the name Jagruti

The name Jagruti means 'to awaken'. In my interpretation of her experiences as a widow I thought that this name was suitable as she seemed to have 'awakened' after having slept for a great length of time when she was in a state of depression after the loss of her husband. After the death of her husband Jagruti was unable to cope on her own, but eventually she arose from some kind of deep 'sleep', waking up to new beginnings when she reintegrated herself into her community after her ordeal at a mental health facility.

5.1.2.1.4 My understanding of Jagruti's experience of being a widow

The death of their son who had just turned 21 had a devastating impact on Jagruti and her husband. They were a close knit-family and Jagruti and her husband descended into emotional turmoil when they lost their younger son. Both Jagruti and her husband sought medical assistance as they could not cope.

While under medical treatment Jagruti's husband experienced an adverse reaction to the medication he was receiving. They did not realise that his life was in danger.

Owing to deteriorating health Jagruti's husband was advised by their niece, a medical doctor, to have blood tests to understand his change in health status. The results

revealed that Jagruti's husband had renal failure. Jagruti did not share this news with her husband as she decided that she wanted him to stay motivated and fight to live. Keeping this information from him was Jagruti's way of dealing with her trauma, it seems that she was in denial that he was mortally ill. Thus began her downward spiral. Eventually her husband came to know that he was not going to survive and this redefined the couple's relationship. Each one was looking out for the other and on the surface they seemed to cope well.

Jagruti's husband fought off death for a year, but finally he died. Before his death Jagruti's life revolved around visits to the hospital for his check-ups. Her niece, the medical doctor, warned Jagruti that should he get very ill, 'he might just slip into a coma'. In spite of these warnings Jagruti kept on hoping that he will get well, as she put it: 'You just pray for a miracle'. But he died in her arms.

Jagruti's life then began to take another form, one that was defined by disappointments and nervous breakdowns:

Then came the heartache. Because after my husband died, then I realised... I didn't even have time to mourn the death of my son.

She fell into depression and began medical treatment for this. Her medication seemed to overwhelm her because she 'felt like a zombie', struggling to wake up and not capable to look after herself. Experiencing severe chest pains one day she made an appointment to visit the doctor. He thought that she had overdosed on her

antidepressants. A further crisis now developed: she was committed to a mental health facility.

According to Jagruti her mother and siblings were unsupportive. They found her emotional difficulties and her inability to cope frustrating. Jagruti said that they gave up on her, saying: 'Well, she just won't fight back'. She seemed to be caught in a double bind. On the one hand she was taking a prescribed dose of antidepressants and according to her mother, 'Just sleeping all the time', and yet, on the other hand, she was expected to fight off her depression.

Eventually she was discharged from the mental health hospital by legal means, with the help of family doctors who intervened and who also advised family members to take care of her. From this stage onwards Jagruti began her journey of self-discovery. With the support of her niece Jagruti started to build a network of professional contacts, which enabled her to apply her skills as an aromatherapist.

Jagruti's mother and siblings seem to be involved in her life now, but the relationships appear to be defined by conflict. But at the time of her husband's death, support from her family and relatives was apparently minimal.

She described this lack of support from relatives as follows:

Some of them from that time until now don't even know whether I still exist or died or whatever.

5.1.2.1.5 Emerging themes

5.1.2.1.5.1 The fall/the rise

This theme of fall and rise seems to link with the time frame which included the death of her son, during which time Jagruti's life began to fall apart. It was then that she experienced the first of her two nervous breakdowns. As her child had been violently killed holding her family together during this time of crisis was seemingly beyond her capabilities. It is of note here that she does not mention her elder son and the role that he played, but I presume that the relationship with the elder son was defined by distance both literally and figuratively. My presumption stems from the notion that, during the interview, it seemed that Jagruti realised that staying with her elder son and his family may at some level not have developed in her favour. My perception is that even though she may have wanted to live with her son, due to possible conflict in the family relationships she decided not to stay:

I had to move out of there because I found that my son was becoming over-protective toward me, I was getting first-best and my daughter-in-law was getting second-best.

Both Jagruti and her husband experienced emotional turmoil when they lost their son. She describes this as follows: 'I never saw my husband sink and he never saw me sinking'. This experience of the loss of their son appears to have jolted the very foundation of their relationship, because both parents were overwhelmed by grief. Under care of the medical team they were exposed to various therapies, for instance

‘sleep therapy’ and Jagruti said that their stay at the hospital was intended to ‘pacify’ them.

When her husband’s health began deteriorating it defined another descent in Jagruti’s life. This period oscillated between her husband’s worsening and stabilising health. Hospital trips were made for check-ups and treatments; however, his health continued to deteriorate. At an emotional level Jagruti was degenerating and the thought that she was going to lose him perpetuated and intensified her feelings of sadness. Still, Jagruti tried to deal with her plight by denying the reality of her situation. This meant that she did not talk to her husband about his health status.

The descent of her life is also defined by ‘nervous breakdowns’. The first one was experienced when she lost her son, as mentioned earlier. Her second nervous breakdown happened when her husband died.

Jagruti sought medical help for her second nervous breakdown, which she describes as a chemical imbalance. She described this as follows: ‘Whatever you saw in front of you became funny colours, lights in your eyes, blue and then yellow’. Medicine was prescribed for her, but she deteriorated further, commenting on this stage of her life: ‘I couldn’t get my body out of bed’.

Jagruti’s family, her mother and siblings, appear to be a close-knit family and they seem to be involved in each other’s lives. However, the family dynamics may be defined as conflictual and destructive. Jagruti experienced her family, her mother and siblings, as unsupportive when she lost her husband. This is illustrated by her words:

My brother and everybody were so fed up with me and said, well, she's just not fighting back.

It appears that Jagruti's family are judgemental of her. It is possible that her family consider Jagruti, being widowed, as a possible emotional and financial burden to them. This may have prompted them to then 'Pass me on to the mental health facility' to take care of her.

Jagruti's world seemed to disintegrate as she crumbled in the care and at the mercy of her doctors. She was admitted to a mental health facility where she was medicated to the extent that later her friends told her that when they came to visit her, they found her motionless on her bed, like a lame person.

It appears from all the above that Jagruti's social system was informing her that she was expected to cope with her loss. It seems that there was no opportunity for her to express her feelings in the context of her family. My perception is that her mother and siblings may have had difficulty understanding Jagruti's feelings of grief, and due to this lack of sympathy they reacted by confining her to a mental health facility. I assume that, from a cultural perspective, her family expected her to deal with her emotions in a manner that would not attract the attention of their community as this could cause them embarrassment. Though Jagruti's depression can undoubtedly be attributed to the loss of her husband, her depression could have been exacerbated by repressed feelings that her family rejected her.

Jagruti's ascent began when a family doctor intervened effectively and managed to convince her family to assist in caring for her. Her nephew, made an effort to discuss matters with Jagruti's family and seemed to get the family mobilised in her favour.

Jagruti pulled herself together courageously and with the support of her niece started to integrate herself into a community network by engaging herself in service to her community. Specialising in massage therapy and aromatherapy, she began working with children diagnosed with Down's syndrome. With time her confidence was nurtured and she began, as she put it: 'Standing up straight'.

5.1.2.1.5.2 Chaos/order

Having to realise that a loss has been experienced usually invites chaos into the life of the bereaved. There is a sense of psychological chaos during this period of bereavement.

Whilst listening to Jagruti talk about the loss of her son, a sense of chaos was experienced as she related that experience. She described her understanding of the chaos of the events of her life in a disjointed manner – see the transcription in Appendix D. As mentioned above, quotes from the participants' narratives have been edited to facilitate easy reading. However, Jagruti's disjointed way of speaking about those hurtful events undoubtedly illustrate the way in which she experienced the turmoil or chaos at a cognitive level; she probably could not make sense of the loss of her son at all.

A sense of chaos is also depicted in the manner in which she related the experience of dealing with the doctors and her husband's health status. Keeping her husband's health status from him gave her the illusion of order in her world, yet the irony is that she then experienced more chaos because she had to create the impression that his health was not deteriorating even though the doctors said that it was.

Jagruti experienced chest pains and I interpret this as the chaos that relates to matters of the heart. It would seem that the lack of support from her family and significant others exacerbated Jagruti's loneliness and helplessness. But when she sought medical support to bring some order into her life, she thereby created even more confusion.

The experience of leaving her old home and moving to a new location brought forth its own crisis of chaos and order. Jagruti moved in with her son 'Just to recover' after the loss of her husband. The disorder of starting a new life elsewhere appears to be a stress in itself. It would appear that Jagruti had many doubts about settling in with her son and this invited a sense of confusion in the family. Not being able to take all her belongings with her, she did not sell it but kept it in storage, highlighting her misgivings about starting a new life with her son and his family.

Order appears to have prevailed when she decided to live on her own. It was then that she began re-establishing contact with her previous patients and started working again.

5.1.2.1.5.3 Empowerment/disempowerment

Jagruti, her husband and her two sons seem to have formed a close-knit family and appear to have gotten along well. Jagruti described her marriage to her husband as solid.

She seemed to have had a happy life with her husband and sons. It would appear that Jagruti was emotionally dependant on her husband and she described how he used to take care of them. The loss of her husband seems to have left her feeling disempowered on a physical, psychological, economical and social level. Being in a position where she was not able to deal with her emotions effectively disempowered her as a person. This sense of disempowerment appears to be have been exacerbated by the fact that she had minimal support. Left in this position of vulnerability Jagruti had to fend for herself, but it seems that she was unable to do so.

When Jagruti received medication to treat her depression, it would seem that this also disempowered her as a person. It appears that she had very little sense of control over her life. She acted in an apathetic way, describing it as 'Feeling like a zombie'. Her life seemed to just slip by.

When she was institutionalised at the mental health facility, it would appear that Jagruti was again disempowered as a person. The doctors took charge of her by medicating her. It seems that Jagruti's family remained distant during this time and that this perpetuated her feelings of rejection and loneliness.

Jagruti appears to have experienced her family as unsupportive and therefore may have felt rejected. This experience brought forth a sense of empowerment and disempowerment simultaneously. This is explained as follows: the apparent rejection by her mother (a possible disempowering experience) could have had a positive impact because it would seem to have motivated her to be more proactive about her life (an empowering experience). In addition to this she decided to do something constructive with her life, thereby empowering herself.

This theme is also highlighted when Jagruti decided not to live with her son but to rather be on her own. Making this decision on her own again highlights her empowerment.

Also, by being part of a community and making her resources available to people in need of her services she empowers herself and others. She has empowered other women to establish healing centres in other areas. Furthermore, when Jagruti works with parents and families who have children with Down's syndrome she empowers the children because she invigorates them with her massage techniques, and she empowers parents by educating and informing them about this syndrome and other illnesses like cerebral palsy and genetic disorders. She is able to support herself financially and this empowers her in the sense that she has become self-sufficient.

The theme of empowerment is also illustrated when Jagruti took the initiative to go to movie theatres or to invite friends to lunch and to have them over for tea.

5.1.2.1.5.4 Letting go/holding on

In Jagruti's life letting go seems to have happened both at a physical and at an emotional level. When she was informed that her husband was mortally ill she clung to the hope that he would recover and she maintained a grip on this hope that he will live by spending money on very expensive treatments. Her desperation to keep him alive is illustrated by her following words:

The doctor said to him: I don't know why your wife is spending so much money on your kidney and on your very bad heart... you're on borrowed time. You are walking around like a ticking time bomb. You can collapse at any moment and die, even right here in my surgery.

Before dying Jagruti's husband told her to sell off some of the furniture and to deposit the money into her bank account, thus it seems that at a subconscious level he was preparing to let go of life and his material possessions. In the above statement it would seem that Jagruti may have felt anxious at the thought of losing her husband.

Though she had to let go of her home after her husband's death, she held onto the warm memories that they created as a family in that home. She said:

And my son... we were so close, so close. He would come to our room and say, 'Make room for me!' and he'd jump into our bed, this 20-year-old, 21-year-old boy would come and hug us. And when his elder brother came with his wife, she said, 'I'm staying with my mother, you four bond, bond, bond.'

She also clings to the memories of the times she could spend with her husband and son, regarding those times as a blessing. This is illustrated by her following words:

I had 21 years with my son. It was short. My husband and I were married for nearly 30 years. I feel all those blessings, that I had a very good marriage. A very, very solid and good marriage. My husband was a wonderful person. He was so respected.

Jagruti holds on to these memories whilst creating new ones during her work of healing, which defines her new life. She contemplates her successes and cherishes the memories of her loved ones who have passed on, holding them in her thoughts and feeling that they are helping her to build a new life, somehow guiding her to opportunities:

I said to my son: 'Are you taking me from strength to strength? Dad, are you opening my path? Are you doing this?' I won't lie to you, Jyoti, everything just happened. Everything you see here in this consulting room I bought for the children to use. And I say to the parents, 'When I'm busy and away from the office you must come here and work with the kids. You must bring them'. We've gone from strength to strength.

Jagruti is also mindful of holding on to the pain attached to the time when she felt that her mother and siblings were unsupportive toward her:

And then I started going out and doing things. As soon as my mother and the others heard that I'm doing okay they slowly came back into my life.

One day my brother came and then slowly the others came back. Then everything was okay. Everything is fine now, but I still remind them: I struggled on my own on this journey. I had no support from any of them.

5.1.2.1.6 Conclusion

Jagruti's life as a widow is defined by the trials and tribulations she had to endure, which impact on her emotionally, socially, psychologically and spiritually. Her family seems to have played a pertinent role in redefining who she became after becoming widowed. It is apparent that even though she expected her family to support her during her grief, the lack of their support seemed to perpetuate her feelings of isolation and rejection.

After much time she regained her strength and with the help and support of her niece she was able to give herself the opportunity to become part of the community by offering her services.

Jagruti have grown into a woman who seems to be emotionally more mature and financially independent. It would seem that, at some level, she has redefined her life in terms of what she thinks is important to her and not necessarily defining her life in terms of what is expected of her as far as cultural norms or values are concerned. It would seem that she is empowered to the extent that she is now able to firmly stand by her convictions and moral values.

5.1.2.2 Participant: Mrs Chanchal

Chanchal

5.1.2.2.1 Biographical information

Chanchal is 49 years old. She is a teacher by profession and has many interesting hobbies, which embrace her creative talents. She married at the age of 19 and spent 30 years with her husband. She described her marriage as a happy one. They have two children.

5.1.2.2.2 The conversational setting

Chanchal welcomed me into her home and greeted me warmly. We initially sat in her lounge and after signing the consent forms she asked if we could sit in her kitchen and conduct the interview there, as she was most comfortable in her kitchen. Her kitchen is simple and practical. It had a comfortable feel. We sat in the breakfast nook.

5.1.2.2.3 My impressions of Chanchal

Chanchal seemed to have a casual approach to me being there, as though she knew me well. I had met her once before the interview, but I was feeling a bit apprehensive as I was unsure about how the interview would eventually unfold because of the nature of the content. I was wondering whether her politeness and appearance of keeping up a brave front was because she did not want to appear vulnerable to me, since at some

level I was a 'guest' in her home. I also wondered whether her putting up a brave front was typical of how she dealt with her emotional problems in her context. My thoughts around this are based on my own assumptions from my experiences and value systems in my family.

She seemed to move about easily in her home, and it felt as if she was comfortable with my presence. As we settled down to talk about her experience, I thought that at a superficial level she 'coped too well' because in my mind I thought that she would have some issue that she was grappling with. These thoughts are related to my own limited understanding in thinking about widowhood. She was not explicit about her emotional difficulties. She seemed to know who she is as a person and spoke of things she enjoyed and it appears that she took charge in taking care of herself and her son. It would seem she follows a routine and seems to have worked out a structure that she has settled into.

However, much later during the interview the manner in which she spoke gave me the impression that she experienced pain in her life after the death of her husband, but she did not necessarily have people in her life with whom she could talk about her emotional problems, or so it appears. What is apparent, though, is that when she is emotional about something, she deals with it by being active or going somewhere and being around people. She comes across as a confident and contented person who knows how to get what she wants.

Upon deeper reflection I feel that her passion for life seems to be curtailed or curbed. Though it would appear that she is living her life to the fullest and engaging with

people around her, deep within her being she seems to be a lonely person. I attribute this to the fact that she reminds herself that she is all alone, and with no husband by her side she maintains a busy scheduled routine which is defined by work and limited socialising:

I don't think you are different just because you are a widow; you are what you are. The main thing is that your partner is gone and with that a lot of excitement is gone, lots of pleasures are gone. You feel you had everything, you had somebody to talk to and all that, and now, now it's just me and my son, but he has his own things to do and you are alone.

She seemed to portray an external picture of a very tough, brave woman. Part of me felt disappointed, and being aware of my preconceived ideas of widowhood, I was expecting to hear how a widow can't cope, or to hear how unhelpful a family could be during the time of grief. Instead, I heard how supportive and loving this family was. At one point in time I thought that including this particular interview would 'sabotage' my study, because this was not what I wanted to hear. However, including this interview was just as important because it challenges my, and possibly another's, stereotyped thinking about widowhood.

5.1.2.2.3.1 On giving her the name Chanchal

The meaning of Chanchal is 'restless'. Upon reflecting on our conversation during the interview, I felt that Chanchal was a busybody. This busy-ness seemed to be projected even in the manner she spoke when she described how much she does. Though she spoke calmly, the process during the interview highlights the chaos that she experienced and, in relating her experiences, I became aware of the busy-ness in her

life around the time of her husband's illness and the interruptions that occurred during the interview illustrating this process.

5.1.2.2.4 My understanding of Chanchal's experience of being a widow

In the context of the interview Chanchal's experience of grief and loss began to take shape the day they found out that Sxxx, her husband, had been diagnosed with mouth cancer. Even though Sxxx was operated on to remove the cancer he was not cancer-free. Further tests revealed that the cancer had increased. Chanchal had to adapt to a life defined by going to the hospital with her husband for his check-ups or treatment for the cancer. Frustrated about her helplessness in this situation she decided to return to work during the mornings and spend the rest of her time with her husband at the hospital. She did not have a driver's licence, so she hired someone to assist her in this regard. Gradually her life demanded from her to become ever more independent of her husband, whilst her husband was now becoming dependent on her. Their previously assigned roles now had to adapt to their new circumstances. This meant that she had to take on many responsibilities including being his caregiver. Most days revolved around his wellbeing and taking care of him. Visitors concerned about his health made their way into Sxxx's and Chanchal's home and so she had to adjust to the constant flow of people in and out of her home.

After the death of her husband Chanchal went back to teaching. However, when she felt emotionally down, she would phone and visit a family member and spend some time talking about something else. The point that needs to be highlighted here is that

Chanchal was able to reach out for assistance when she needed to, though it does not necessarily imply that she dealt with her problems effectively.

She seems to have found support through the books she read. Sometimes when she finds herself thinking about her difficulties or the past, she recalls what she has read in books and does not allow herself to dwell on what happened in the past.

Also, keeping herself busy with people and the creative work that she does helps her not to think about or dwell on the past.

5.1.2.2.5 Emerging themes

5.1.2.2.5.1 The fall/the rise

During the time that Chanchal's husband was ill with cancer she appears to have portrayed herself as a 'supermom' in the midst of the crisis this family was experiencing. It would appear that she could not allow herself to fall apart because she had to hold this family together in their crisis:

I never thought that I'm special in any way. I was always the person that was giving and if something happens in the family, then I'll stand like a rock.

It seems she kept strong for her family. This attitude had an impact on her emotional wellbeing and she experienced depression during the traumatic time when she took care of her husband.

This theme can be linked to the time when Chanchal discovered that her husband had cancer. After an operation to remove the cancer, her husband recovered and:

For a year everything was fine, but then the mouth cancer started again. I just couldn't handle it. I went into depression for a while, for a long time, in fact. It was very difficult.

Superficially Chanchal seemed to cope with the knowledge that her husband had cancer, and this is illustrated by the way she took charge. However, it would appear that she struggled to cope with her difficulties. She admitted that she was depressed and she mentioned that during this time she also lost her appetite:

Because my husband found it difficult to eat we would just have moru haak (mild food). I told my children, 'Whatever daddy wants to eat he could have'. He wasn't a vegetarian like me and my daughter, but we even ate our vegetarian food moru (mild), which wasn't really tasty. But because I was so depressed I just couldn't eat.

She also seemed to get 'fed up' with the routine of going to the hospital, to the ICU where her husband was, and her frustration about feeling helpless was something she had to contend with.

Chanchal's circumstances appear demanding at an emotional level, but although she admitted her depression, she carried out her duties responsibly. It seems that Chanchal wanted to keep things running smoothly in her life despite her difficulties.

During the time of her husband's illness Chanchal had to become resourceful. Unable to drive, she hired a driver to assist her to get to the hospital. During this time she needed emotional support and she reached out to her friends, family and the doctors who were taking care of her husband. She was able to take charge of her situation and to help herself by, for example, hiring a driver, and when she did not understand something and needed support, she called for help. She recalled that during the time of her husband's illness:

When I was depressed and needed comfort, then I'll just phone her [the gynaecologist friend] and she would leave all her work and came and sat with me for over an hour, encouraging me... I think when you need people you should just say so. You must trust people.

Every time she felt alone, especially after her husband died, Chanchal made an effort to be close to people, whether they were family or friends. This shows how in some instances when she 'fell' she also made an effort to 'rise' from her difficulties. She would phone her friends and seek advice on how to do things and so it would seem that she had a team of friends, family, and doctors who were very supportive of her. She seems to have had people whom she could fall back on for support.

It would appear that this theme of caregiving has taken on a different meaning now that she is widowed, which links with the theme below. It appears that at some level, the 'chaos' that she creates, or the situations that she creates to keep her busy, is her way of taking care of herself. By occupying her mind she has less time to think about her situation and to feel depressed about it:

I've been keeping so busy that I don't have the time to sit and miss things so much. I've created a life-style that don't leave me much time to think, or to visit people or go to functions. See, you're a widow; you can't do things like that anymore.

The manner in which Chanchal kept busy could be interpreted as a defence mechanism so that she could avoid attending functions or meeting people.

5.1.2.2.5.2 Chaos/order

Life during the time of her husband's illness was defined by chaos. Chanchal describes this period as very hectic: the numerous trips to the hospital, seeing to visitors, sometimes managing cooking or seeing to the house. But this was the order of the chaos that defined her life.

Chanchal's life is defined by a busy routine on which she thrives. On the one hand being busy helps her to pay her bills, keeps her in touch with people and also occupies her mind so that she does not dwell on her difficult life. The idea that is highlighted is that the chaos creates order. The fact that she misses her husband saddens her, so by keeping busy or creating 'chaos' she brings order into her life.

5.1.2.2.5.3 Empowerment/disempowerment

During the time that her husband was ill it seems that Chanchal was struggling to cope. She expressed the fact that her life was hectic. It would appear that she was struggling to deal with her circumstances and at times felt 'fed up'. This could be

interpreted as a disempowering experience. Dealing with the physical aspect of taking care of the cancer disease, by cleaning the wound and giving her husband medication, was part of her routine when she was her husband's caregiver. She seemed to cope with this in a mechanical way and expressed that she 'felt like a zombie'.

However, by reading various books and attending meditation classes she empowered herself to deal with her situation. The support of her family, friends and also the medical team empowered her as a person, giving her the confidence and strength to continue.

Her sense of empowerment is evident also in the fact that she earns her own money and makes her own decisions and she contends that because of this independence, nobody can tell her what she should do.

5.1.2.2.5.4 Letting go/holding on

Chanchal appears to be a sentimental person, for instance attaching emotional value to the car that her husband used. It appears as though it was a difficult decision for her to let go of the car:

Chanchal: *Eventually my daughter made me understand that it's no use keeping the car, we are not using it and one has to pay insurance and so on.*

Jyoti: *But it had sentimental value for you.*

Chanchal: *Yes, I was sentimental about the car. But eventually I sold it.*

Jyoti: *So it was again this letting go.*

Chanchal: *Ja. You know, I just pictured him with that car, and then my niece's in-laws bought it so that now and then I should still be able to see the car. It would make me feel... But nowadays if I should see the car I won't even recognise it as our car. I just stopped all those emotional things.*

This theme of holding on is depicted in Chanchal's attempt to store away her husband's clothes. It appears that she found this to be difficult:

During the June/July holidays I emptied one section of his cupboard, the other section is still untouched. I just don't have the... I don't know if it's the heart or just not making the effort of clearing it.

5.1.2.2.6 Conclusion

Chanchal's life as a widow appears on the surface to be one defined by much work to do and little time to think about the loss she experienced. It would seem that she silenced herself at various levels so that she is able to get through her days, knowing she is alone. The silences are depicted in her actions where, when at times when she finds that she is thinking about her husband or missing him, she reasons with herself that it is not necessary to go through those hurtful feelings again, or when she feels depressed she rather visits someone to be able to talk about something else, thereby illustrating how she silences herself.

Her widowhood is also defined by the self-sacrifices she has made, which are illustrated by taking charge of her family to the extent where she took care of them above her own needs. This seems typical in the Hindu culture where a woman is seen

as all sacrificing and her first duty is to look after her family. She seemed to carry out her responsibilities in a mechanical manner, highlighting how predictable her day was. She seemed to know what was expected of her.

Her experiences appear to be impersonal at the level that there were too many physical chores to be taken care of and she probably had to disconnect from this experience at an emotional level in order to cope with her ordeal.

5.1.2.3 Participant: Mrs Ganga

Ganga

5.1.2.3.1 Biographical information

Ganga is a 54-year-old woman. She is slender and appears healthy. She dresses casually, and seems carefree. She married at the age of 20 and in this marriage had two children. She described her marriage as a happy one and used the metaphor, 'We were a very good team, we were like a hand and a glove' to emphasise their togetherness as a couple. She has been widowed for 18 years. She also lost her daughter nine years ago. She now lives with her son. She is a high school teacher and trained in the Eastern Cape. She enjoys reading and helping people.

5.1.2.3.2 The conversational setting

The interview lasted for an hour. We sat in her dining-room. This room had a bookshelf/cabinet packed with books. It was a comfortable room and it felt like it was a place of study. When she welcomed me into her home, she took me straight into the dining-room. I thought that because I am a student and carried a bag she expected the interview to be formal. She placed a notepad and a pen in front of me and suggested that I could use these if I needed to. It felt like she had prepared for me. She was having her tea when I arrived and she offered to also make me some. Her home seemed cosy and warm. Everything was neat and tidy. The atmosphere seemed light and welcoming, and I felt comfortable sharing the space with her. She reminded me of someone close to me and so I took an instant liking to her.

5.1.2.3.3 My impressions of Ganga

Ganga appeared to be a vibrant person and seemed a busybody. She seemed very friendly and started chatting to me about her family and expressed her uncertainty about what exactly I wanted to know about widowhood. She reflected on our telephonic conversation. I did not answer as she was busy talking about herself whilst walking toward the dining-room. I felt overwhelmed by all her talking and could not really make sense of the conversation. Many ideas were expressed all at once and I thought that she had a lot on her mind. I felt I should perhaps take out my tape recorder and start taping immediately, but refrained from doing so. I thought that there was some level of unstructuredness in her life and wondered if she had somebody to talk to, or rather, if she had somebody who would listen to her.

As we sat, she first asked me about my studies and then enquired what I wanted from this interview. Her eyes were very expressive, making them an attractive point of focus when one spoke to her. I had a deep sense of emptiness as I watched her get comfortable in her chair. She seemed to keep herself composed as she spoke to me, ensuring that she spoke slowly and audibly, though at certain points she seemed to whisper, making it difficult to hear her. She appeared to take good care of herself; she was dressed neatly and her hair was in a neat plait. When Ganga spoke about the difficulties she had experienced since being widowed, it felt that a great deal resonated with my personal understanding of Hindu widowhood.

5.1.2.3.3.1 On giving her the name Ganga

The name Ganga means 'a river'. The Ganges is a sacred river found in India. Themes of purification, life, and death appear in the myths and rites associated with the Ganges. In my understanding of this sacred river, individuals offer their prayers and hope to achieve salvation at the time of their death.

Ganga's experiences of widowhood remind me of how the sacred river quietly absorbs whatever 'she' is given. Be it in the form of prayers for salvation or cleansing a person of his or her sins, this river absorbs what is given to her. She, the river, is symbolic of a mother, who accepts what is given to her and still has the strength to continue to flow. This is how I see Ganga in the context of her life. She has had to endure suffering at many levels, including the loss of her daughter, and although at

one stage she was unable to go with the flow of her life, later she was able to flow again. The river represents strength, as does Mrs Ganga.

5.1.2.3.4 My understanding of Ganga's experience of being a widow

Ganga lost her husband 18 years ago. He suffered a heart attack at their home after returning from the community service centre where he had experienced his first heart attack. The paramedics were called, but her husband could not be revived and was pronounced dead. This news was traumatic for Ganga. Her immediate neighbours provided her with some support during that time. She did not have time to prepare for his death and was left to fend for herself and her children.

It would appear that she had to endure much hardship and deal with traumatic life situations on her own with minimal support from her family. It seems that although she would have liked to be supported by her husband's family, she was wary of their assistance because her past experiences with them were defined by disappointment, hurt and betrayal.

She recalls that the family visited her home for forty days after her husband's death. Although they were there with her she apparently still felt unsupported. Furthermore, in my understanding, although different castes of Hindu people differ as to the number of days that are prescribed for the family to offer their support to the bereaved family, I wonder how long Ganga expected them to visit her. It seems that she expected more from them, because she stated that they came only for the allotted time and after that no one came.

The hurt and disappointment Ganga experienced when she lost her husband impacted on her emotionally. She seems to have denied her own feelings at the time and devoted herself to being a dedicated mother and father to both her children. She made them her world, because it appears that she lost her world when she lost her husband.

5.1.2.3.5 Emerging themes

5.1.2.3.5.1 The fall/the rise

Ganga's life fell apart after the death of her husband. At the time of his death Ganga seemed unsure about how to handle herself or her children: 'They were very young when they lost their father, my daughter was 10 and my son was 15'. Coping with life was difficult as she tried to be a good mother and father figure for both her children. She tried to create a feeling of security for her children so that they would not feel the great loss too much. She wanted to make things seem normal. She did not realise that this behaviour was a platform from which she was going to fall.

This process of denying her feelings of grief at the loss of her husband and the death of her daughter took an emotional toll on Ganga. Coping with these two losses was very difficult and she became depressed. Ganga was taking antidepressants at the time and was also in therapy with a psychiatrist. Ganga believes that this treatment was unsuccessful and the medication prescribed for her put her under financial strain.

Eventually Ganga felt that because she could not afford the medical treatment she had to terminate treatment from her current doctor and seek assistance from a clinic. This

attempt proved to be a point of change for Ganga. She decided to rather wean herself from the medication and heal herself, thus defining her rising point.

The rise is further highlighted by the notion that she started her healing process by studying books and meeting inspirational people. Being part of a community was important to her and this meant that she started visiting the temple. Building a sense of belonging in her community helped her to heal:

It's like when you go on a religious path - you'll stick to it and sometimes you'll have a week or a month off. When that happened to me the priest of the temple and a few friends asked: Why haven't we seen you this month? I never lied, I told them that the cricket tournament was on. (she laughs) So I was busy.

Ganga also made an effort to attend support groups, but she felt that she was not given the chance to be heard equally when compared with the other people attending the group. This links with instances when Ganga felt rejected by people. For example, she felt rejected by her husband's family, by her sisters-in-law, and possibly rejected by her daughter who committed suicide.

5.1.2.3.5.2 Chaos/order

The chaos started when her husband was experiencing the heart attack and she did not know or understand what to do. Calling in the paramedics with the intention to bring about order to the chaos of the heart attack brought on more disorder for Ganga.

To cope with chaos she occupied herself busily with her children's needs. She made her children her world. She wanted to fulfil all their wishes. It would seem that by denying her feelings she denied who she was and what she needed.

The chaos in her life was perpetuated when her daughter died nine years ago. It would appear that Ganga has more questions than answers about her daughter's death. To alleviate the chaos that this death brought into her life, she was reminded to celebrate her daughter's life instead of being sad and morbid about it. To give her a sense of order amidst the chaos she was experiencing she made an attempt to go to the temple and offered prayers on behalf of her daughter. Though she engaged in prayer it would appear that Ganga have not found closure to her daughter's death.

She joined the Compassionate Friends support group to find order in her emotional chaos. However, this just added to her chaos, because she did not feel as if she was being heard. The chaos of feeling abandoned by another community that was supposedly a place of healing seems to have created a space of chaos for her.

She tried to become engaged in tasks like teaching to bring about order, but my impression is that this also became chaotic for her. To establish order into her chaotic life, she reads books which she enjoys and finds helpful.

It would seem that Ganga expects support from her husband's family. However, to her disappointment she experiences them as rejecting her, thus leaving her feeling lonely and unsupported. These feelings of rejection seem to create chaos in her life. This is illustrated by her following words:

My in-laws offered help, but when I asked for help they did nothing. So I helped myself. I will manage, or I can...

Her husband's family not living up to her expectations to care for her elicits the experience of chaos in her life, because of the betrayal and disappointment she feels when they exclude her.

5.1.2.3.5.3 Empowerment/disempowerment

Ganga mentioned that even before she became widowed she had to give up her career and stay at home, as it was traditionally so prescribed; this was disempowering because it would appear that she did not have a voice. Also evident is the theme of patriarchy, where Ganga was disempowered as a woman in her family. As a woman in Hindu culture she was discouraged from working and encouraged to stay at home. It appears that Ganga's marital home practised this traditional custom.

It would appear that she felt disempowered by her in-laws, because of the way in which they spoke to her. This is illustrated by her following words:

They even reduce you through the words they use, in how they talk to you, how they answer you.

It would appear that her impression of being rejected by her in-laws impacted on her sense of empowerment. She thought that she could rely on their verbal promise of assistance in her time of need. Instead, because these promises were not fulfilled, she seems to have felt disempowered and helpless. This experience eventually allowed

her the opportunity to become self-sufficient or motivated to start doing things for herself, thus highlighting her empowerment.

At the time of her husband's heart attack it would appear that Ganga felt helpless, illustrating her disempowerment at that point in time. After the death of her husband she felt disempowered as a woman in dealing with her life without her husband. This is reflected by her words:

You make so many mistakes because you have two little ones. You are left floating in a big ocean. And it's not like I went around looking for sympathy. They told me to come to them for assistance and when I asked, I didn't get it. You don't want it immediately, but sometimes one wants a little bit of saharo (support and comfort).

The perceived rejection also appears to have motivated her to do things for herself. This is illustrated below:

You show your in-laws that when you do ask them for help and they don't give it, then you will help yourself. You will manage.

Ganga said that she experienced depression. She received treatment from a psychiatrist at a hospital. However, owing to financial constraints she was unable to continue with the treatment. When she mentioned this to the psychiatrist and asked for a letter of reference to receive treatment from a clinic, it would appear that she may have felt rejected and threatened when he told her the following:

Well, Mrs Ganga, once I have given you the letter and you go to the clinic, you can never return to see me should you later again need my assistance.

However, this experience would appear to have empowered her. It would seem that she re-evaluated her options and then decided the following:

Then I decided to look after my own healing. I started reading a lot.

5.1.2.3.5.4 Letting go/holding on

After her husband died it would appear that Ganga clung to the memory of their life when he was still living. It seems as though she wanted to preserve her life as it was before his death. It would appear that at a subconscious level she denied herself the knowledge that her husband was dead and she devoted all her time to her children.

Letting go of her daughter who died appears to also have been very difficult for her. Although she was told to ‘celebrate her daughter’s life’ and not be sad she still appears to have grieved deeply for the loss of her daughter, thus making it difficult for her to let go.

5.1.2.3.6 Conclusion

Ganga’s experiences in widowhood seem to be defined by hurt, betrayal and a loss of meaning in her own life. Amidst the difficulties she seems to have experienced with her husband’s side of the family, Ganga attempted to make shifts in her life so that it could become meaningful. She appears to have experienced emotional difficulties

because of the losses she experienced and confronting the reality of those losses seems to have shattered her inner being. She seems to be a person who tries to cope bravely on her own. Deep within her being she seems to fight with renewed strength to face her daily challenges. Her hopes about gaining support from her husband's family seem to be disheartening in that she is aware that it is not forthcoming. It seems that she has to endure her predicament in widowhood in silence as she has no support from her family other than from her son, on whom she can depend.

5.1.2.4 Participant: Mrs Mansha

Mansha

5.1.2.4.1 Biographical information

Mansha is a 56-year-old woman. She is slender and has long black hair. She married at the age of 23 and describes her marriage as contented. She felt that her husband was a good caretaker and felt blessed to have him as her husband. They had two daughters. She is a teacher by profession. At the age of 49 she lost her husband and has been widowed now for seven years.

5.1.2.4.2 The conversational setting

The interview with Mansha lasted for about an hour and a half. It was a late afternoon meeting because Mansha had many errands to complete that day and could

accommodate me only at that hour. We sat in her lounge in an area that included a table with some chairs marking it as a dining-room. In her lounge the sofas were arranged in an L-shape, so when she sat down next to me we faced each other. A beautifully decorated shrine was placed near a door that led to a passage and to what I presume was the bedroom area. The setting was comfortable and her home was quite neat and tidy. What was most impressive was the artwork that had been placed in various places in the front room. The walls were beautifully painted and had a majestic feel to them. The artwork gave the room a sophisticated look.

5.1.2.4.3 My impressions of Mansha

Mansha greeted me and welcomed me into her home. She appeared tired. She expressed her curiosity about my studies and asked various questions. The manner in which she questioned me was firm and direct. I was aware that during my interviews I would be asked questions pertaining to my studies and I attempted to answer them as best I could. Upon reflecting on this process I thought Mansha was different because she took the initiative and seemed to be interested in what I had to say about my topic. She impressed me.

5.1.2.4.3.1 On giving her the name Mansha

Mansha means 'wish'. Upon reflecting on how Mansha redefined her life after being widowed it would seem that she seeks the approval of other people. It is apparent that when her husband was alive she identified with him to the extent that she wanted to do as he wished. After her husband died she seemed unsure on how she should act

and seemed to seek the approval of members of the family and her circle of friends. In this instance it would seem that in seeking their approval she was indirectly doing what society wished or expected from her.

5.1.2.4.4 My understanding of Mansha's experience of being a widow

Mansha's experience as a widow was marked in the beginning by emotional chaos. However, as time went by she was able to make sense of her loss and displayed strength and courage.

Mansha's husband had heart problems, which made him a regular patient at the hospital. Although knowing that he had a heart problem, Mansha felt that he did not always inform her of everything the doctor told him about his health. When Mansha's husband became ill their attempts to ease his discomfort became a challenge. Eventually he was admitted to hospital where a heart specialist performed some tests, which revealed that he required urgent surgery. Very soon after the operation he suffered a massive heart attack and died. The day her husband died Mansha was in shock and remembered very little as most things were 'a blur to her. Therefore, she was unprepared for his death and the repercussions that this death would have on her and her family.

Mansha's life as a widow was defined by apprehension and reluctance to return to society, which she claims was a challenge for her:

Life for me changed so drastically that for me to go out, even to walk in the street, was very difficult, because the two of us were always together.

Whenever he went anywhere I went with him and everybody saw us together. They never ever saw us alone. For me to walk to my mum's place was very difficult To go to a function or attend an occasion was very difficult during the first couple of years, I didn't want to go anywhere, I just wanted to stay at home. I felt if I go out into the public the people are going to look at me.

Her need to stay at home could be attributed to possible depression and feelings of withdrawal due to the loss she has experienced. Also, though not explicit, it could mean that she was aware that because she is now a widowed person she is regarded as different; this seems to be informed by the culture in which she lives. Going out to places probably emphasises her feelings of loss and otherness.

She now also needed to take on all the responsibilities of paying the bills and seeing to other financial matters concerning the home. Though it was difficult at first, through hard work she has reached the point where she feels financially independent. Regarding legal matters concerning the house Mansha's brother-in-law did not discuss these matters with her. The house had to be transferred into her name after her husband died. The theme that is highlighted is that of patriarchy:

Then I asked my brother-in-law about this, but he said the matters about house have been sorted out; via-via, they spoke, not directly, that is how I found out. And then one day one of our friends came over and he said they have the testament and that they had to transfer the house into my name, because it was in his name before.

From what she relates regarding her personal matters, it seems that she had become invisible. This could be attributed to the possibility that she may have been perceived as incompetent in dealing with financial and legal matters. Furthermore, by not

acknowledging her as a person the silence and voicelessness of widows are perpetuated.

Getting their daughter married was a dream that she would have liked to undertake with her husband. However, she was unable to do this and it saddened her. Cultural customs seemed to have played a dominant role in informing Mansha as to what denotes acceptable behaviour and what is unacceptable. It would appear that even though she was part of the ceremony she was also an outsider or, as she puts it 'a guest' at her daughter's wedding. Though she claims that her friends helped her with the preparations for the wedding deep within her being it seems she may have felt ostracised and alienated because of her widowed state. The women in this instance seem to ensure that traditional customs are carried out, which implicitly highlights the theme of patriarchy which women, at some level, seek to maintain. These customs, when practised within the context of marriage appear to silence women and to perpetuate widowed persons' alienation and stigma.

At a personal level Mansha's belief and value systems were challenged by the 'unspoken rules' implicit in her social context. It is interesting to note in the case of Mansha that on the one hand she seemed to gain strength from a society defined by friends who supported her in doing certain things like the wearing of certain clothing, on the other hand she seemed to become vulnerable to society, defined by priest and women, disapproving of other behaviours in the context of the wedding. Being in this double bind does not make a widowed person a winner or a loser, but traps her. Being in this vulnerable position, I would presume, leaves one powerless, feeling rejected and voiceless. After many years of being the kind of person that society expected her

to be and obeying others, Mansha, with the support of close friends, began to change in terms of doing what she wanted when she felt right about doing it.

5.1.2.4.5 Emerging themes

5.1.2.4.5.1 The fall/the rise

When her husband died Mansha was ‘not functioning’ emotionally. The death shocked her for she had not anticipated his death even though he was ill. It appears that when he died she was ill-prepared at both financial and psychological levels. Mansha’s life after his death was defined by a descent or fall in her life. She explains:

Life for me changed so drastically that for me to go out, even to walk in the street, was very difficult because the two of us were always together. Whenever he went anywhere I went with him and everybody saw us together. They never ever saw us alone. For me to walk to my mum’s place was very difficult. To go to a function or to attend an occasion was very difficult for the first couple of years. I didn’t want to go anywhere; I just wanted to stay at home.

The above also highlights Mansha’s sense of self-worth after she lost her husband. It would appear that she did not know how 'to be' or who she was. It seemed as though she identified who she was in relation to her husband:

I couldn’t think for myself; I just went with what everybody said. I just agreed with everything.

And this is also illustrated below:

Mansha: *They look at you in such a way that you feel that once you're a widow people don't respect you anymore.*

Jyoti: *Did you experience this?*

Mansha: *I did. I did.*

Jyoti: *Tell me about that.*

Mansha: *I felt that you're just a nobody now that you don't have a man in your life. You are just a nobody; like you are not wanted. You feel like ... uh...*

Jyoti: *Like an outsider?*

Mansha: *Like a piece of trash. That is how I feel.*

The fall of her 'sense of self' occurred when she allowed herself to obey other people. It would seem that with the loss of her husband the sense of who she was, in relation to him, was shattered. Rebuilding herself appears to have been a difficult process:

And I say to myself, 'I wish I was [strong] like this when my husband passed away. I wish God had given me this kind of strength at that time, because I wouldn't have tolerated people's nonsense'.

At her daughter's wedding there were times during the ceremony when certain actions were forbidden her. This seemed to have an emotional and social impact on her and to emphasise her feelings of rejection and alienation in this context:

So I stepped away and took a back seat, seeing that I'm not allowed to do this or to do that. At a certain stage when something needed to be done I told the priest that I will do it and he just shook his head and said, 'No, you can't do it'. It actually hurt me, because this is the child I brought up and today I'm not allowed to do anything for her.

The rise took place when she started taking charge of her life and began, for instance, dressing the way she preferred:

I said that I'm not going to wear this. He said, 'No, Mansha, you're going to wear it. Because MXXX is gone doesn't mean you must keep on wearing these saris. He wouldn't like you to do that. He'd like you to be dressed the way you want to dress. Wear your punjabis, or whatever you want to wear, and if anybody says anything we will stand by you'.

Being part of this group of friends gave Mansha moral support. The example of dressing appears to be a metaphor in terms of how she should present herself to the public. Gaining approval for a dress code appears to have had an effect in other areas in her life, whereby she gained permission to behave in socially accepted ways, as defined by society. The cultural tradition which prescribes how a woman should dress is evident in the above quote. According to this tradition a widow is supposed to wear plain saris. It is interesting to note that Mansha accepts an alternative dress code when it is initiated by a man, highlighting the theme of patriarchy. Therefore, when her friends support her to wear anything other than a sari it is as if society is giving Mansha permission to dress in the way she prefers. This also seemed to give her permission to allow herself to change.

She allowed herself to start going out with friends and being part of a group that she and her husband were both part of seems to have given Mansha a sense of acceptance about her widowed state at a deeper level. Contrasting this with her initial feelings when she became widowed, when she found it difficult to leave the house or even attend functions, this group of friends seemed to do something different for her. That is, they provided moral support.

5.1.2.4.5.2 Chaos/order

Mansha appears to have experienced chaos at an emotional level during the time when her husband was receiving treatment for his heart condition, especially in the last few days of his life. Mansha interacted with many doctors who assisted her husband. The level of chaos that prevailed during this time may be described as the platform for many other chaotic situations that were going to find definition in Mansha's life.

The death of her husband brought about its own chaos at an emotional and social level. At an emotional level Mansha had to deal with her feelings of insecurity and aloneness, and with her fears. The thought of not having a man in the house to protect the family was something Mansha also had to deal with. Socially, Mansha had to deal with the challenges she faced when her daughter got married. The thought of being unable to share this day with her husband was difficult for Mansha. The chaos around wanting to do something for her daughter but being prevented to do so probably left Mansha feeling helpless about her situation.

After the death of her husband she mentioned that she was not functioning at all. As she probably wanted a sense of order she complied with whatever people told her to do. However, this did not create order. Her emotional state was in turmoil and obeying other people eventually made her realise that she should do whatever she preferred. Not having the emotional strength to resist what was asked of her, she seems to have continued doing what others instructed her to do.

A sense of order appears to have been re-established after the birth of her grandchild. This is illustrated by:

He's brought so much joy and change into my life that today I will wear what I want to wear, and do what I want to do, and go where I want to go, and I won't worry about what this one's going to say, and I don't worry about what that one's got to say. And I say to myself, 'I wish I was like this when my husband passed away'.

5.1.2.4.5.3 Empowerment/disempowerment

Mansha seems to have experienced a sense of disempowerment when she became widowed. It appears that she felt rejected. This is illustrated by her interaction in her social context. She felt that people did not respect her; she explains it as follows:

Mansha: I felt that you're just a nobody now that you don't have a man in your life. You are just a nobody; like you are not wanted. You feel like... uh...

Jyoti: Like an outsider?

Mansha: Like a piece of trash. That is how I feel.

This reflects her sense of disempowerment. During her daughter's wedding it would appear that her awareness of being unable to do certain things may have made her feel rejected by her community, thus disempowering her. It is interesting to note that the women in the family appeared to support this disempowerment. This is reflected below:

Mansha: It hurt me a lot. It did. People, the ladies of the house, the family ladies, they told me, 'You can't do this, you can't do that'.

Jyoti: Because you're a widow?

Mansha: Because I'm a widow.

At the time of her daughter's wedding it would seem that she also had a disempowering experience with the priest:

So I stepped away and took a back seat, seeing that I'm not allowed to do this or to do that. At a certain time when something needed to be done I told the priest that I will do it and he just shook his head and said, 'No, you can't do it'. It actually hurt me, because this is the child I brought up and today I'm not allowed to do anything for her'.

However, another group of friends proved to be more empowering for her. They gave her moral support and a sense of acceptance for the woman she could become. This is illustrated as:

They supported me in the sense that whenever they went out they took me with them. They made sure that I never felt awkward, that I was never left standing there alone. After my husband passed away we made a trip to Durban and we had tracksuits made, but I said to Bo, 'You know, I'm not going to wear this'. He said, 'No, Mansha, you're going to wear it. Because MXXX is gone doesn't mean you must keep on wearing these saris. He wouldn't like you to do that. He'd like you to be dressed the way you want to dress. Wear your punjabis, or whatever you want to wear, and if anybody says anything we will stand by you'. And I promise you, Jyoti, if it wasn't for them, I wouldn't have been where I am today.

Mansha's feeling of empowerment is highlighted by the fact that she earns her own keep. It would appear that she is financially self-sufficient and is able to take on the responsibility of running the house. She explains:

I'm still working, I'm still on my own two feet and I'm proud to say that during these seven years I never had to borrow money, asking, 'Please help me out'. No ways.

Furthermore, she contends that:

We are still self-sufficient, and today nobody can come and remind me that I owe them money. (pause). I've come very far.

It would appear that the family dynamics (i.e. in-laws) were challenged when MXXX died. Mansha challenged the family system by setting boundaries to protect her sense of self. This is reflected by:

And I cut him off completely from my functions and I said to him and to people like him that I don't need them in my life. I don't need them in my house. 'Because people like you... you drag us down instead of lifting us up'. So I said to my eldest brother-in-law, 'I don't want people like this in my house, I don't need them in my life'.

5.1.2.4.5.4 Letting go/holding on

After losing her husband Mansha left teaching and assisted her daughter in looking after her child. Letting go of her life as a teacher probably gave her more time to think about and deal with her loss. Having to look after her grandchild probably gave her a new perspective on her life, enabling her to hold on to memories at a different level because her attitude to life has altered.

She holds on to all the fond memories she has of her husband, especially when she goes up to the room where he worked; there she pages through some of his books which seems to give her a sense of being close to him. Leaving the room the way it was during his lifetime would appear to remind Mansha of her husband.

5.1.2.4.6 Conclusion

Mansha's widowhood seems to have brought on many changes in her life at various levels. It would seem that in her widowhood she had to take on responsibilities for herself and her family, as well as taking the responsibility of making personal decisions. She seems to have found her footing in life and appears to be confident about the fact that she is able to be financially independent.

Mansha appears to have experienced rejection in her community especially during the time of her daughter's wedding. At some level it appears to me that this probably made her think about herself and who she has become. Being aware of her different status, it would seem Mansha adjusted her behaviour in her context, where she stepped back, knowing that others would take over to continue with the ceremony, leaving her feeling voiceless and silenced.

Though she says that she attributes her change to the birth of her grandson I would presume that at some level she has found some meaning in her life in her widowed state.

5.1.2.5 Participant: Mrs Sarita

Sarita

5.1.2.5.1 Biographical information

Sarita is 50 years old and has a slender build. In the past it was common traditional practice in the Hindu community for parents to decide on a suitable partner for their daughter, and so Sarita's marriage was arranged by her family. She married at the age of 17. She says that her marriage was not really a very happy one. She and her husband had three children.

Both husband and wife found employment once they were married. Soon thereafter Sarita's son was born. She then decided to stay at home to look after her son.

Meanwhile the company that her husband worked for experienced financial difficulties. When this company closed down Sarita and her husband decided to invest in a farm which produced vegetables.

The elder son and daughter are married and her youngest son, who lives with her, attends school.

Eight years ago her husband died in a car accident. After the death of her husband she was unable to look after their farm. In addition, after his death the farm was ‘vandalised’. Sarita did not have the capital to re-invest in the farm and restore it.

Thus, currently, Sarita remains unemployed. However, she works as a child minder which assists her financially.

5.1.2.5.2 The conversational setting

The interview lasted for an hour. We sat in her lounge – a Victorian setting. The living space was small and she had many ornaments and photos in her display cabinet adding character to her home. We sat next to each other, but I faced her whilst she talked. This interview felt like it required more than my mere presence to continue and I had to probe in order to elicit information.

5.1.2.5.3 My impressions of Sarita

Sarita appeared to be preoccupied and tired when I met her. Her quiet manner and soft voice caught my attention and sensitised me to the awareness of the possibility of suffering that she may have experienced in her life. She welcomed me into her home and offered me a seat. She seemed anxious. At some level I attributed her anxiety to the interview that was about to take place. I then explained to her the purpose of my study. She seemed to put on a brave face while talking to me. I sensed that she may have had much on her mind, which could have been weighing heavily on her at an emotional level. Though I was aware that this was an interview, I was also mindful that I could be placed in a position where she might require emotional support. Being aware of this feeling I continued with the interview.

Conducting the interview with Sarita posed a challenge as I felt that the conversation did not flow as I had expected it to. There were silences during the interview and at times it made interviewing awkward. This could be attributed to her feelings of depression or disempowerment resulting from her experiences as a widow. I felt strained at some point and wondered about the outcome of this interview. The interview elicited a need in me to rescue her. She seemed frustrated by her circumstances and helpless to react. This feeling was also prevalent when she remained quiet at certain times during the interview.

Sarita appears to be a passive woman and this theme will be illustrated later. At some level I felt uncomfortable with her passivity and this challenged me. It seems that Sarita's ideas of what it means to be a woman may have been defined within the

confines of her marriage. This appears to have informed her thinking about her role as a woman, which is typical of the traditional role of Indian women. I attribute this passivity to the possible patriarchal structure that may have influenced the dynamics within this family.

5.1.2.5.3.1 On giving her the name Sarita

The name Sarita means 'a river'. Upon reflecting on Sarita's experiences since becoming a widow I am reminded of a flowing but turbulent river. The flow of her life is one with many obstacles in her path, defined by fear of the unknown, doubt in terms of making her own decisions and anxiety about how to take care of her son. Just as a river continues to flow and does not stop at any particular place, so Sarita has to go with the flow of her life's journey. It appears that Sarita has not found a comfortable place to anchor herself and she seems uncertain as to the way in which she should chart her life.

5.1.2.5.4 My understanding of Sarita's experience of being a widow

Since being widowed Sarita seems to have experienced much disappointment, rejection and hurt. The loss of her husband was a great shock to her and it would appear that she lost her sense of being and her direction in life. Culturally, a number of days are designated during which well-wishers and family spend time with the bereaved with the intention of supporting him or her. In Sarita's case she mentions that her family came to see her for the allotted time of sixteen days, but her manner of

expression appears to highlight the sense of disconnection that she may have experienced with family members.

Sarita: *For a month everyone was busy coming and going.*

Jyoti: Who is 'everyone'?

Sarita: *My in-laws and my family and relations, I've got only one sister and two brothers. My brothers used to come.*

Jyoti: *This was now at the time of death?*

Sarita: *Yes. And after that everyone just stayed away.*

It would appear that she has experienced very little empathy and support from her family and friends. Sarita seems to expect her family to support her, but appears to feel disappointed and deserted by them:

Even my own sister and brothers. They are there just to... if we are having a function or so, they'll come, they'll enjoy themselves and they'll go. But there's not a day when they'll pick up the phone to say, 'Are you okay? Is Gxxx behaving? Have you got everything you need in your house?' You know, things like that. Support in that way.

It would appear that Sarita feels alone and yearns to talk about her problems. It seems as though she feels unheard, because when she expresses her concerns to her older children they deal with the problem by asking her to live with them. This leaves her feeling frustrated and misunderstood:

Because there's no one to talk to... if I talk to my daughter then she wants me to pack up and come and stay with her. I can't stay with them.

She feels that her family only consider her when they require her assistance. In this regard it seems that her relationships with others are superficial, because it appears that they are based on the premise that she can provide assistance.

Sarita's life seems to depict themes of rejection, hurt and loneliness. It appears that she has a need to 'fit in' with people around her and to gain their acceptance, which is why she makes herself available to help them out. This lack of acceptance leaves Sarita feeling lonely and unworthy.

Sarita seems to feel frustrated as she believes that she is unable to connect with her son the way she used to. At some level she seems to feel rejected by him. I wonder if the frustration of being unable to control her son and his behaviour is possibly a projection of her inner confusion, turmoil and chaos. Further, she believes that if an uncle was present then her son would not take advantage of her. Though she has made an effort to meet with his teachers she expresses concern regarding his lack of motivation to study and his preoccupation with his cellular phone. She feels that he spends far too much of his time alone in his room busy with the cellular phone and she is of the opinion that he should rather devote his time to his studies. I wonder if perhaps she feels replaced by a cellular phone and rejected by her son because he is more interested in the phone than in her? It seems to me that the theme of patriarchy is prevalent. The feeling of rejection she experiences from both her sons appears to leave Sarita feeling deserted.

Though Sarita receives financial support from her elder son in terms of assistance with paying the bond on her house it would seem that she feels rejected by him as she is of the opinion that he spends more time with his in-laws than with her. She seems to share a similar experience with her younger son, who spends too much time with his cellular phone, as illustrated above. It seems that Sarita feels helpless about her circumstances, yet feels dependant on both her sons to relieve her of her frustrations.

5.1.2.5.5 Emerging themes

5.1.2.5.5.1 The fall/the rise

Sarita's family, that is, her elder son and daughter, appear to be unsupportive. It would seem that Sarita expects this son to assist her in taking care of the family, but she expressed feelings of disappointment at the fact that he now spends more time with his in-laws than with her. This highlights a subtheme of rejection, while this theme also highlights Sarita's feelings of helplessness as she feels that she needs the assistance and reassurance that her son will take care of things. At some level she also expects her family to assist her in taking care of things at home, which is typical of Hindu women brought up with traditional cultural values and beliefs.

The rest of the extended family has also fallen away from Sarita and her family. She expressed her hurt and disappointment about this. It would seem that her cousins' and sisters' relationship with her are defined by distance.

Since the loss of her husband Sarita also experienced the loss of the business that she and her husband had built up together. Owing to her circumstances, that is, the death of her husband, she was unable to take care of the business. The business was vandalised and she did not have the funds to re-invest in the business.

It would appear that Sarita's sense of self-worth is defined by her lack of confidence in dealing with the demands of her teenage son. It seems that the basis for this is rooted in her thinking that a male person is better suited to help take care of her son, highlighting the theme of patriarchy. It appears she feels doubtful of herself when it comes to disciplining her younger son and seeks the support of a male person like an uncle to intervene. Owing to the notion that she has to be both a mother and father to her son it seems she feels overwhelmed with the responsibility and considers herself alone and unsupported by her family.

5.1.2.5.5.2 Chaos/order

Sarita appears to be experiencing chaos at an emotional level. It would appear that she is struggling to cope with her life since the death of her husband:

I'm a widow now. It will be eight years in January. It's one of those things, you know, you can't hold life back - you have to let go. Everyone has to go some time or another. It's just that I can't come to terms with it.

Though it is eight years since her husband's death it would seem that Sarita's mourning is prolonged. This seems to tie in with cultural notions that emphasise the idea that widows are helpless and may not necessarily be able to cope because they do

not have a husband. A typical idea that prevails in Hindu society is that a woman is complete when she has a husband, but when he is absent she is of little, if any, value.

The death of her husband appears to have also created much chaos in Sarita's life in terms of finance and livelihood. After her husband's death she was unable to take care of their business on the farm. This neglect created chaos at the level that her means of livelihood was threatened and this resulted in financial difficulties.

It would appear that Sarita feels frustrated by her youngest son's behaviour which perpetuates her difficulty to cope. Sarita is convinced that her son is neglecting his studies. This causes a further concern in that she feels that if he does not study he will be unable to get a good job. This would add to the financial strain and could result in them losing their current home, thereby illustrating the extent of chaos in Sarita's life.

Further, the stress in her life appears to have affected her health. This is illustrated by:

There are times when I go to bed at night, but I don't sleep. I just cry all the time. Even my face... I wasn't always like this. All these blemishes coming out on my face... the doctor said it's all stress related.

5.1.2.5.5.3 Empowerment/disempowerment

The themes are depicted in the manner in which Sarita feels empowered as well as disempowered as a person in her widowed state. The difficulties Sarita face seem to make her feel more disempowered than empowered and I attribute this to her feelings of helplessness and depression.

Sarita appears to feel helpless when it comes to disciplining her teenage son. It would appear she feels disempowered as a woman because she thinks a man would better be able to control her son. This is illustrated by:

Just for him to know: 'Oh! My uncle is here. I can't take chances with my mum, because there is someone keeping an eye on me', and so on.

It would appear that Sarita feels voiceless and unsupported by her nuclear and extended families. This is illustrated each time that she voices a complaint against her children, because all they then suggest is that she should rather live with them. In this way her problems remain unresolved, thereby perpetuating her disempowerment.

From a financial perspective Sarita appears disempowered because she is financially dependant on her older son. Furthermore, the fact that she remains unemployed and does not have a stable form of income makes it difficult for her to make ends meet. Although she volunteers to look after children it seems that she is left feeling disempowered, because the money obtained in this manner appears to be insufficient. At some level she feels that her age counts against her and feels that this is an obstacle to her obtaining a stable job, which would assure her of a set income.

On reflecting on Sarita's interview I feel a sense of disempowerment, as it appears to me that there are many problems that overwhelm her, and I attribute this to possible feelings of depression. It would seem that her circumstances have placed her in a no-win situation.

Though she is able to drive a car, which may be interpreted as an empowering experience, it seems as though Sarita feels disempowered because she is convinced that she is taken advantage of by people who claim to depend on her to assist them with transport.

5.1.2.5.5.4 Letting go/holding on

Sarita seems to hold on to the idea that a male person (an uncle, for instance) would be better suited in dealing with her teenage son's behaviour. This highlights that she accepts patriarchy. However, this desired support from family appears not to be forthcoming. It seems that her ideas, as mentioned above, keep her stuck in a certain groove, which immobilises her. Her need to hold on to what she wants and the reality of what she eventually receives appear to leave her feeling alone and burdened.

5.1.2.5.6 Conclusion

Sarita's experience of her widowhood is defined by her yearning for family support and the need of a male figure to assist with bringing up her young son.

After her husband passed away she received very little support from her family. It appears that this has left her feeling rejected and unworthy. She also feels unheard and misunderstood when she expresses her problems to her children. It appears that rather than trying to understand her problems her children want her to live with them so that the problems could 'go away'.

Her frustration is highlighted regarding her young son, whom she feels she is unable to understand. She feels that his behaviour toward her is due to the fact that she is a woman and that he would behave differently and more respectfully if there was an older male person who could take the time to talk to him.

Sarita is left longing for friendship and support, especially from her family, to instil a sense of belonging.

5.1.3 My reflections on the process as a whole

5.1.3.1 The fall/the rise

In the beginning, when I started writing this dissertation, I experienced much difficulty in conceptualising what I wanted to research. Even though I knew that my topic should concern the issues of loss I was unsure on which angle I should focus. My experience of ‘fall’ started to escalate when I began experiencing difficulties at university regarding my supervision. By the end of last year, I had gone through two supervisors, and found that I was working in a vacuum most of the time. Imposing some sort of structure on my dissertation was an uphill struggle and this lack of structure seemed to echo my own life.

With my current supervisor, however, my dissertation took on a different form and this initiated the rise in my process. Although the process of writing this dissertation involved many sacrifices and frustrations I was willing to endure them for the sake of my passion for my subject.

As my process in writing seemed to flow, the practical aspect seemed to face some obstacles. This became more evident during the time of conducting the interviews. After conducting five interviews, which seemed overwhelming at the time, I realised that my dissertation was different. I had to look for patterns that connect or disconnect the way in which the widows constructed their experiences.

With each participant I initially felt anxious in terms of the outcome of the interview. Each participant has a unique story and so every outcome was different. After realising that three participants were unable to continue with the interview I felt despondent and this marked one fall in my process. Contacting participants was an uphill struggle because, on the one hand, I did not want to come across as desperate, but at the same time it was imperative that I conduct the interviews because of time constraints and the logistics of wanting to complete my studies. By careful strategising I was fortunately able to find two more participants to conduct the interviews.

Upon reflecting on the content of the interviews I realised that I wanted to hear a narrative that confirmed my thinking about widowhood. I started questioning my questions, but soon realised that my construction of widowhood was indeed being challenged. My understanding of my mother's widowhood is unique and the idea of confirming other widows' experiences in relation to what I understood about widowhood through a research of this nature was actually an eye-opening and thought-provoking experience. At this point in time I also did not have a good conceptual understanding of my topic.

This marks my rise in terms of realising that ‘my blinkers’ limited my thinking about widowhood. This limit had a profound impact on the way I dealt with my personal issues around the loss of my father. By reading and rewriting each chapter I learned the possibility that co-construction allows for meanings to unfold and this process challenges one’s current thinking, and eventually creates a different experience in the thinking about widowhood.

5.1.3.2 Chaos/order

The chaos of completing each chapter and making meaning of each chapter in relation to the whole was an experience in itself. The practical aspect of completion meant that setting up interviews was a process that made me reflect on my aims and purposes. Then, sorting out all the data collected from the interviews was a unique process for me at a personal level. Being present in the interview context was chaotic at the level that I had to listen to the experience of widowhood as constructed in various ways by each widow, because their definition of widowhood varied.

However, I experienced a sense of order when typing out the reflections and realised that amidst the chaos of experience there is order at the level that meanings unfold to give a new and different perspective about widowhood. Also, the chaos of finding meaning is actually a process of imposing order in my own healing in my bereavement. As each widow had and continues to experience chaos and disorder so that she discovers different aspects of herself and finds strength in her chaos, so too,

in my process of interpreting their data, I have found my meaning in my dissertation, as well as understanding what the loss of my father means to me.

5.1.3.3 Empowerment/disempowerment

I felt a sense of empowerment after having completed the interviews, because having the data in front of me created space for me to think about my thinking and how it was changing because I was engaging interactively with the texts. This encouraged me to collaborate with other people about their understanding of widowhood and the main strength that I was able to draw out of this process was to create a space to talk about widowhood, and to make individuals aware of the difficulties women experience and the strength they display in their adversity. This process is also empowering for me because this dissertation is a platform from where I am able to talk about that which is silenced in a community and at the same time it becomes my voice as well as the voices of those who are silenced.

My sense of disempowerment arose during the process of actually writing this dissertation. From its inception my continual struggle to express my ideas, voice my feelings and to get the chapters to where they are now took many hours of soul searching and thinking on various levels about widowhood. At one stage I experienced a sense of disempowerment because I felt that I should change my topic. This process of writing about widowhood challenged me personally and made me realise the essence of social constructionism and how its teachings allow for new meanings to unfold which are facilitated by implementing the hermeneutic method of analysis. This pattern seemed to evolve with the narratives shared by the participants.

Their personal struggles to achieve what they have today also took much time. Their patience and endurance to withstand life's challenges made them who they are. Though some are still struggling, the healing is in the perseverance of them all. In retrospect the meanings that unfolded in this dissertation co-evolved and constructed meaningful noise in my own life (Becvar & Becvar, 1996). I am aware of how the constructions of mourning in widowhood and the process of actually writing this dissertation affected my own perceptions, feelings and meanings.

The impact of the interviews challenged my own thinking about my life and death, as well as the death of my father and how this experience influenced my process of conducting a research in this way. The participants, in sharing their experiences, gave me the space to think about how life can be redefined in a way that promotes healing, and to realise that healing also lies in the communities we come from. As much as the community consists of those whom we say 'put us down' or 'tolerating what people' say even though one disagrees, this community also forms the very base from which learning also takes place.

From a meta-perspective the process of writing this dissertation marks the death of ideas that held me down, and gives me new meanings as I journey to understand my thoughts about Hindu widowhood.

5.1.3.4 Letting go/holding on

The participants' stories were moving and gave me a sense of motivation and mobility in my personal journey as a therapist in training. My letting go of what I thought

widowhood entails, by holding on to the teachings of social constructionism, provides me with a sense of emancipation and closure to issues of loss and the death of my father, and the way in which I interpreted my mother's experience of widowhood, which were bearing heavily on me.

5.1.4 Conclusion

This chapter highlighted widowhood experiences from different angles using themes. A hermeneutic analysis method was employed (see chapter four) to highlight different insights into widowhood experiences.

Chapter 6

6.1 Comparative analysis

6.1.1 Introduction

This chapter will discuss the common threads that emerge from the five participants' stories. By examining the common threads the reader will be able to infer how the cultural aspect of the Hindu way of mourning is indeed a sociocultural construction. Within the context of this dissertation the reader is informed how Hindu widows have constructed their mourning in their different contexts. Literature on coping and adaptation in terms of how they restructure their lives during widowhood is included to substantiate the analysis and interpretation.

The common themes that emerged are:

6.1.2 The fall/the rise: social support from family and friends

6.1.3 Empowerment/disempowerment: patriarchy

6.1.4 Chaos/order: psychological chaos

6.1.5 Preparedness

These themes are explored hereunder in depth.

6.1.2 The fall/the rise: social support from family and friends

The main idea in my understanding and interpretation of these stories is that after the loss of their husbands, it would appear that each widow was forced to take

responsibility for her own healing during her grief. In my interpretations of the results I have found that the widows were left to their own devices to continue with their lives. For all the widows their respective families seemed to pay their dues to be with the widow at the time of the death, and for some days thereafter, as is prescribed within Hindu culture. However, the widows stated that they felt alone during this period of mourning, as it appears that at some level they expected the families to be more supportive of them at this crucial time. It is possible that these widows did not prepare emotionally for the death of their husbands.

6.1.2.1 There is a choice in overcoming grief

Each widow made this choice or is in the process of making this choice to overcome their grief. According to Attig (1996), the bereaved chooses whether to remain in deprivation and be immersed in the impacts of bereavement, or to start coming to terms with that deprivation and move on to new experiences despite the losses experienced.

It would appear that the widows made their decisions to re-enter life again for different reasons as was pertinent to their respective contexts. I am in no way saying that they have recovered from their loss. I am simply saying that they found meaning in their lives to continue with life.

The rise in the theme **the fall/the rise** is depicted in how each widow redefines her relationship with herself and those around her as she continues with her life although, it should be emphasised that the social environment and also the support of friends,

family and/or the medical team influenced the way in which each participant interpreted her respective experiences and reconstructed her life. According to Attig (1996:140), ‘our individuality is discernable and achievable only within the history of the weaving of the large fabrics of our families, communities, and societies. The boundaries between us are permeable, flexible, and fluid and the narratives of our individual lives find their distinctive contours within broader social narratives’. He goes on to say that where each of us is located in the broader webs of webs – our particular set of life circumstances – has much to do with what patterns of give and take we establish along our lines of connection with others (Attig, 1996). This is illustrated by the manner in which each widow, in her respective context, weaved a connection with people in her community.

Jagruti had the support of her niece, who encouraged her to assist a baby that could benefit from massage. This was the very environment in which Jagruti thrived and the social network established as she continued to work in her field assisted her in being part of a community once again. Chanchal resumed her job as a teacher and continued with her hobbies. Mansha and Ganga established a tuition group for young children. Sarita offered her assistance in looking after young children. Their respective environments also give them a sense of purpose in their daily existence.

In the context of this dissertation it seems that the choices that the widows make are depicted in the theme **the fall/the rise**. The choices that widows make, in terms of coping or adjusting to the loss appear to be influenced by their perceived lack of support and care from their family system. The cultural prescriptions, which allocate a

certain number of days for family to offer their support to the bereaved, seem to impact on how widows begin to cope and to restructure their lives.

The cases of Chanchal and Mansha show that their respective contexts appear to be more supportive and more caring. Further, it would seem that the choices these widows make in terms of how they reconstruct their lives after their loss determine the experience of their widowhood.

For each widow family appears to have played a role in influencing the mourning process. However, it is important to note that family did not necessarily play a positive role, as in the case of Jagruti, Sarita and Ganga.

Chanchal experienced her siblings as supportive especially during the time of her husband's illness. After her husband's death she sought support from her friends and her siblings. It appears that Chanchal has a reliable support system.

It would appear that Mansha also received support from her family, that is, her brothers. In addition to this, in common with Chanchal, she received support from a group of friends. In this sense both Mansha and Chanchal appear to have coped better with their circumstances compared to Sarita, Jagruti and Ganga.

Jagruti experienced her family, that is, her mother and siblings, as unsupportive, and in this time of grief she became depressed. Her family (mother and siblings) appear to be involved in her life, but the relationship is defined by conflict and feelings of rejection. Even when she was in the mental health facility she received no support

from her family. It would appear that she was saddened and disappointed by this and when she was mobilised to do her healing work, she seems to have felt bitter toward her family for their lack of support and tells them that she alone can take the credit for all that she has achieved.

Sarita also received very little support from her family, including her married daughter and son. Though they extended their homes to their mother, Sarita still feels lonely. She feels taken advantage of by her few friends. As she has a motor vehicle, she provides them with transport should the need arise. Sarita feels rejected and she seems to struggle to cope with being an effective parent to her teenage son. Sarita therefore feels that she finds it difficult to cope with her life now that she is widowed.

Just after the loss of her husband, Ganga, like Sarita, had minimal support from friends and family. She had to fend for herself after experiencing disappointment, rejection and a sense of betrayal, because of unfulfilled promises made by the family. However, after some time she began going to the temple and was able to resource a network of friends. Furthermore, her immediate neighbourhood seemed to provide some support. Coping may have had a positive outcome for the other participants, but for Ganga it is different. Though Ganga appears to be coping at a superficial level, her behaviour during the interview suggested that she is struggling to cope with her loss, especially the loss of her daughter.

Drawing from the interpretations of the themes in the previous chapter, the widows coped differently after the loss of their husbands. Jagruti and Chanchal appear to have adopted a cognitive type of coping where they reason in their minds about how they

want to move on when they feel sad or dejected. For example, Jagruti's experience with the mental health facility, and the way in which she feels people treated her when she was alone, seemed to disappoint her.

Her experiences in terms of the perceived rejection by her mother and siblings, as well as the experience at the mental health facility, motivated her to take a stand in her life. She utilised her creative talents, which mobilised her so that she could find a means of fitting into her community context.

Similarly, Chanchal used her creative talents and mobilised herself in her context. Chanchal found motivation and support by reading books. Both these widows motivated themselves at one point or another and began reconstructing their lives.

Having a career or an interest did not necessarily have a mobilising influence on the widows in restructuring their lives. This resonates with Mansha and Ganga.

Mansha says she found that her grandchild had a positive influence in her life. The support of her friends also plays an important role in helping her during the difficult times. She resigned as a teacher and chose to stay at home to look after her grandchild and to provide private tuition for some school-going children. In this instance she is similar to Ganga who also currently provides private tuition for school-going children. The difference is that in relation to Mansha, Ganga did not have a supportive environment and had to fend for herself during her time of mourning. For both Mansha and Ganga, having a teaching career was something they could fall back on for financial support, but it also gave them a sense of purpose and something to do. It

was not something they needed to mobilise themselves from their grief. However, Chanchal and Jagruti used their careers to mobilise themselves.

It would appear from the data that the support the widows received from other people during their grief was necessary for them to cope. Medical support on the other hand appears to have been unhelpful in this context, as in the case of Jagruti and Ganga. However, it did provide a base from which they mobilised themselves in their circumstances. Both decided to wean themselves from their medication.

Sarita appears to have minimal social, emotional and moral support from family members. It seems that she struggled in her widowhood and she expresses that she feels very lonely. It would appear that the place where she finds comfort is at the temple. Ganga also started taking an interest in going to the temple and here she built up a small network of friends. The people with whom she does her healing work define Jagruti's social network. It should be noted here that Jagruti also expressed feeling unsupported by her family and struggled to cope with her life during her period of grief. Mansha and Chanchal were fortunate in having an established group of friends, who proved to be of value at the time of their grief. Chanchal also experienced support from the medical team in that they were very helpful to her when her husband became ill with cancer.

One interesting observation that I have made regarding the interpretation of the data is that the expression of grief appears to have been spoken about the least; how they coped with their difficulties is far more evident. Also, in my observations I noted that some of the participants told me, after the interview, that for some of them this was

the very first time they had spoken to somebody about their experiences since the loss.

6.1.3 Empowerment/disempowerment: patriarchy

The theme of patriarchy seems to play some role in shaping how women think about their widowhood experiences. According to Roy (2006) the wife was always viewed in texts as an assistant to her husband. Women's independence was discouraged in almost all civilisations and religions. It is argued that a good wife must never do anything that would displease her husband. It was considered their duty to serve their husbands and treat them with respect. Agnew (in Roy, 2006:28) points out that 'women's participation in politics did not change the ideal of Hindu womanhood'. In addition to this he points out that the role of a wife and mother continues to be idealised in the Hindu culture and women continue to accept and abide by the conventional image.

This appears to be evident in the manner in which participants in this study seemed to portray their womanhood. Although this is not made explicit it is apparent in subtle forms and in the mannerisms displayed.

In the case of Jagruti, after her husband died, she entrusted some equipment that her husband left to her nephew. It would seem that she trusted him to take care of her belongings only to learn later that he had stolen her money. However, when confronting him about this Jagruti's mother seemed to dismiss her claims and sided with the nephew. This highlights how notions of patriarchy are sustained by this

family. Also, Jagruti's mother seemed to behave in ways that sought to maintain patriarchal rule in their family dynamics: she aligned herself with her son against her daughter and maintained that Jagruti was mentally unstable and had to be institutionalised; in the other instance she sided with her nephew whom Jagruti was accusing, saying that she was unstable and did not know what she (Jagruti) was doing. This silences Jagruti in her family and perpetuates her voicelessness in her context.

Chanchal seems to be aware of patriarchal themes and this may be attributed to her talking about this issue in her social circle. For example, she says that she has never experienced anybody telling her or making her aware that she is a widow. Also, the fact that she still identifies herself as her husband's wife, even though he has died, again highlights how she identifies herself with ideas of patriarchy. She also talks of how widows were treated in the past, which is information she acquired through reading books, but seems to live her life in such a way that she does what she wants to and does not allow herself to be oppressed. What this means is that she does not perceive herself as a person who is passive like women were in the past. Instead she views herself as an independent and financially stable person, who is capable of making her own decisions. At some level it seems that she informs herself about how things were in the past, and uses this information to make informed choices in her current living status.

Though she talks of how her husband treated her as an equal partner, having her rights and so on, her behaviour in relation to her son appears to contradict her thinking. Taking care of her son and ensuring that he has his cooked meals at home, even if she had to go out, seems to maintain the patriarchal status quo at some level.

In the case of Mansha, it would appear that she relied on the support of males to help her to take care of things when her husband was ill. It should be noted that she does not mention the assistance or the support from females during this time. When her husband died she also seemed to rely on the support from friends. However, when she obtained the support and acknowledgement from a male person within her group of friends it seems that only then could she give herself permission to dress the way she preferred, thus maintaining the patriarchal status quo. Similarly, after her husband died she felt unsafe, because she had no husband to protect her. It seems she associates her safety with the presence of a male person.

In the context of the wedding ceremony the women seem to maintain the customs and traditions which stigmatise a woman when she is widowed. In some way this also maintains the theme of patriarchy. Cultural traditions appear to be upheld by women who in essence maintain the status quo in patriarchal society. According to Dubois (1906) female counterparts ensured at some level that the rituals were followed. Though this was traditional practice it is apparent that in current times this custom is still prevalent. Cultural values appear to take precedence and little regard seems to be given to the individual.

Further, the theme of patriarchy is also portrayed in the context during the time Mansha had to take responsibilities of legal matters concerning the house. She makes mention of how the lawyers and her brother-in-law took responsibility for those matters and that she was not an active participant in the whole process. She came to learn of these legal matters indirectly. This in essence perpetuated her voicelessness.

It is also interesting to note her mention that since the birth of her grandson she has gained the confidence that she wished she had earlier. Would she have felt the same if she had a granddaughter?

Ganga's case presents a theme of patriarchy when she mentions that she had to sacrifice her teaching career and stay at home to look after her mother-in-law. I would presume that her husband encouraged this behaviour. Being married she probably had some preconceived ideas about what was expected of her as a Hindu woman and her passivity and submissive behaviour are apparent in this instance. It is also possible that she did not have a choice in this matter, highlighting the theme of patriarchy. Further, the thinking that discourages women from working and encourages them to stay at home highlights the theme of patriarchy.

In the case of Sarita, patriarchy is displayed in her behaviour concerning her son. Sarita feels that she is not coping with her teenage son's demands. Further, she expressed that she feels unable to cope with the loss of her husband. She feels that the assistance of an uncle would assist her in better caring for her son. She seems to think that a male person is needed to discipline her son and that as a woman she is incapable of making decisions on how best to deal with him. She appears to be disempowered as a woman in her context by both her sons, because at a subtle level it seems that she expects them to take care of her, but is left feeling rejected, alone and disappointed.

6.1.4 Chaos/order: psychological chaos

According to Scannell-Desch (2005) literature about widowhood has centred on physical and mental health, financial security, bereavement issues, and social support. A husband's death has been found to increase the surviving wife's vulnerability to depression regardless of the mode of death. It has been found that widows who seemed most vulnerable to depression were younger widows who lacked social support and who experienced substantial loss of income related to death.

Drawing on all the participants' experiences following the loss of their husbands, brought together different dimensions of change on a psychological and social level for each widow at different times as they began their journeys in widowhood. According to Attig (1996:151) 'when we are bereaved, we experience ourselves as disconnected from larger wholes of which we thought ourselves part (*original in italics*) we are deprived of the meaning and purpose provided by the connections within the web of webs'.

It is apparent that they experienced chaos at an emotional level. It is also interesting to note that the way in which they dealt with the impact of the grief was in terms of depression. In this instance they sought medical assistance. Their grief was conceptualised in terms of the medical model, that is, they felt depressed and sought treatment for the condition.

Jagruti experienced feelings of depression and was committed to a mental health facility. The loss of her son and later the loss of her husband seemed to throw Jagruti

off balance. She sought medical assistance, but it would appear that this did her more harm than good.

Chanchal seemed to experience feelings of depression when her husband was diagnosed with cancer. She sought the assistance and support of the medical team, friends and family. She tried to engage herself in activities or change her focus to thinking of something else in order to cope with her feelings of loss.

Ganga seemed to deny her feelings of grief and according to her she made her children the focus of her life, so that she did not have to deal with her emotional difficulties. It appears that this denial of feelings caught up with her at a later stage when she lost her daughter. Ganga experienced depression and was hospitalised. Her treatment included medication and visits to a psychiatrist. After some time she felt that the medication was of little help to her and sought to heal herself.

Mansha's experience of loss also encouraged feelings of depression. She felt depressed to the extent where she felt that it was difficult for her to even step outside her home or attend a function.

Sarita does not talk of feelings of depression, but it appears that she has manifested them in physical symptoms which she attributes to stress. It would seem that her stress is as a result of the culmination of a number of factors that are associated with the loss of her husband.

I would think that re-establishing life without one's partner is like trying to find a pen with which to write a story. Attig (1996) says that when we are bereaved, we experience incompleteness in ourselves because the loss disrupts the continuity of our life stories. 'As we live in and shape our autobiographies, we come to understand ourselves. We experience our lives as having meaning and purpose rooted in histories of past experiences, sustained in present living, and projected in expectations and hopes about how our stories will unfold' (Attig, 1996:149). Therefore, when one is bereaved the past is experienced as too painful to remember and present life too distressing and confusing, and many expectations, hopes and dreams seem no longer viable (Attig, 1996).

6.1.5 Preparedness

It appears that all five widows were not emotionally or financially prepared for their widowhood. Even though Jagruti and Chanchal knew that their husbands were seriously ill and would die, when the death occurred they were both in shock. None of the widows were prepared for their widowhood. It seems that these women faced financial strain at some point in their widowed state. This is especially true of Jagruti, Mansha, Ganga and Sarita. They had to find the means to sustain themselves financially as they could not rely on any family member or support network to provide financial assistance.

6.1.6 Conclusion

This chapter draws out the common threads in widowhood as experienced by the different participants. The main themes were **the fall/the rise: social support from friends and family; there is a choice in overcoming grief; empowerment/disempowerment: patriarchy; chaos/order: psychological chaos; and preparedness.** Drawing on the analysis and my interpretation of Hindu widows' experiences the manner in which Hindu widows grieve and what becomes of them is influenced by the society in which they live. The themes illustrate that the Hindu widow influences and is influenced by her social context in a reciprocal manner. For example, where on the one hand society 'rejects', she re-evaluates her life and 'she gives back' to society (offers a service), thus establishing a reciprocal relationship.

Chapter 7

7.1 Conclusion

7.1.1 Introduction

This chapter evaluates the present study in terms of strengths and weaknesses. It also includes recommendations for future research.

7.1.2 Evaluation of this dissertation

The aim of this dissertation was to explore how Hindu widows construct meaning based on their experiences since becoming widowed. Having journeyed with my widowed mother sensitised me to the hardships she had to, and continues to, endure. This dissertation gives voice to women's experiences of widowhood. In taking each participant's unique social context and personal history into account, multiple meanings were allowed to unfold.

Chapter 2 relates theoretical aspects of mourning in psychology. Grief theories are explored. The manner in which Hindu widows mourn appears to be defined within cultural and social confines. The way in which these definitions become prescriptions is based on interpretation by society. The practice of these prescriptions becomes questionable when looked at from a western psychological perspective of complicated mourning. However, when the mourning is looked at from the perspective of the Hindu culture, women are merely following tradition. Specific reference is made to

the manner in which she thinks she should dress and conduct herself in social settings. The chapter highlighted gender issues specifically relating to the Hindu woman. The related theme of patriarchy was explored. The intention was to challenge the ideas that prevail in society about women and widowhood, and to interrogate women's ideas about themselves. This meant exploring ideas about women from political, social and cultural perspectives and challenging the prevailing conceptions of being a woman and being a widow.

Chapter 3 defines the theoretical framework of this dissertation, namely social constructionism, and argues that how we construct ideas about grief, mourning, gender and culture is socially constructed. A social constructionist perspective on mourning denies a universality of thoughts, feelings and words about bereavement. Among those writing about grief, how grief is understood is defined by their spoken language which shapes and limits what can be said about grief (Stroebe *et al.*, 2001).

Defining qualitative research is a complex process because the very essence of qualitative research is complex and dynamic. Therefore, the manner in which one defines what qualitative research is depends on the researcher's point of view within the complex landscape of qualitative research material at his or her disposal. Although it may appear that a definition of qualitative is fixed, it is not so. Depending on the angle of punctuation, one will define it accordingly. Definitions reflect a linear process of presenting words and concepts, whereas a qualitative approach is nonlinear and multidirectional, an asymmetrical bundling of non-essential conditions (Potter, 1996:6). My interpretation of a qualitative research approach was explained and implemented.

The aim of this dissertation is to provide a platform for Hindu widows' voices to be heard. By exploring their experiences in terms of their struggles and how they coped with the loss of their husbands, the intention was to broaden the way of thinking about Hindu widowhood by challenging stereotypes. In my understanding the stereotypes that prevail in society are, among others, that widows are passive and do not challenge their circumstances; that they cannot cope without their husbands; that the Hindu widow has the expectation that when her husband dies, her extended family should step in and assist her with her responsibilities; that she is a nobody because she has no husband and so she may not necessarily have something worthwhile to contribute and may be an emotional and financial burden; that her viewpoints may be overlooked and her competency questioned. Furthermore, that during a wedding or any important ceremony the Hindu widow is discouraged from participating as she may be considered a bad omen. Stereotypes of this nature inevitably silence women's and widows' voices. The qualitative nature of this study highlights the fact that the context is unique for each participant. Therefore, the unique experiences allow different meanings to unfold. By hermeneutically analysing the data gathered during the interview process in-depth insights and meanings were achieved.

When a researcher wants to know how humans interpret meanings, he or she has to make meaning of how the observed person made meaning. When a researcher uses expressions in his or her own language or from his or her own perspective, the evidence is etic. In contrast, evidence is emic when it is composed of expressions in the categories and meanings of its object, that is, the person being studied (Potter, 1996).

According to Potter (1996) in qualitative research the assumption of interpretation reminds us that there is no ultimate, defensible truth; there are only interpretations of it. Therefore, objectivity must not be used as a fixed position reflecting truth, but instead as a relative position on a continuum. On that continuum objectivity is a position that is closest to the phenomenon being examined. The interpretations offered in this dissertation are influenced by my perceptions and understanding, and so researcher bias is acknowledged. My interpretation of the phenomenon is twice removed from the phenomenon and with each step removed there is an additional layer of interpretation that serves to shift the balance from the phenomenon (Potter, 1996). So, my interpretation in analysing the data is based on my experiences in my training as a psychologist, and my mother's experiences of widowhood, and these provide me with a lens through which to take a glimpse into the lives of other widows.

The terms 'validity' and 'reliability' have been replaced with 'credibility' and 'dependability' respectively. This is consistent with the qualitative nature of this study. Both credibility and dependability were achieved in this study.

This study achieved its credibility to the extent that it produced convincing and believable findings. By reviewing themes from various angles and not relying on a single theory, triangulation of data took place. Dependability was achieved as elaborate descriptions of the participants' contexts showed the reader how the participants' actions and opinions were rooted in contextual interaction (Terre Blanche & Durrheim, 1999).

7.1.2.1 Strengths of this dissertation

In contrast to linear, modernist thinking about widowhood and mourning, which appear to focus on the intrapsychic psychological processes experienced by the widow at the time of her mourning, an alternative way of examining widowhood which is culturally sensitive and which looks at widowhood within a systems paradigm is offered. This study transcends the mind–body dichotomy and facilitates the creation of new realities.

Another advantage of this dissertation is that it is informed by a social constructionist epistemology. The role of language is important and I have become sensitive to the vocabulary and culture of others in terms of my own understanding. This moves one to perspectives and understandings of grief in people's (in this case widows') own terms, as they have adopted them within their respective cultural context. This dissertation allows the reader to realise that one could come to see one's own ideas about grief as only one of many useful but limited ways of thinking about mourning and grief.

Literature pertaining to widowhood in general seems to focus on the psychological impact of loss on a widow. This is examined at an interpsychic and intrapsychic level. Further, the study of widowhood within Hindu culture in South Africa appears to be under-researched. Engaging in a research of this nature has been helpful to me at an academic level, where as a researcher I have begun my own journey in developing my ideas of what qualitative research is all about, as well as personally by realising my limited understanding in my interpretation of Hindu culture.

This study highlights an understanding of widowhood that extends beyond the psychological aspects to look at the cultural dynamics of Hindu society and how they impact on the widow's grieving process within her context. The cultural lens is a differentiating factor in this dissertation.

7.1.2.2 Limitations of this dissertation

Owing to the qualitative nature of this study its replication would prove to be complicated on the basis that the specific context and timeframe within which this study was conducted was unique to those circumstances. This may be viewed negatively in terms of the reliability of the study, when viewed from a positivist research perspective. However, bearing in mind the social constructionist epistemology adopted in this dissertation, another study would be yet another construction of Hindu widowhood and read and understood as different.

The use of an interview schedule facilitated the process to elicit the experiences involved in widowhood. Sharing their experiences allowed for different meanings to unfold. The advantage or benefit of this process is that the study elicits specific ideas, that is, it elicits the experience and personal changes as a result of the loss, but the disadvantage is that they have provided a relatively shallow exploration of the process by which these outcomes emerge. The study was time-intensive, both in terms of time spent interviewing and in transcribing and analysing the data. This may be due to my limitations as a researcher where, even though I prepared an interview schedule, I was unable to follow up with the proposed questions. The interviews, whilst being conducted, seemed to veer off course at certain points in time, and ended up being

longer than anticipated. Therefore, at times the responses were very lengthy as there was little guidance on my part. I acknowledge this as one of my learning curves.

The lack of focus in my interviews may also be attributed to my timing in terms of conducting the interviews. I conducted the interviews before gaining a sound grasp of my topic and without a sense of conceptual clarity. By conducting the interviews in this state, I realise in retrospect that I could have probed the interviews in certain instances where I found ideas to be loosely formulated, and also that I could have steered or guided the interview if I had had a better understanding or focus in my own mind. Therefore, it would have been a better option for me to conduct the interviews at a stage when I had a better conceptual grounding.

My process in terms of lack of getting a better conceptual understanding of my topic was a challenging one. The process could be described simply as chaotic. I initially felt very overwhelmed in terms of what and how to take my dissertation forward, because of my shifts in ideas that came as a result of the change in supervision, my supervisors and my process therein. This idea is explored briefly later.

The process of unpacking the chaos began when I started to read literature related to my topic. Initially, the process was overwhelming, but with time I was able to read with distance and select material relating to my topic. This became an important step in my process, because from that stage I began my journey of finding myself in the chaos. I learned how to assert my ideas in my writing and, as I did this, I found some sense of order. The process of writing and rewriting seemed to consolidate my ideas

and assisted me in finding my voice. Gaining this perspective has been a learning curve for me as a researcher.

Owing to the turnover in my supervisors I was placed in a situation where, at times, I had to work in a vacuum and my support structure in terms of academic support seemed to have collapsed. In spite of this, continuing with my dissertation was important to me. As a budding researcher I was trying to grapple with the dynamics of working on my dissertation and conducting my research and at times the break in supervision was demotivating and emotionally draining. Finding my footing in the research and settling into a routine took time.

Eventually I was able to gain a different perspective on my process and purpose in research. In spite of ongoing consultation with my supervisor and colleagues and interested parties, critical decisions about such things as when to use interview probes, how to select, interpret and summarise data, were essentially made by me. Researcher bias in this regard can be assumed to have occurred.

My personal interest in Hindu widowhood and consequently the experiences of widowhood led me to select this topic. My personal involvement in this study influences how I interpret the data. Owing to the qualitative nature of this study the researcher is the instrument for data collection and so data collected cannot be 'objective' or 'value-free'. Therefore, this study cannot be regarded as *the truth* about widows' experiences. It is instead more accurate to say that this study is a co-construction of my frame of reference, theoretical and academic sources that I consulted and the participants' stories. Being an Indian female my ideas about

widowhood are limited to how I understand and construct my mother's experiences. Also, my understanding of Hindu culture is my construction, and I acknowledge that understandings of Hindu culture are my interpretations. In this regard, my biasness is acknowledged in this study. The themes extrapolated in this study are influenced by my cultural lens and understanding of the text. Similarly, a person engaging in reading this text will depart from his or her frame of reference and understanding.

The findings in this dissertation are consistent with the epistemological orientation on which this study rests. Each participant's narrative is socially influenced and co-constructed within the broader networks of her community. This was seen to have an impact on the way in which each participant restructured her life as she engaged in co-construction within her respective community.

7.1.3 Recommendations for future research

It would be interesting and valuable to conduct a study similar to this that includes perceptions of widowers regarding the loss of their wives.

Linking with this recommendation, a study that explores male experiences of loss, especially within the Hindu community, would add an interesting dynamic to understanding how men are socialised to think about loss from a cultural perspective. The study should be made from a social constructionist perspective to highlight how men have been socialised to understand the experience of loss and therefore how they express their grief in their context.

Yet another interesting but related topic that is worth exploring is the issue of remarriage in the Hindu culture, especially after the death of a spouse. Exploring a study of this nature would add valuable insights into the gender dynamics that come into play in a multicultural society like South Africa. Hindu people are being socialised in a multicultural society and so it would be interesting to understand how they socially construct ideas around remarriage.

7.1.4 Conclusion

This research, as a result of the topic, introduced me to many levels and facets of literature on grief and bereavement. The philosophical aspects of life and death gave me the opportunity to think about my own ideas and re-evaluate my life choices. I entered the dissertation with certain preconceived ideas about widowhood. These ideas were informed by my context and by my interpretation of my mother's experience of mourning during that time. As much as I thought that this was relevant, my understanding has changed. Such exposure challenged my preconceived ideas about widowhood, about mourning and about women's position in society, and motivated me to think about the diversity of meanings that become helpful in the process of healing for the bereaved and myself.

I believe that this research has made a difference in that it has impacted on me very profoundly. After losing my father I did not know how to deal with my emotions – I resented him for leaving me, I was hurt, and as a result, I found it rather difficult to adjust to other family members. I felt unsupported and voiceless. I was feeling guilty for having my personal needs because people around me gave me the impression that

they were more hurt. In the process, I sacrificed my feelings for them. I really felt lost. In doing this research I struggled to gather my thoughts and write about grief. My stoicism concerning the loss perpetuated my own voicelessness. Choosing to comment and write about loss in this way helped to emancipate my stereotypical ideas. By reading books on other people's experiences of personal loss I also began my journey of unpacking my own feelings. This research has also helped me to reconnect with my mother, in that we speak differently about my father's death. This process of unpacking and reconnecting has been a challenge for me. Much of my personal process runs parallel to that which the widows experienced. My relationship also mimicked many similar processes that were outlined in the reflections in chapter five.

This research is useful in the sense that it holds a different perspective of widowhood. Choosing a constructionist perspective does not eliminate previously held thoughts about widowhood; rather it adds a different perspective to the topic under study. It is argued that the death of a significant other is difficult for people everywhere, and that the experience differs from culture to culture, but it also varies from individual to individual within a culture. The variability fits a social constructionist perspective by showing that grieving is malleable, that there is not a simple biological or developmental process that controls and shapes how people grieve a death, how long they grieve, or what meanings they give to death (Stroebe *et al.*, 2001).

The crux of this study was to examine the traditional ways of understanding Hindu widowhood and to show a different way of thinking about the concept, and thus to entertain a different experience of widowhood. It is therefore hoped that this study

will make a difference to the journeys of those Hindu women travelling the path of widowhood. The aim of this dissertation is not to impose change, but to encourage the development of situations in which women can make real choices about their own lives and other issues. The manner in which the widow constructs her life after she is widowed is just that — a construction.

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Appendix A

Letter for newspaper publication

Lenasia Times

Lenasia

1820

To Whom It May Concern:

I am a psychology student, studying at UNISA. I am in the process of completing my thesis.

I am conducting a study on the experiences of Hindu widows and request the participation of Hindu widows in Lenasia. I am fully aware of the sensitivity in the nature of this research and I trust that you will gain an enriching and meaningful experience by participating in this programme.

All information will be kept confidential and I will respect your wishes should you decide to withdraw from this study.

Should you be interested in participating, kindly contact me at the following number.

072 284 9994

Yours sincerely

Miss Jyoti Bhana

Appendix B

Interview schedule

1. Marriage

1.1 When did you get married?

1.2 For how long were you married?

2. Death

2.1 How did your husband die?

2.2 What was the experience like when you experienced the loss of your husband?

3. Support structures

3.1 What is your age, and do you work? What is your highest level of education? How do you support yourself financially? Is it an area of concern?

3.2 What role did the family members play since the loss of your husband?

3.3 What/who are your current support systems?

4. Coping and adaptation of life

4.1 How do you cope now? What is the impact of this loss to you?

4.2 In what ways, if any, are you treated differently since the loss?

4.3 What do you experience as challenges in life? What are some of the difficulties you have experienced since the loss of your husband?

4.4 How have you or your family changed, if at all?

4.5 How does your culture help or hinder you to understand your loss?

Appendix C

Consent letter

DEPARTMENT OF PSYCHOLOGY

Ref/ Verw: Ms B. M. Semanya

Tel nr: (012) 429 8093

Fax: (012) 429 3414

E-mail: semenbm@unisa.ac.za

30 November 2007

CONSENT FORM

Dear Participant

I am conducting a research study on stories about widowhood and mourning. The study specifically deals with Indian women who have lost their partners. I would appreciate it if you would volunteer to be interviewed for the purpose of my research. The interview will last between one and two hours and there might be a need for a follow-up interview.

Your participation in this study is entirely voluntary and you can refuse to participate or stop at any time without stating any reason.

All information obtained during the course of this study is strictly confidential. Data that may be reported in scientific journals and in the investigator's thesis will not include any personal information which could identify you as a participant in this study.

Thank you for your cooperation.

Yours sincerely

Jyoti Bhana

I hereby confirm that I have been informed by the investigator about the nature of this research project, as described above, and I am prepared to participate in the study.

Participant's Name

Participant's signature

Appendix D

Transcripts

Transcript of Mrs Jagruti

The interview:

J: Jyoti

Ja: Jagruti

We exchanged greetings. I introduced myself and explained the purpose of my study, its aims, and gave her the consent forms to sign. I told her that I will be taping the interview and that all information is confidential. I started taping.

J: Where would you like to begin? The floor is yours.

Ja: Okay! (Pause) After my son was murdered.

J: When was this?

Ja: That was in 1999 (pause) on the 13th of February. Uhhh. He had come home from work and he had just graduated the year before, as an IT. He was an IT at Wits. He graduated and he just turned 21. And it was few months after that, and to me it was that this child was now blossoming. He phoned me and he said to me, ma you know what, dad wanted something, but somebody else has come to borrow my hi-fi and are

they waiting? I said no and he wanted to know if his father and I wanted anything, and I said no we fine and his friend said to me and this other friend was nagging him because his cell phone was also switched. They said that he, they came to fetch him he was stuck. So my son went through to fetch him, like bring him through to Lenz. When my son got through to Lenasia South he took him in, parked his car and everything. He insisted that he wanted to look for the mechanic because he said he had to go to work the next day and he went to look for this mechanic, and when my son asked, he said, ask who's the mechanic. My son just saw this man with an overall and he said sorry, I'm looking for Roy. The mechanic and he got violent and just took out the gun and he shot my son. And ever since then, everything went tipsy curvy and that was like when I was married 29 years. And the trouble is I never saw my husband sink and he never saw me sinking and we were advised to go see a specialist at Lenmed. And he advised us that he would keep us in hospital for a few days and just pacify us like this sleep therapy and they call it and what have you and what have you. But, the injection damaged his kidney. It was like four months after my son died. The doctors said when we got home but then I found my husband getting sick and said you know what, he is sick because of my son and we need to get ourselves sorted out. And we were going for counselling and all sorts of things going around because it was just the three of us, my eldest son was married and he relocated to P.E. about six years before this whole episode happened. And when we went to my niece, and she's also a professional doctor and she was getting a bit worried about my husband. And she said I don't like things, I don't like him looking this way. Let me send you to have a blood test and when we did the blood test she had found that he had gone into renal failure. And um... we had to cope. I had to switch from mourning, with the thought of losing my husband, and it was a hard patch. Because when it was a year for my son, then the

doctors had already said to me that he don't know how's he carrying on because his organs have failed so badly, but he fought it. But he didn't know a lot of truth that was going on in his health. I was very fortunate to have my niece and her husband who are both qualified in medicine and so they were helping out a lot. Did a lot getting injections and doing certain things, but we couldn't do dialysis because his organs were getting very weak. Then I think it was the July, just a few months after my son had died, the doctor said to me that unfortunately my husband was going down so bad that he wouldn't make it. So I said you know what, the trauma of my son and that, I said I'm gonna manage and not tell him so he can fight. And he fought and the following year July, I'll never forget it was the 6th of July. It was my grandson's birthday and we had a doctor's appointment. We phoned him and wished him for his birthday and all. And the doctor, he wanted to go, but the doctor said that the risk of the flight would increase the pressure and he wouldn't cope so we couldn't go. Like he used to come every two weeks up and down, be with us and that day, the nurse misinformed me and my husband, about putting on, and he had to go through a change but he was ready to go in. And he called the doctor and looked and said No! No! No! You can't come like this, you need to put a mask and a gown and things on. And he said, I thought no it's gonna get late. It was so accidental that he went in alone and when he went in the doctor said I don't know why your wife is spending so much of money on the kidney and the heart is so bad, you just living. You just walking around like a time bomb. You can collapse now in my surgery and die. And then, he was quiet on our way home, and we always used to stop, like at a Milky Lane or something, before we got home. Because we stay at Mixon Manor and we had something to drink and all and then we went and he said I don't feel like anything really, but you have a burger, you have something... I'll force myself, but I won't feel

nice. I think we had a raspberry and we got home and we closed up and went to the room, and sat around and he said you know what I want to ask you something. I was like, putting on this brave face, and he says how come you didn't tell me the doctor said I don't have time? And I said, ag you know the doctors are talking nonsense. And he phoned my niece, and she dashed over and then we had this little talk and we explained to him why we didn't want to say this to him. And after the doctor told him, six weeks later he died. But all the time he fought and I just felt that the doctor not saying this maybe he would have fought.

J: That's what you feel?

Ja: That's what I felt. Because I felt that he was coping. He was pushing. He was pushing because he kept on feeling sorry for me. You gonna be alone. You gonna be alone. How you gonna cope? You don't worry, you're a fighter, you'll be okay. You'll be okay. You'll be okay. And you know you just pray for that miracle, that you know it won't happen.

J: Ja

Ja: And then on the one day, the 8th of September, on the 7th of September. No on the 6th of September, he was not feeling so wonderful, and my niece just said hang in there, he might just slip into a coma.

J: What was happening at the time?

Ja: The kidney, the heart, everything was failing.

J: Was he sick before?

Ja: No! Wasn't he was such a gentleman. He wouldn't say, oh I had a pain. He was, like I say, he tried to be strong, and then he went through the whole birth of my son, the one that died, and he spoke to me about the whole thing. But before that he phoned my son and he spoke to all of them. The children, he spoke to, and he spoke to my daughter-in-law, my son. And my daughter said ag dad, you're a fighter man. You'll be okay. You'll be okay. And he spoke to my son and said you know what I feel so bad, your mother wanted to go out and buy a present for her sister. It's her birthday tomorrow, and I felt bad and I just didn't feel...I couldn't make it today. But we just sat at home and we had a nice day and when we got to bed, he kept on talking about my son and ag, you know you must just praise okay, why you going through all. He said can you remember how your mother opened the shawl and gave it to me? It was a big circle and we just put him in there. And he just went over this whole procedure of how it happened. And then I said you know you talking so much, why don't you just relax and sleep. And I promise you, Jyoti ne.

J: Yes.

Ja: Jyoti I promise you, I just turned, my forehead on his forehead, and ooh, it was cold. His fingers were in my hand, he liked to sleep in my arm, and I said, ag, but he's so cold. Ah! But in that second I felt, ag, but you're not breathing properly. How come this is so? And then I turned around and I just phoned my mother. Oh! Ma! I said; please bring PXXX or VXXX quickly. Tell GXXX to come. I think TXXX is

gone into a coma. Because my niece, she was like warning me these whole 2-3 days. He won't just die. He'll go into a coma, but I think she just tried to make me... because if I was alone because there where I was, I was like in this b-i-i-i-g house.

J: Hmm.

Ja: Five bedrooms and as the family went, the house got bigger for us. And he just went like that. It was so so so quick. Also I feel that I when I see sometimes people suffering, I say hey you know it's very difficult. This is you know... he went peacefully. Then the heartache because after he died then I realized... I didn't even have time to mourn for my son.

J: Yes.

Ja: Then I had to go through all this and then I had so much of family pressure from his family. He didn't want, he was a person that did meditation and he didn't believe in all the rituals and all that.

J: Okay.

Ja: And then when I said to them this is what he wants. He just wants a quiet satsang (prayer) and he doesn't want all this fuss. Oh! They were so cross and I said I don't want to worry about all those things. I can't be bothered. You must do what you want to do and what is right. I said you know for 30 years we did what we wanted and this

is how we lived. You people must learn to respect other people. And I tell you some of them from then till now, they don't even know whether I exist or died or whatever.

J: This is now your husband's family?

Ja: They were like... then I said it's like so unfair that all my life, this is what we did, now you people come, to me it's just not right. And then my son said, we had got a buyer, the buyer was already in the pipeline before he died, because we had to down size, we had to. It was too big for just the two of us. Then I packed up and I went to P.E. We just had everything put in storage and that and my son got practice and whatever. But one of my nephews came and he said my husband was a Tamil and I will help. I'll pack all his equipment away for you and in that trauma, I mean he's a child that I grew up, so I didn't think anything other than that. He took it and he sold it, or I don't know what he did, but just took it and told me to go to hell. I gave him the stuff that was worth millions and he just took and went. And I tell you something, I went through so much of heartache and pain, losing this, losing that, losing now my husband, and now this on top of it. Medical bills before he died, everything was cashed. The day he died we didn't owe anybody a tikkie, so that didn't bother me. But I just felt that every time he asked me, why don't you sell and put this back into your account. You can just take one thing. There is R50 000,00 or R60 000,00. I said to my mother, the worst thing to do is to sell it, and if he sees the thing going, his heart will get more sore.

J: Okay.

Ja: So leave it there, it doesn't matter, as long as it not asking. If I need the money then maybe I'll get a plan or something. It didn't matter that time. I didn't worry about it. When I asked him, he took my husband's gun, he took so much of stuff, he just took.... When I asked him for it, he just said go to hell. But my mother took his part, and my brother. They took his part because they said I didn't know what I was doing and I gave it to him and I'm so greedy.

J: Just tell me this 'him' you are talking about is...?

Ja: My nephew.

J: Your husband's ...

Ja: My sister's son. And up till today, and then my mother and them tried to make amends after that... but I know that my mother was very fond of him because she grew him up. And then I had a nervous breakdown. It was my second breakdown.

J: Your first break down was what?

Ja: The first breakdown was...

J: Was when your son was murdered?

Ja: My son. We were in hospital.

J: Yes. What was the breakdown about?

Ja: The doctor just said that it was... the first one was not a chemical breakdown. The first one the doctor just said more we were going into denial and lots of other things he said. The second breakdown was a chemical breakdown.

J: What was happening to you?

Ja: You know whatever you saw in front of you, went funny colours. Lights in your eyes. Looked at something it's blue and then it's a yellow. But that was through blood test. I knew it was that was a bit down, right, but what the doctor did was he gave me tablets. Enzo, antidepressant thing and sleeping tablets. But he didn't give me a correct dose. This is where I fight with people about the antidepressant. He gave me a dose that was too much, and everyday you feel like a zombie and people used to say things. They used to tell my mother you see what she looks like. My mother used to say to my sister, that one is just sleeping all the time. She's not getting up. But nobody took into their hands to question more, what is going on. And the doctor kept on her, ag, she'll come right, she'll come right, she'll come right. But then one day, I went to the doctor, I wasn't feeling well. I just felt this chest was tight and hurting and all. The doctor said you know what, I'm gonna give you something for your heart, it seems like angina. Now you must know I got these heart tablets, I got antidepressants, and I'm eating all this junk food. You can think about to survive. And I told my neighbour, here in the flat, I said, HXXX, you know what, I don't feel so wonderful. If I sleep, if I don't get up, or whatever, here's the key. She said, don't talk nonsense. No, I'm telling you this morning, I couldn't get my body out of bed. I just couldn't get

up. But when I spoke to this doctor, he said under no circumstances must I leave this tablets I must take it. So, when I was rushed to hospital, the doctor said because I was taking so much I couldn't handle it. Anybody could say it was an overdose, but I was upset because I wouldn't overdose, because I have my other son, and I have lots of others to think about, and my mother turned around and said it's an overdose. Then, the doctor at the hospital realised and said this was not for you. It was too heavy a dose for you.

J: Same doctor?

Ja: No. Another doctor. But then my brother and them were so fed up and said, well she's just not fighting back. But they didn't realise that taking the tablets for so long it made more damage for me. It did more damage than any good. What had happened is that they signed a document and everything and everything and said no it's fine, the doctor must put me into a centre for six months. A heart like you, this one doctor came and sat and spoke to me and he asked me so many questions and he went back to report this doctor that was looking after me.

J: The first one who gave you the heavy dose?

Ja: No. I didn't go back to Dr. X. He said to me you know what, this lady knows a colleague of mine, near her where they live. I'm gonna get hold of him and ask him some details about her, and what really happened. Is this it, or is it a make up story because she's like in seventh heaven and they still drip you and they still give you more medication to make you sleep. They give you medication to make you like a

zombie. You know my friend came and she said you know I wanted to kill the doctors and you know you just lay there like a lameless thing there, you got no energy, can't lift your one hand to the other hand. And you must know I'm like so lonely, no son, and you know what happened is, my mother and them, told my son.

J: So he was totally oblivious of what's going on now?

Ja: He doesn't know nothing. Then I realised, when in a psychiatric ward, that now I'm being placed in a psychiatric ward, this doctor that spoke to me, he phoned Dr. YZZZ in Lenasia South, and he said you know what I have this lady here, she needs I'm not sure, but this is the details she's giving me. Do you think that it's right? Then he said yes it's right. I know the whole family history. She's not going crazy. I'll tell you that. That's a very smart woman that you're dealing with and he came to the hospital. And then I had to get a lawyer to get me out of the hospital because those papers were signed.

J: Yes.

Ja: That I had to be committed. And then the same doctor asked me for my brother-in-law, my husband's brother. They had somehow, somebody told them in the pipeline this is what happened and my mother is now very angry. My mother is more angry because I keep on accusing my nephew of stealing what was ours. Up till today I still tell her he stole my things. I still say hey you stole my things and then the doctor got hold of my brother and somehow they found out that I was in the hospital in this section and nobody was gonna see. And so they came looking for me. And he said

that I must promise him. Okay. See the lawyer came and few days and the lawyer got me out of there because he signed a document that he would be, I think that he had to sign it; he was going to be responsible that I am going out of there. If anything happens that they would be responsible for allowing this to happen to me. But one of my nephews was also doing ward rounds and he picked it up, RXXX. Dr. TXXX. I don't know if you know him. And then RXXX phoned my mother and said no, you can never do this to me. It's not right. He told his father-in-law and all of that. My uncle, that's my kaka (uncle), that's my father's brother, he went and spoke to them and told them that no yous can't do that to her. What yous doing to her? I mean she's lost her family, lets look after her. What are yous doing to her? And my mother was ... she's not a baby. But they were not. But my mother was now covering up and doing this to me to spite me that I'm accusing this nephew that's taken the things and that. But the doctor came, and said farewell and he says that you've got to take this medication. So my brother-in-law said, no fine, I'll take her. Medicine you get to her. I'm not taking that in my car. Because if this is what's putting her to this state then why must she go this state. I know her she was not a person like this. She never in her life took a tablet. Why are you doing this to her? And while we were coming home, my brother-in-law shouted me, why are you doing this to yourself? Then I said to him this is what had happened. I said go and ask that doctor, he will tell you that actually the dose that this doctor was giving me was supposed to be 5 ml. He was giving me 20 ml. So I didn't. Okay, then I said fine. Then he said he's taking me. No, I want to go home. I want to go home. I want to bath. I want to pray. I want to do my meditation. I want to be left alone. And I sat and I thought, if this is what people do to you if you're alone, what else? And then I phoned my son and he was very angry

because now he heard a totally different story. Fine. He was cross with me. It was over with time. Then I phoned the Prof in Pretoria that I did this course.

J: What course?

Ja: Facilitating the AAC. I phoned and told him I got so much time, what do I do with myself now? And now you putting this brave front also to say now what foot do you put forward? You got to go forward. Which foot do you put forward first? But then I in that same month, my niece phoned me and she says you know what, I've got a little baby around the corner from you, you can even take a walk, but thank God I got a car. And his parents said he's a Down's baby and they're not coming to terms and go see him.

J: So all this is happening with this emotional trauma with you and now you're going to see this baby?

Ja: But I put on this brave face. I get dressed, I go. And I say maybe now to go and play with this child whatever is going to keep my mind occupied, now I looking for something to keep my mind occupied. Because you must know, you're doing nothing. Because when my son died, that's the time I left the special school. And then I went and then I go into somebody's house to see their baby, but I don't go in with my trauma. Mine must stay at home. Right! That's the time I started to deal with it and then I went to this parents and their emotions was more than mine, and I just put this brave face of mine, whatever, and I took my aromatherapy kit with me to see to give him a nice massage and that so that, especially Down's baby you got to make them feel that they, and so I gave him a massage and rubbed him nicely and all. And he had

webbed fingers. So I put the bottle but he closed his hands and, ooh, his father was so thrilled and I see the smile all of a sudden, and know our people how they are. Their house is yours, ooh. Two two's and the mother laid the table and she said, ooh, I got going around with Pxxx. Then before my son died, the other kid that I used to help around and do, their parents started to bring their kids to me and calling me and then I said here I do not have space like I have there. But I'm going to do, you know what I'm going to do, I'm going to do house visits. Like now those people that phoned me now, it's parents that I've dealt with before my husband died. I started visiting my stroke patients and all those parents that I did and the aromatherapists work like the physios. And then I started one step at a time. And Pxxx there was another baby in Lenz, and Pxxx by then was also this brave mummy wanting to go and talk with another new mummy and that mother.

J: Who is Pxxx?

Ja: The first baby that I went back since (pause). She didn't know that and after a few months (pause) we'll fetch you (pause) you can't drive alone and then she said to me one day, are you divorced? I said no, I'm a widow and then she never came up to my flat at all but one day, she made dhal bhat (rice and lentils) and something else, and then she brought she came and then she saw the photo and then she said I thought you were just a divorcee or something. Then she knew it was about four months after. So that's why I said I tried to keep my problems to myself. And then I started going out and doing things. But as soon as my mother and them heard I'm doing okay, then slowly my brother came one day. It was slowly they came back. Then everything was okay. Honkie dorie now, but I still say to them, this journey I did on my own. This I

did on my own. I have no support from none of them. It's the parents. Then one mother at TMI, there's a clinic there that they run for Down's children and all, and when this mother went to the clinic, she was questioned about whose doing this baby's treatment and what, because they found that this child is doing very nice, and that's where I was offered to run the clinic, facilitating the needs of the kids there. So we started off there, and we opened up a little clinic, counselling the parents, getting genetic counsellors to talk to them, and making sure that it's Down's and it's not 13Qs and all those type of things I was busy with there. And ever since there, I got so busy, I did more workshops and today I'm standing up straight.

J: Wow! (pause) But I noticed whilst you were talking you held back your tears.

Ja: You know since I had 21 good years with my son, nowadays I find little babies that are dumped into the street. Two months ago there was this little girl...coloured sisters, the one is Down's syndrome (pause). Mxxx one is Down's syndrome and the elder one is fine and the parents, I don't know from where they drove they just dump them on the street, until the social workers found them, but then the eldest sister was taking the Down's must child and hiding them away from being abused, sexually abused and everything until they were picked up by a social worker and the lady from Salvation Army phoned me, and says you know we got this child and we don't know what to do with them and that we keeping them. We got them into a school, but the elder sister said to me she's so tired of being abused and being a mother to this little girl and they must find some other help for her. So they started bringing her in. But then you know, you have funny habits and you shouldn't talk, I said to my son, are you taking me from strength to strength, dad are you opening my path? Are you doing

this? I won't lie to you Jyoti, everything just happened. Whatever you see here is what I bought and put for the children to use. I said to the parents when I'm in town busy, you must come and work with the kids here. You must bring them. We've gone from strength to strength. Only helping these kids I volunteered. People with these this type of organisations, they don't have money, they broke, they down (pause).

J: Hmm.

Ja: So I said, no, no, no. This is going to be mental food. I need it. But when I saw people, like, then I look back and say you know, I had 21 years with my son, it was short. My husband and I were married 4 months short for 30 years. Then I feel all those blessings that I had a very good marriage. Very very solid good marriage. My husband was also a wonderful person. So much of respect, he respected (pause). I tell my son, my daughter-in-law says you know ma, Gxxx is treading in dad's footsteps. He's such a gentleman, his in-laws keep on saying, ooh Jagruti, I want to say to you your son is such a thorough gentleman. But I get so proud, God, I said to my daughter-in-law recently, I said I'm so happy, he's in his father's shoes because that's all we want is you people to be happy. And the reason that I didn't want to stay with them in P.E., it got so lonely for me. I got more depressed, and my son was depressed losing his brother and his father and he couldn't cope. And just before my son died they had the little boy that's now 7, and after that, now they had another baby, because I said to them, our family is too small, we need another baby, you promise you'll spend a lot of time with him and you promise me that you going to remember that I'm not dead. Sxxx died, not me ma.

J: Those are such powerful words.

Ja: I said you didn't realize that I love you, but I need to share that love because you have a wife and children and I don't need to over take it (pause) and I had to move out of there because I found that my son was becoming too protective over me and I was getting the first best and my daughter-in-law was getting the second best.

J: So you were staying with them for a while?

Ja: Just a while to recover, and my husband did say to them, your mother is gonna be much better of in a flat on her own. He even told my mother and a few family people, she won't stay with anybody, she (pause) where there's quiet people, we want to do things, we did a lot of community work in our whole life and I think that was the type (pause) and another thing I feel if you respect yourself you got to go to the end of the world, you'll be fine and my son said ma how will you (pause) I'm worrying (pause) so I said I'll let you know how I am every day, and I promise you, as long as I love your father, I will never look at another or do what I'm not supposed to do.

J: I don't know what to say to you.

Ja: And my son we were so close, so close, he'd jump, he'd say just give way and just jump in the bed with us, 20 year old, 21 year old boy come and hug us and when this brother comes and then the wife will say I'm staying with my mother with the kid, you four bond, bond, bond. And it was like that type and she knew and today we get on so well, and as soon as I get to P.E., I just came back recently, she says mum

there's your kitchen, there's your children, bye! She's around (pause) you take over, that's your kitchen, you do what you want to do, there's the children. So you don't have that, you know I'd go and do something, and I'm want (pause) and today she realized why she was very very angry and I wasn't gonna stay with them. She said oh, people are gonna say it's her. I say let people say whatever they want to say.

J: Yes

Ja: I want my son to love you the way his father loved me and I want you to have a wonderful life and I will always be there for you people. And I say to them now, that even if you put me out, my grandchildren, (pause) dadima (granny) did you bring chocolates for us? Dadima did you buy movies? And tell his father, you know dad, the big one, you know dad, you gotta love your mother because you only got a mother and you must remember you can't be funny with her, because if you funny with her we love her too much. But where they listen, hear things I ask my son where they hear these things. He says ma you'll be surprised what kids pick up at school from their friends. If it's a mother-in-law think with, then the kids come back and say you know my mother and granny are fighting. And he says that my dadima so kids don't know what's dadima, then they explain its granny.

J: Now tell me, your husband and yourself, are you Hindu?

Ja: I'm Hindi and my husband was a Tamil, but we had a master and that's how we lived our life.

J: Master? What does that entail?

Ja: We were very staunch Sai Baba followers and we were very much into meditation, that type of, not ritual.

J: That is why you said that when he passed away, he wanted something small like satsang?

Ja: Ja. Satsangs and things. And when my son died it was like a party every night. It used to drive us crazy man and I love them to bits, I really love them, but I've learned, and I know they've kept me the way I am. They kept me smiling. Everybody says you know its (pause) you say your two angels are with you. I say ja, my two angels are with me wherever I go. And the work I've been able to help people. Two weeks ago I had an old man, I think he was almost 100. Nana, you fell in the garden, they worried about you, they mad man, you know I'm strong, I can sit and talk and chit chat. I just found that I could do something and nobody had to know why I'm doing it.

J: You doing it for yourself.

Ja: I knew I had to heal, but I knew how and why, so I used to go and pop in here, and this aunty was sick, and thank God, my husband brought everything for me, so I had like all my equipment, and got all my tools, I got something for bed sores, this machines and all these type of things. So you go out and help people, and you got these things but they don't have to (pause) you having a cuppa tea with them, and you

sharing their pain, but you not suppressing. I didn't suppress my pain but I found a way of dealing with it better. That is life time pain.

J: Ja

Ja: That is lifetime pain and it something you just need to learn to cope with.

J: And so with your progress, if I can call it like that, how is your family with you now? You said they were honkie dorie?

Ja: My mother now, everybody says to her certain things now and then. Ja, I know and we proud of her, she did pick up. But I say, you must remember, but I tell people in front of my mother, I say I'm not going to cover up. I said you must remember I'm here today because I got here on my own. If it was my mother and them, I would have still been in a mental institute.

J: And how does your mom get to do all that?

Ja: She knows she's in denial. She know it's the truth.

J: But you still hurt about it?

Ja: Not hurt about it. I'm over with it, but I feel it was a lot of money that I lost. Up until today, it's a great loss. I have a lifetime ahead of me and it's a lot of money, and they felt you got so much, what do you want more for? But every time that they heard that my son build, but he works very very hard to also have what they have. Like me,

I'm a pusher, I push them do something to your degree (pause) now you gonna finish off (pause) you not just gonna leave it there (pause) you got to carry on (pause) do it. Push her. And then I'll phone her, and you know what I did this course, you know I'm so proud I got another certificate, you know I can do two years and I can do a special on this thing and till I get a degree. You know at this age I still got these things to tell them. You know I motivated them a lot. I push them (pause) my daughter-in-law always says ma without you we'd never be where we are.

J: How old are you?

Ja: Take a guess.

J: Late 50's?

Ja: I've just knocked 55 a month ago. 8th of July was my birthday (pause) my husband died just before I turned 50.

J: Before you were 50?

Ja: I just (pause) I had my 49th birthday, and he asked his nephew and they came to visit, and the usual and this one came to visit, but Jyoti the saddest thing is when I took this flat it was small, and everybody said oh, what a pokey little thing your house was (pause) and as the time went they just fell off the bridge. They just went. And my son and I are okay with it. His father's sister and the brother was very good, he stood with me, but then he started saying ugly things to people. Like if you go and see her

she's a total mess (pause) she's just laying (pause). I mean you don't just do that to someone going through a trauma. And he told this one person. You know she looks like shit and when those people came back and told me, I just ignored them totally. Its three years and I said no, you never stood with me, if you stood and held my hand and just brought me up, I would appreciate it. You people made so much of remarks to me, you said such ugly things about me.

J: It was a lot of things that you dealt with apart from the death of your husband and your son.

Ja: And the worst thing was as I was downsizing putting things away, you know everybody (pause) we want that, we want that, nobody said what do you want (pause) this is your house, this is your things. This is my brother's things and you know when you say I'm giving it to my son, somebody will phone and say what did you do with that set of yours? Who did you give it to? They were more aware about what in your house than what you were. My one sister-in-law said to me, ah, you won't wear all these saris, you know you went to India and bought. You know it was like nothing would be okay. That one day you would wear and whatever and then the one comment was from my sister, and she she's got a good husband, he's done well for himself, he's got two nice children. But she was used to ask my husband, I'm not your mother why don't you fight with me sometimes, why don't you shout at me sometimes. I don't have one bad memory with him. I said you can shout. Ag! Just go make me some tea. I still (pause) that's what I can still love about him. He had so much of respect his children. Oh! My two boys was his life. He'd worry about us. I was telling his aunty yesterday, I said to her, you know, I was tucking her into the bed

and I said just put your hands, keep your hands warm, they're ice-cold. Now just relax and as I'm relaxing her I'm saying shame, you know Txxx used to do this. Put everybody in bed, the children (pause) go to the kitchen ten times if we wanted something in the room because we were lazy to run to the kitchen.

J: Ah!

Ja: He was so caring, so caring. You know he'll never buy anything for me, when my daughter-in-law came into the family. He never bought anything for me, without buying something for her. If he bought us Raymond Wiel watches for us this year, he'll buy for the two of us. Next year if he bought something he buys for her, so she was just as spoilt because she was the first girl in our family. She was well looked after by us.

J: It sounds like the way you have worked in your family, it was like you were true partners.

Ja: Oh! He was such a good person. And that is what was sad. His family know that he was a good person. And we were good people, and we were always there for them. You know sometimes it's just good to give people their space, and say you know we here. But not go around and saying ugly things, when my son was murdered and my husband, and go and say you know she's laying down in hospital like a mad thing when I looked at myself now, I say God, now, from now I need to pull my socks up and go straight. And mind you they wanted to talk about it. Just didn't open the door

for them. Then my neighbour would say, no, she's gone out with somebody else. Her cousin picked her up or like that, or she's gone with her brother and them.

J: Is this what you would say to her to tell them?

Ja: No, she knew because we spoke. She actually (pause) that family really helped me. My friends stood by me a lot. And my father's family. My mother's a small family and most of them are in London, Canada.

J: And your sisters and brothers?

Ja: My sisters they stood little bit but also they put the needle in me because they felt that I was always the queen bee and got my nose up there on the pedestal and now I have to come down. But up till today, that sister and her husband has never said to me, Jagruti don't you want to go out in the evening, don't you want to go out to a restaurant. Come we take you somewhere out, to movie out, whatever. Then I just get started taking myself out, to a movie. I have good friend, then I'll call her and say, you know, come lets go, I know weekends is husband's time and in the weekdays, I'll say Kxxx come we go for lunch, (pause), Nxxx come we go this side, or you know, then I got involved with parents that I work with, then Gxxx would say, aren't you tired? Don't you want to come for tea? Then I'll go to Gxxx. Gxxx's mother and what I loved about this work that I so involved with, our Indian people especially, as I could educate some of the older people in the family, like the grannies and the grandfathers that didn't know about Downs syndrome.

J: Okay.

Ja: And Cerebral Palsy and other genetic disorders. So I met like lots of other friends and families.

J: I think you also used the opportunity to, like you say, to educate them. So you hold a lot of power. The knowledge you share and the experience you share is something you have.

Ja: The one old man, he said, you know I like my china baby sooo much. I say nana, when she grows up, you can't keep on saying china baby. Man, she's got a name. Her name is Axxx. He say, but I did see some children when I was younger, about these china children. But there was a stupid people. I say nana, this Axxx is not stupid, and you got to help. So, I used to take him, and he sit there and watch, what I do, and then I say its your turn, now you must do things for her, so it also became like in the family where family's got involved with therapy with the children.

J: Hmm. You know, I sit here in awe at how much you've done.

Ja: And then last year from the parents the society I was chosen the therapist of the year.

J: Ja. You deserve it.

Ja: And then I was also booked for a conference, a Downs syndrome conference, 2005. And then the society said, you've done so much and we've never ever paid you a cent till today. You've come with your car, you've come with your tools, you've come with your toys and everything and you've set up, and you've worked so much, this is one way of saying thank you to you and we'll pay for the conference. I said no but that's not fair, and then one gentleman from Denmark, he heard, and then him and ...Downs syndrome Ireland started putting money into the account and said fine, you open two more branches and we gonna help you and the two more branches get onto their feet, so we opened a branch in Soweto and we opened a branch in Katlahong.

J: And you got people under you?

Ja: Ja.

J: Where you supervise, and help them?

Ja: No! These are mothers that are running the project in Katlahong.

J: Oh!

Ja: So these mothers now in return have gone that area and they counselling and they working with their babies. And then when they come in, we have a workshop, we show them the massage therapies and then we let them go in. And I've spoken, just let them do basic aromatherapy, they'll manage with it. And its basically, because you

must remember, these are areas and these are people that cannot afford this costly therapies that people put on.

J: Yes. Its right what you're saying and you give a lot. I will end the interview here.

Thank you so much for your time and all that you have shared.

I thank her for her time and end the interview here.

Transcript of Mrs Chanchal

The interview:

J: Jyoti

Ch: Chanchal

We exchange greetings. I explain the purpose of this study, its aims, and give her the consent forms to sign. I inform her that I will be taping the interview and that all information is confidential. She starts talking about how she and her group of friends reminisce about what widowhood was like in the past; she attains this information by reading books. I pick up on this later in the interview because I am curious about this. I start taping.

Ch: What would you like to know?

J: Anything that ...

Ch: Because my lifestyle is very different, you know, from what people think and ...

J: That's why I'm interviewing you.

Ch: (Laughs)

I suppose with me I don't think you are different if you are a widow, you know, you are what you are. That's not going to change you. The feelings are still there. The

main thing is that your partner is gone and with that a lot of excitement is gone, lot of pleasures are gone, like you know, you just don't care after that, because with them around you know, you feel you got everything, you got somebody to talk to and all that, and now with, okay, now it's just me and my son, he got his own things to do you are alone. People will tell you, you got the world, we are there for you, but eventually when it comes, you are alone (she starts to cry).

J: How do you as an Indian lady, Indian woman live?

Ch: 'cos with me I'm so fortunate that I've got my work, okay, I've got this school that doesn't really pay much but I've got my own work with dressing and hair and all that and I'm busy every weekend. Most of the weekends I'm busy. You know weekdays I'm busy at school, come back, do my cooking and, then I've got my work to do.

J: So you keep yourself busy.

Ch: I've been so busy that you don't have the time to sit and miss things so much, you know, I've made my lifestyle as such that I don't have time to think and don't have time to go and visit people, or go to functions and all that to see okay, you're a widow you can't do things like that. I've never experienced anything like that up till now. You know it's three and a half years, but I've never experienced someone saying to me, you're a widow. In our family whenever we had a function nobody ever made me aware that you know okay you can't do this because your husband's not there. So, in that sense I think I'm fortunate and I never felt that way, even for others also. I had

my husband I still felt that a person is an individual and you know, and if the husband is not there, like with me okay, if I don't have a husband I still feel I'm my husband's wife. If somebody's gonna ask me, I'll still say I'm Sxxx's wife. That is not gonna be gone. Just that person is not there but all other things are still there. I still wear chandlo (dot), if I feel I want to wear bangles, and dress up or whatever, I still do that. And nobody has ever, maybe they talked behind my back, but nobody, but nobody has ever come to me and said why are you making chandlo (dot) or why you dressed this way or that way?

J: Let me ask you about when you said something about the rituals and you and your friends were talking... (Chanchal mentioned something about the ritual and widowhood. This was when I gave her the consent forms to complete. I thought I would bring this topic of rituals into the interview).

Ch: Yes. We discuss that in those days you know how it was when you were a widow, they had to do a bless, they had to cut off their hair.

J: Ja.

Ch: And you couldn't eat any luxury food and all. Lot of books I read about it also and um you know they don't let you allow to sleep in a proper like you know you're a real outcast. And I feel that maybe that was because in those days women weren't independent, you know they couldn't do, they didn't have enough money they didn't have nothing, you know. Besides the husbands that should provide for them. And with that gone, it was a burden for others, and that's how they made things simple to say

that right you can't do this and you can't do that and you just had to be in one corner nobody thought about you at all but now nobody can do that because you earn your own money, you're spending how you want to spend and do what you want and nowadays people don't have much time really, okay, there are some that will still say that you know um, sit and gossip and all that, but people like us we don't even have time to sit and say ooh, this one had this on or you know, something like that. I don't know about others but my lifestyle is like that. And when we sitting with a friend or what we sit and discuss something concrete not you know, not gossip or anything, I don't think so we were brought up in that way, you know, our thinking has changed a lot.

J: What would you say helped you to change your thinking?

Ch: I think a lot had to do with my husband also. My husband was that type you know he counted us individually. We had our own rights and we had our own feelings and needs and all that so if I felt that today you know we want to do this, he'll say okay lets see who is game for that, like we should all do it. You know, it's not that I didn't have a right to voice my opinion.

J: Okay.

Ch: We were brought up, even my children, like you know, they very open minded. Now if they go to, you know in-laws, its difficult for them to cope because they very open. You individuals, you can think for yourself, fend for yourself.

J: So, you've moved with the times.

Ch: You have to otherwise you know, (pause) mourning was a very bad time you know, but the families were there.

J: What do you mean mourning?

Ch: You know when my husband passed away it was like the world has come down, because they, you know, he did everything for me. Because I had my work, also he was that type that he did my shopping for me. If I needed something he should just go and buy it. I should just give him the list and he should just go and buy it. You know he respected my uhhh creativity. Most of the times, like weekends and that I should be busy and didn't mind that, he should always tell me (pause) you know, you know sometimes I should feel ag, I'm tired now, I don't want to do this. And weekends are gone and you know, and you know mummy, people come to you because you know that. People won't come to you if you don't know it. They need you that's why they come to you and it wasn't the money that was worrying me or (pause).

(The phone rings)

So all those things make you grow (pause)

(She calls her son to take the message)

And like I say, I don't have time to go and weddings and all that. That's the place you meet people, and that's the places you feel, you know, how people will treat you, I don't really go to all those places.

J: I'm curious about something. Are you avoiding those places, or...

Ch: No. It's not. I don't have the time to go unless it's very close family or friends, then I'll go. Most of the time when it's weekends then I'm dressing the brides, from there, I've got my house to look after, you know, my son won't go to eat at weddings, so I've got to come and cook and clean up the house.

(Her son comes in to give the message)

You see, that just keeps me busy all the time. So, then I've got people coming in and out. So I talk too much and keep myself busy and don't really have time (pause), okay there were times when you just sit and talk to your friends, talk about the times that we had and, and you know with my husband we didn't waste time and all that. We done most of the things that we wanted to and we travelled and never should really sit at home and that's what you miss but then you adjust yourself and you just feel you did have the time. Now, whatever comes you just take it, I'm that type of person, what once was you want something, you can't get it anymore. It's fine because he's not here anymore. You have to accept that and that's that.

J: Have you accepted?

Ch: Yes. I've accepted that he's not there. At times you know, you have your days, that you just feel that hey you know, especially with the children when they listen, wish he was there, but the facts is he's not there, and you've got to deal with it. You've got to deal with it.

J: When you on your down days what ...

Ch: I just go away. I go to my sister's place or go to my sister-in-law's place and we talk something else you can't sit in the house.

J: You want to be with someone?

Ch: I...I...like to be with people, so you know, that helps and I've got people that care you know, so you just go. Not a lot of people, but like mostly weekends I spend with my jethani (husband's elder brother's wife) and them. They also at home. This my mother-in-law is not too well, so they also don't go out anyway.

J: Lets go back a little. How's your... when you found out that your husband passed away, tell me about that experience.

Ch: Okay. He had cancer and with that sometimes it was like he had diagnosed cancer and did a big op and you know, and I was all there for him and it was successful and lasted over a year and it was fine, and it came up again, and you know with small things in the mouth it came up. I just couldn't handle it. I was gone into depression for a while in fact for a long while and with that it was very difficult. It was like a, I think after that whatever comes you can handle it. You know, it was so tough and then he

was diagnosed again with a bigger cancer so, you know, we had to do the op and I think when they found out, it was end of September they did the op for him and with that there was a bigger op, you know, they actually, he had mouth cancer, so with that, because they did a lot of radiation on his cheek, you know it came up on the cheek and his cheek skin was so thin, that it landed up in a hole in the skin, and with that, they had to do a skin graft, so for that, I think he found out in February till September they prolonged it because the skin wasn't healthy at all, so to do the graft, he had to build himself up. So it was that so many months that hassle with separate rooms and (pause)

J: Sounds like you were already beginning to understand.

Ch: We knew that you know that this person is going to die but you never accept the death you know, when the time comes it is still a shock to me when knew okay it was bad then with that uh you know he couldn't eat properly, he couldn't have strong food, so with him, because we should sit together I should just make food without masala (mixed spices). Most of the time I used to just put bhukhi (red chilli powder) then...

(The phone rings and she answers. _

I stop recording. I start to record)

A lot of times people just feel you sorry also and then I always tell my daughter, you know, sometimes you go buy something, or we tell somebody to do something for us,

they don't want to charge us, like you know and then you feel that they pity you (she laughs).

J: So, how do you take that?

Ch: No. I tell them straight that whatever you have to take, you must take. This, uhhh I can afford. I work for it. You working and I'm also working.

J: So how do you think people view you?

Ch: I suppose sometimes they do feel sorry for me.

J: Ja.

Ch: Because I'm that type of person that talks a lot and I'll also go out of my way to do as well. So there's so many people that fell for you, like you know, that no she did for me, so okay. Things like that. It's a give and take thing and I always felt that you know when uhhh when somebody wants something from you it's fine, because you can do it, do it for them. You know like that you make a lot of friends and I suppose with school teaching also I made so many friends like parents and all that then they know your nature and then I think they just come to like you, and they'll go out of their way to do things for you.

J: Ja, that sounds like you're a people's person.

Ch: I am. I can't stay without them.

J: And you were telling me about your husband's...

Ch: Yes, you know because he couldn't eat, he we all of us we should just have moru haak (mild food). Because we didn't want, I was that type of a person I should tell my children you know what the food is there, whatever daddy wants he could take from anything. He was a non veg, and me, myself and my daughter were vegetarian so even the veg, we should just eat moru (mild). From on top which wasn't really tasty or whatever, but for me because I was so down, I just couldn't eat.

J: And at that point in time, who was, or would you say what, was supporting you? And keep you going?

Ch: Eish! I don't even know. Maybe I did the art of living course that I should my kriya and all that.

J: What's kriya?

Ch: Kriya, it's a form of meditation. You know in art of living because I was going through a lot of things before my husband got sick the second time, I went before that I went for art of living course and I was regular with my meditation and all that. I felt that that really carried me through.

J: And your being down and with less energy to do things?

Ch: Yes. No. I just had so much energy you know with my husband being sick, and he was also a people type of person, and you know the visitors we had it was unreal you know, sometimes I didn't even have time to cook also and it was like visitors and I should even sit and talk to them, and run and do this and that and you know, it was just a hectic life. It was so busy.

J: Did you find that when you... when people came to visit you and your husband like um did you find that at times you landed up counselling them?

Ch: Ag! Ag! We should just talk and talk. Mostly it was my husband's friends. He was a runner. We had a nice running group like you know like about 12 guys that used to run from time to time. I know him till now, whenever there's a function, they always include me like for tonight we going for a prayer. It's like the group is going. So they still count you in, and some of my husband's friends like they still there for us. Like whenever we need to go somewhere or something you my downfall was that I never learned to drive and that also I try, but I ...(laughs), I'm not a driver.

J: What happened?

Ch: I don't know. (pause)

I went for my learner's and I went for my driver's so many times and it just didn't work out and now my son is driving, so I left it because I got someone to take me.

(We both laugh).

So that's another thing... driving is my one downfall I didn't do. But with him, after death in September we had the op done.

J: Hmm. This was in 19... 2000 and...?

Ch: 2001. Ja. He had his op done and he had a major op. Actually they cut, actually the cancer came out from the side so they removed that and here there was a hole so they took the skin from the, so they took a muscle from his chest, and they put that and they took the skin from the leg. They skin grafted it. And it was like a big patch here and he just didn't like, but then you know here; whenever he talked, and he was on what you call it?

J: Morphine?

Ch: No, after that he couldn't eat so he had a pipe for feeding. So I was busy every two hours. I had to feed him with a syringe, you know, you could keep with a drip but it takes a whole day and night to feed but because it should make a noise and he was restricted to being in bed and because with a machine and all that so I asked the lady, like can you... can I just feed him with the syringe? So she said, no, that's fine... every two hours you can feed him with the syringe.

J: How was it to do it the first time?

Ch: You know what I went through with all that... it wasn't just all that, feeding was fine we had to give him sleeping, he never let me sleep. I couldn't sleep because every hour he had a headache and you know he would just wake me up and I should just crush, you know you had to crush the tablet and then dissolve in the water and then syringe it. And then you know, after it last an hour, again his head is sore, and he never realized that it must have went into his head or whatever and um and like every hour he was like you know...

J: In pain?

Ch: In pain all the time, so I am... I don't know it's just carried me through because before he could just call me I was up and you know, doing it.

J: I think you were like living two lives...

Ch: It was like I was a zombie.

J: Zombie?

Ch: Ja, zombie, it was like you should just do the things you know, it just carried on and on. And we had to rush him to hospital every time it opened up and go hospital and come back and phoning this one to take him and that one to take him, and my brother-in-law was there but sometimes you know, I get so fed up. I must get a driver. I actually hired a guy to take him to hospital. You before I was spending the whole day at the hospital and then I got so fed up, I couldn't take it. I couldn't sit with him

all the time. Whenever I went into intensive care, I should just hold his hand and sit and read and then the nurses would be busy with the other patients, then I would have to come out you see...

J: Ja.

Ch: So every now and again, then I got so fed up then I said, best thing rather let me go to school. With the children you forget everything, you know, you so busy with them, that you don't have time to think about anything else. So that's how I started going back to school, after I should come, this guy should drop me to the hospital you know, I didn't cook or I didn't do anything. My jethani (husband's elder brother's wife) and them, they cooked for us.

J: Ja.

Ch: The children should come, Dxxx should come from work and then we used to all go there and back, and that's all the family support we had. You as a person, I don't think I was capable of doing all these things. Besides him...

J: But your family structure was changing and everybody.

Ch: They became more closer. With my jethani (husband's elder brother's wife) and they helped me in that sense. My sister was there, they should take me every now and again. My nieces... that's why we got a very close relationship and my jethani (husband's elder brother's wife) and them, they should cook for me. We should come

back home, eat 8 – 9 o'clock from hospital, we should just sit, eat, come home then people used to come, because everybody wants to know and you the family, and friends, my brother should phone me every night 10 o'clock.

J: Hmm.

Ch: Because he knows I'm busy and all that and phone calls till eleven or whatever then the next day again.

J: And when you go to sleep at night...

Ch: I don't think so I should sleep at night. I should just sit and read. I could hardly sleep.

J: What were you reading?

Ch: Just novels, books, you know all these uhhh, Deepak Chopra's, you know.

J: Reading anything?

Ch: Anything to just to help me carry on.

(Silence)

Then, his cut became so terrible, it so happen that one of my class student's parent know my husband and whenever he should come and pick up his child he should always ask me how's your husband?

And on Diwali's (Hindu festival of lights) day, uh, you know, the child insisted that she wanted to come see me. So the father came over and he's a doctor and he spoke to me, and I'm telling him about all the hassles we having. You know it was so nice of him that he took over, he said okay, you know, you people are buying medication from this chemist, and he's charging too much. You know our bills were coming over R2 000,00 a month, on medication alone.

So our medical aid was exhausted and it was like terrible, you know I had used a packet of gauze...

(The phone rings)

You know for cleaning up, and

(She answers the phone)

So that's how I'm busy. I don't have time to sit and you know...

J: Brood?

Ch: Ja.

J: You were telling me about the doctor and ...

Ch: Yes. You know this doctor Hxxx, he came that day and said okay, I'll get the medicine at cost price, and he started bringing the medicine for and he started treating my husband free of charge, and you know, sometimes he should get this bleeding all of a sudden he should just bleed from the mouth. Now he one day, 10 o'clock it happened and we didn't know what to do and we phoned this doctor and he came straight away. Anytime of the day of whenever we needed him, he'll come whatever I needed, I phoned him. I've got another doctor Txxx. He's also a doctor at Bara, the physician. So, whenever I need help or anything to know about them, I should just phone them. They were good friends. Then I had this other friend. She's a gynaecologist. You know that if I needed, if I'm down, then I'll just phone her in the morning, she left all her work and she came and sat with me for over an hour, encouraged me... and I think when you, if you, must say it. You must trust people.

J: Ja. That's what you did different?

Ch: Yes. You know people were there. Anybody that I... even this friend that I should phone them anytime, you know he should just talk to me and tell me things okay do this or that or you just needed that. It just makes you feel better, and because of that, I build up so good friends. Relationship with them. Like up till now, if I just need something I just give them a phone call and they'll go out of their way and if they need anything, I don't think so I'll hesitate to do anything for them.

J: Ja.

Ch: And now with this Dr. Hxxx actually he should come and whatever my husband needed he should just... although he knew maybe he knew... I don't know, in fact one day he actually went away for a weekend for a holiday, and he was gone, and he told me if we need, then we must call his brother, like you know, and we did call his brother and he didn't even charge us and every time I ask him how much is it, and up till now for my medication they still get it. You know so get friends that become friends for life.

J: Like family to you?

Ch: Yes.

J: You are like different?

Ch: Yes, like even when I have a function I can never ever forget them. There's not a day I don't think about these doctors and that.

J: They were there when it mattered most?

Ch: Ja. And even his operation became so bad that actually it opened up right through you know the patch was here, so only this got healed and this was all opened up because he didn't have the cells to build it up.

J: Oh!

Ch: It was gone so weak and um it was actually rotting the thing should actually smell.

J: And you were dressing all this?

Ch: You know what I should do. The doctor told me. Dr. Hxxx came and he showed me that you just syringe it with water... saline water and all the muck should come out because the feeding that we should send it should come out. I don't know how that started smelling and he just felt like having juice and all that, and we should give him with a straw and all this was open, we should just put a cloth there.

J: But he wanted to taste?

Ch: Ja, so we should just give him and you know and most of it should just come out and because of that his tongue was gone thick, so he could hardly swallow properly sometimes. He could swallow sometimes and sometimes he couldn't and every morning I should make for... I don't know for how many months, first thing in the morning I should make a glass of carrot juice and he should have that and we should make grape juice. Grape juice is very good and pulp of the grape juice, the grape, it cleans the wound also, so I should pack it up one side and then I should...and everyday there was something, and something wrong. Sometimes I should just put tape because it was all this wound, like you know, he felt it showed shouldn't like it, so I should put a dressing, and when you put the dressing, the skin should pull out,

and it was you know, terrible, you just felt ooh, this and that, ooh. Things were just happening and happening and nothing was right. You feel everything is just down on you...

J: Hmm.

Ch: You know that's how.

J: What about your children?

Ch: The children were there with me. I think I didn't know whether we were coming or going. They should help with you know the medication. Sometimes you syringe it and the medication is thick and sometimes it just blocks the tube and then you have to push it out, and you have to do this and that, you just do.

J: Your husband was uh lying in bed?

Ch: He could walk around.

J: He'll go to the toilet himself.

Ch: Yes. That much he should do himself.

J: So it was feeding... mostly the mouth.

Ch: Yes, yes. It was feeding, cleaning. After every feeding, it was cleaning the wound like you know. I didn't have to worry about cooking or anything so we did whatever, food for ourselves we were just eating anything you know there was.

J: And was anyone coming down to help? Was it just you and...

Ch: Ah! Nobody would like to do that. And he also didn't like anybody to do it for him. He even felt, he... initially I had a had a big cancer lump came up and the doctor told me that you had to press it and take the puss out it was like a green puss that should come out and you know, and then I had to put a syringe in and syringe it out and all that and I did all that. You know when you think of it makes you wonder how you did all that. All the cleaning and all that. In fact after he passed away, one of my brothers offered to bath him, and he said like you know, you were doing all this. He never realized the wound was gone so bad. You know you could actually see all these bones... all this...

(She shows on her face)

J: With the cancer, the day he...

Ch: The day that he passed away, you know what we should do, in the morning, because he should sleep most of the time, that eventually we started giving him morphine, he should mostly, he should sleep, only feeding time I should wake him up.

J: No talking?

Ch: He couldn't talk. We couldn't understand much so he should write down. Actually he got fed up of writing also, he should talk, and sometimes we should understand sometimes, and when I didn't understand, he should get cross, and say, ag, just leave it. There wasn't much to talk, so I felt that he didn't even tell me, you know that when he's going to go I must do this or that. He never said anything like that. But, uh, how it was.

So, it so happened that, this was in December now the doctor that treated him was gone on holiday. It was so frustrating that time because you feel that you know you want something to be done, and nobody's there to help. Then we went to another doctor and he actually told me that thing is full of cancer and you can't do nothing about it you know that was another blow, and then we phoned his doctor but he was gone for a holiday. But he left a message saying that he should go for aromatherapy and now, we had to make a decision about letting him go for chemo because I mean, as it is was bad for him. And that chemo would have made him more worse you know, he couldn't.

J: Who was involved in the decision making?

Ch: Just me and my daughter.

J: Did you want anyone else to be part of...

Ch: No. We asked everybody. In fact I even phoned his doctors and everybody and they said in fact most of the people told me that chemo won't be a good idea, it will just make him more bilious and if he wants to bring it up he could hardly even swallow how its going to come up. That will be another thing. So we decided that we not going to send him for chemo. But he wanted to go. It so happened that day, it was a Sunday, it rained so much and um, you know most of the times, if I'm fed up at home, then we should just take him and go to my sister-in-law's place and ja my jeth's (husband's elder brother) place. Ja and that also she said don't cook here and eat here. Sometimes I should even take a walk with him you know, because he could walk. Should go every morning. I should take him for a walk, from here right till the bottom of the street and come back. Must early in the morning, just after his feed and that, just take him for a walk and then come back and Sunday in the morning I was busy talking on the phone and all that, and I gave him his food and all that, and he took a walk on his own, and my son is telling me, mummy, daddy is going on his own, so I said, run behind him and go, and he went for a walk with him and he came back home and after that we went to my jethani's place. We had lunch there and I told him, you know, he enjoyed going to casinos, so we said we'll take you there, you know. He said okay. He actually wore his trouser and all that and nice shirt, and you know, we went there, and most of the time he slept there and we ate and then we went to visit few people that we wanted to and we came back and it started raining, no and then, my jeth (husband's elder brother) said okay, my jeth's friend came, he said come we take Sxxx to the bar. So they took him to the bar. Just sip little beer with a straw, like you know, so he should sip little bit. Even that day, Saturday, his friend should come you know, he should just open up a beer, he shouldn't even wait for them, he should just open up, so that day, he said bring a beer for Hxxx so I bought, and he was having

it, so Hxxx said do you want to have? He said, ja, so my husband, you know, because that day he couldn't even swallow, so he was doing that like you know. That was his last with his friend.

And then on Sunday, he actually went to the pub, and there he met most of his friends, his running friends were in and out here every second day they came and um...

J: Hmm.

Ch: They went to pub and they came back and then my brother and them came from the Cape, my niece and them, so when they came we couldn't go to the casino, so anyway in the evening we came back and somebody came, we had a visitor or somebody but, we just left him, then my husband said just feed me and he wants to go sleep, so we just fed him, and I cleaned him, you know, my jethani (husband's elder brother's wife) used to come sleep sometimes because I couldn't handle, I was awake most of the night, so I needed somebody to be with me and eventually, that last month, I stopped sleeping with him because I couldn't sleep, and he was complaining that I'm not letting him sleep. Then I said okay, I'll sleep in the next room just you know, it also you can see also from there. So, uh, that night, you know, my jeth (husband's elder brother) came, so you know, so on Monday, we were going for the chemo, so he said, what time you going and all that, but now he couldn't make out what he was saying, he still wanted to go for that thing, he still had that hope. Then at night, he packed his bag to go to hospital, he packed it himself. He took out his wallet and gave me R500-00. He said this is for you and put all the other things properly and then he went to go and sleep. Then at night we had some visitors, his friends came

and I'm even telling them, he can't swallow and you know, and he can actually get choked you know.

J: Ja.

Ch: So anyway, they said don't worry, we see what happens tomorrow. But you know I didn't want, like I wanted to tell the oncologist that I don't want them to do the chemo but we will go and tell them. So, 2 o'clock at night I just heard him, he said mummy and I just ran. He was bleeding like you know and he was bleeding so much and I said Dxxx, and I switched on the light and help him with his bleeding and all that, and I said phone the doctor, Dr Hxxx. And she phoned him, and the blood it was unreal, and I think every drop of blood came out of his face, it was actually clotting and that clot actually killed him. You know, while its coming out it actually clots. It was so bad, and it so happened that doctor Hxxx and it stopped and then I put him on the bed. Then it started again, so I took him to the bathroom. He said he can't stand so I put a chair for him and you know, I, the doctor came. And then he actually went down, you know, the doctor tried to revive him and all that, and he died here, in our hands. And I felt, I'm telling the doctor, I'm glad you were there, otherwise I would have felt I was wrong somewhere...

J: Ja.

Ch: And you know, 2 o'clock in the morning that what happened. And all his friends were here, and it was just like a dream, that he just went, you know...

J: You seeing it and just being in it.

Ch: Ja, you just, you know you just talking about it, that this is what's happening.

You just talk, talk, talk, and talk.

J: You so used to the story that you...

Ch: This is happening, that is happening and they were all close people that should come.

J: Ja.

Ch: And that's how he passed away.

J: You're right, you know it but its hard to accept it.

Ch: And after that the main thing was the bills. We didn't know anything about the bills. How to pay or what was happening, and in his state he was still doing all those things. Good thing my daughter was working, so we got this insurance guy that was my husband's best friend also. He took over everything, and we just worried how we going to pay, everything you know, the doctor's bills were so high...

J: Hmm.

Ch: That we didn't know what to do. But then he guided us, and we managed with everything. First of all, we didn't know how to run the house, how to pay the lights and water or anything. It's a real different...

J: Such a change...

Ch: Ja. Although you, the mother is there to see to you, know this side of things but up till now, when the globe goes then I just swear, that daddy you not here now who's going to put this on? You know. Even now and again something happens then I just had to phone my husband, you know, daddy this is not working, then he should just fix it.

J: He was the biggest support, hey?

Ch: Everything! I tell Wxxx in fact I just told him today, this is your house too, and you better start taking care of it. Start helping me because I can't do everything, you know, you become like that because you doing everything... (She cries).

You know its nice when people say, don't worry, we there. There's not a day when you don't think about them. Ja, that how it is. And initially to get over it, it's terrible. You know, I didn't even sleep in my room for a year, and my daughter started complaining. She said mummy you sleeping in my room, and I'm getting married and I'm never gonna get a chance to sleep in my room again. It was like that.

J: And how was it to go back to your room?

Ch: You stay awake, you watch T.V., and you read. I enjoy reading so that kept me going whatever reading it should just... you just sit and read. That's how you keep yourself busy. That's the facts of life. You got to get used to it. You know feel after going through all that you don't need others to tell you what to do or what to feel or... you are your own boss. You do what you want to do. That's how it is.

J: Its very hard.

Ch: Ja.

J: I think it challenged you on everything, on what you are inside.

Ch: It makes you very tough. You know now if I go to funerals and all that, I won't just cry. I don't want to cry.

J: What stops you?

Ch: You know, you just don't want to cry.

TAPE 2

So with that all pleasures go automatically. Just I was that person, I should buy saris every month, I should do this and that, I should just sew the blouse and wear it. Now I've got 20 saris lying there. I don't make an effort of doing it.

J: Do you feel that part of you died with him?

Ch: It does. All that carefreeness... although I'm a jolly person, I'm with people, I laugh, and make people laugh, you know whatever, and my friends at school they were very supportive.

J: Hmm.

Ch: Everyday I should tell them, this one friend and I should take a walk. I just go to the corner and from there she'll come and then we'll go to school and we'll talk about everything in the family that happened, how that day. The day we get a lift, you know, the talks are different (she laughs) so its like that you know. I can't anything in my heart like you know. Even I... say secrets also I won't be able to keep, I'll just talk it out whatever happens.

J: But I think that is your way of coming to an understanding what's going on in your life, that you talk it out and you hear what you said, and you also get to hear what someone else has to say about it. And I think at the end of the day, you decide for yourself what's good for you.

Ch: Yes. You know the one minute I can be crying and the next minute I'll start laughing, that ag, its okay. It happened, why go through over it. You know another thing with reading and all that, has helped me so much that you feel that okay sometimes I'm sitting and just looking at his photo and I think of what happened and

all that, then I think to myself you know what, it happened, and it's gone. Why you want to go through it again?

J: Hmm.

Ch: You know the hurt, you felt it that time, why you want to feel it again, over and over. You don't need to. You got better things to do...

J: You tell yourself that.

Ch: You tell yourself that when you get hurt okay, you feel that hurt, but it's done, why go over it over and over?

J: And for me to come here and ...

Ch: Ja, it's something that just brings back all the memories and hurt and all that...

J: I'm sitting here and as you were relating everything that was happening, in my mind I was picturing and I'm thinking... where is this Chanchal, it's a shadow here there everywhere.

Ch: It's the memories that you know initially you know people should tell me, think about the good days that you had. We had a lot of good days, but I think for the whole year, all the scenes were all that we went through... it was just that.

J: And you can't forget it.

Ch: Ja.

J: You start... you know one would say you actually, that you honour those experiences because it made you.

Ch: No, I won't. It's who you are.

No. I understand anybody's situation. You know my daughter will say, you know, my mother-in-law did this, I'll be able to explain it to her. I've become like her counsellor (she laughs). You know with all the thing, if I go to somebody who has lost somebody I'll be able to speak to that person.

J: In a way that you both can understand.

Ch: And you know a lot of times I feel that a lot of books that I read says that a lot of things we ask for it, you know and you know it happens to you, like conversation with God, and all those books, I read and it tells you, it makes sense. Before my husband had cancer, my husband was the first in his group to decide let's collect money for cancer without him having anything.

J: Without him knowing about the cancer?

Ch: I had a child in my class whose mother died of cancer, in fact so many, I should actually phone them and tell them if you need anything... I should understand if their

child is going through this and that you know they should come and speak to me and should talk to them and just and then it came up to me and it was like where you asked for this?

J: I'm sure when you read those books you were thinking a lot?

Ch: All the time. I could feel that hurt. You know I could feel that hurt when the child was going through. You know the child was so rebellious and the mother should come and she was in tears that she didn't know what to do because the husband is down with cancer, I should tell her whenever you need to speak to me, you welcome to phone and so many people I told them like that. And it came to me. I shouldn't wait. I should just phone my friends and they should be there. You know 10 o'clock at night also I should...

J: It sounds like you worked through a lot of stuff on your own?

Ch: Ja. You go through you know it's like a nightmare. You know I couldn't sleep, I should walk around, I should come here in the front, in the kitchen, because I didn't want to disturb anybody, and I'm good with art. I should draw cartoons and all that, posters and posters, I got them stacked up at school.

J: Oh! You left it at your school?

Ch: So I should keep myself busy like that and then didn't realize it was 4 o'clock and I never used to feel tired like that, although I was awake the whole night ... unclear ... mummy is carrying on like this, I don't know.

J: And the first year after he died?

Ch: It was terrible.

J: The first month?

Ch: The first month, it was like I started school, it happened in school. He died on the 30th of December so it was still school holidays, two weeks, but we had people coming in and out. My sister-in-law slept a week, and she should be busy. I don't know, people coming in and out, and it goes so fast. After two weeks I started school.

J: What about the prayers you held at home, the rituals?

Ch: You know we just did... we just...

J: You were just not worried?

Ch: As long as it gets done. People just come, do their things and I don't even remember what is what.

(Door bell rings, and she leaves to answer the door)

Ch: Even the second time she came, I can't stop crying, because you get so attached to child, and I want to do everything. You know... keep that child.

J: But it also sounds like its very hard for you to let go.

Ch: Ja. Now my son keeps telling me. Now every time they gonna come, you gonna keep crying. I say it's not that, you can't stop your feelings, when you, but she don't even like you, but I say it doesn't matter. I say nobody tells you how to like somebody if you like somebody, doesn't mean that person has to like you. If you like a person then that's that. Don't expect anything in return you know with things going into your life, you know things happening, and reading and, it makes you so wise that you know, material things doesn't get you... people...

J: You think you became more spiritual?

Ch: I'm not spiritual type of person, but I understand a lot of things.

J: Okay.

Ch: If somebody says this to me...

J: But you're not materialistic?

Ch: No. If somebody says this to me, then I'll say oh, maybe this was the reason he said this to me. You don't just run a person down because he said this. In maybe that person was going through something, you know.

J: I think you take time to listen and you think about what people have to say and then...

Ch: You can't judge a person.

J: You can't judge.

Ch: So, you know it does make you wise, the knocks in life, maybe there's a reason for all this.

J: But I think you show a lot of strength. Even sometimes I think you don't give yourself much credit.

Ch: Ja, you know. I never thought I'm an important person. I was always the person that was giving and if something happens in the family, then I'll stand like a rock and stop.

J: And today, you're giving again.

Ch: Ja. You know with my children also, nobody can just interfere with them. I'll tell.

Okay they got their lives. Okay, with Wxxx also most of the time he's got his own things we understand, but certain things, what is right is right, you can't just you know now and then. I'll make him aware that you know I just work and work. I don't even spend my money, but you spend more. You must try and do something.

J: How old is he?

Ch: He's 19. He was 16 when it happened. It was like... you know you forget about children's needs. Your focus was one thing and your life just revolved around it. And nothing else mattered. You become so focused that...

J: You're focused on taking care.

Ch: Ja. Everything was a standstill. You know whatever bookings I got I just cancelled everything, and just told everyone right, okay I need to be here. It didn't matter.

J: Your life stopped.

Ch: Ja. You just do everything right, run up and down. Right medication time. Right this time that time should shout the children also. I said you people must also help little. But you know I think you know I was also overpowering. I was just doing it so they thought she's doing it. That one day I actually told I say Dxxx you better just sleep with daddy because I can't I need to sleep. But I never slept she did sleep with

him, but then I felt that no, I know what it is to go through that and I didn't want them to go through it you know.

J: You wanted to protect them.

Ch: Ja.

J: And now with support groups and that?

Ch: I don't go to support groups. I just carry on as I said. Okay when you down I just take a walk to sister-in-law's. In fact the day that my daughter left with the baby I was just crying. I just phoned my sister and my niece was there and she said aunty must I come fetch you? I said okay. Then I spent the day talking about other things. Then the next day, my brother and them were here and they stayed over. So at least they stayed over, then I was back to routine. To adjust to things, I think it doesn't take long now.

J: But today?

Ch: You just take it as it comes.

J: One day at a time.

Ch: Ja and you know with work also, after he passed away, my work has increased so much that you know, I don't really need so much things, pleasures okay. Holidays and that I went now couple of years back I went with my bhabi's (brother's wife) and

them to London. And then we got a friend, our teacher's group, we went to Zimbabwe, and a lot of times you feel you want to go but you don't want to impose on couples and you feel ag, just but people will say come with, like my sister and them whenever they go they'll always take me with and I go, I just. But other than that how we should go with friends and all that. I mean, they still tell you that come, but, you feel...

J: You're changed so.

Ch: Ja. Like now recently we went to Durban with my niece and them and her husband ran the first Comrades, but my husband did ten Comrades and we should always go in the group and this time Pxxx asked, aunty you want to come, so said okay. Wxxx you want to go so he said okay first time, I didn't want to leave him and go, so he said he'll go so I told him, Pxxx okay he'll also come and we went, and her niece and her husband. He did his 20th marathon, and most of the time my husband and them they, he did his 10th, after that he didn't run but the guys, they should just go and support them. And about six of the guys also came to support these two guys. And it brought back all the memories and how we should carry on. Now also, once a year we get together for Comrades and sit and talk and it's not one year not once someone won't mention my husband, because my husband was one who should conduct the meeting and...

J: Sounds like he was the live wire.

Ch: Ja, they still can't forget him. One of his friends, he can't even come here often because he can't take it. Every Friday we should just get together here, and have supper, we were about four friends that should... like every Friday the guys should get together, and wives should come we should just make something or buy something.

J: And that's changed?

Ch: Ja, it has changed. But this one couple they make a point of coming every Friday or phone or whatever.

J: But I mean a lot of things changed if you really sit and think about it.

Ch: Ja. You not that... like I say we were very outgoing as I said, but with all this it just changes.

(Phone rings)

Ch: So most of the time you know they go to work so you carry on. The day is fine. The evening is difficult. For me, the minute he should just hoot I should run out, before he comes I open the gate, I'll run out, I'll wait for him there. It was like that. Like even if he goes he should go to work, he should go 6 o'clock in the morning, I should be up and open the gates for him and you know and once he's gone, close it, and all those things.

J: But like I say that was your experience...

Ch: A lot of times like, when he passed away, he had a company car and the boss told us like if you want to keep it, we just have to buy the car over, and its company policy, and he gave it to us at a very reasonable price. And we had that car and Wxxx wasn't driving, Dxxx was driving, but she was used to the Toyota, and that car was just lying there. I just didn't want to part with it, because when I looked at that car I looked at him, you know. Eventually they... my daughter made me understand that it's no use keeping the car and we not using it, the batteries are gonna, you know, and you gotta pay insurance, and this and that.

J: But it had sentimental value for you.

Ch: Yes. Sentimental it was. So eventually tried to sell it.

J: So it was again this letting go.

Ch: Ja. But now it was the car, ag, you know... but I just pictured him with that car, and now my niece's in-laws, they bought it, and now and then I should see the car, it should make me feel you know, but now if I see the car, I won't even recognize that's our car. I just stopped all those emotional things.

J: Hmm.

Ch: You know his cupboard, this holiday June/July holiday, was I emptied one section of his cupboard, the other section is just like that I just don't have the... I don't know if it's the heart or I don't make the effort of clearing it...

J: It will take time...

Ch: Its three and a half years and you know people tell me that I can give it to some people who can make use of it, which is true, but...

J: You should do it when you're ready.

Ch: No. But I just felt that you know things are still there and you know you feel that you don't like change, you know.

J: It is about change and going on...

Ch: And you know another thing with my husband because he was ill things changed from what he was, you know it became...

(Door bell rings and she goes to answer)

At times we just sit and have tears, just cry it out, and I don't like to do it in front of anyone. I sit and while watching a movie you know when you see the love scene on the movie, you just get that aching feeling in your heart, but you know he's not there, you just cry, and then forget about it. Lot of things, I think I just push it away. You

don't want to face the... when something hurts, you just leave it, rather think of something else.

J: But you also not sure what to do with it.

Ch: It's there, it's there.

J: You know it's different now.

Ch: Now I do what I want to do.

J: What you can do.

Ch: It's not much that you can do. You just keep yourself busy.

J: But you do a lot.

Ch: I feel I don't, my house is such a mess. This thing is lying here for a week. It will still lie here for a week. Then I'll decide, right, now let me clear up, and I'll walk over it. It's like you know, you not even aware it's there.

J: But you're hard on yourself.

Ch: Ag, things. You know you can survive. You can sit and cry the whole day, or you can just pick up the pieces and carry on. So you always have a choice.

J: You do. You do have a choice. I also hear that you do think a lot about things.

Ch: I do.

J: I hear that you think about things.

Ch: Well you have to reason things, right. Okay, this is here, and a lot of times you feel, oh, why me, but then it's there. It's there.

J: Hmm.

Ch: You cope with it, you deal with it.

J: And that helps you to cope?

Ch: You just got to be hard on yourself.

The interview ends here.

Transcript of Mrs Ganga

The interview

J: Jyoti

Ga: Ganga

We exchange greetings, and I introduce myself. I explain the purpose of this study, its aims, and give her the consent forms to sign. I inform her that I will be taping the interview and that all information is confidential. She starts talking about her experiences and family but the tape did not pick up her voice clearly as she talks very softly, as if nobody must hear what she is saying. She seems expressive, but inaudible. I could not include this in the transcript because I could not make sense of this. She mentions some interesting thoughts. I make a mental note of what she shares and attempt to probe this whilst I am conducting the interview. I begin the interview recapping some of what is mentioned to me when I start taping.

J: So, at what age did you get married?

Ga: I got married when I was 20.

J: And how long were you married?

Ga: He died ten days after our 16th wedding anniversary.

J: So you were married for 16 years?

Ga: Yes.

J: And you have two children?

Ga: Yes.

J: And as you mentioned you were a high school teacher?

Ga: Yes, I was.

J: Retired?

Ga: No I... I... I... stopped. I left. Yes. I... I... had to accompany when I got married
you know the old way of thinking

J: What work did your husband do?

Ga: He was a manager, an International Sales Manager, in a firm called Pressed
Marker Print Service.

J: Okay.

Ga: It was in Alma in Benrose. That's where he worked for 23-24 years.

J: So, he was the main ... the financial supporter, the bread-winner in the family?

Ga: No... no... my in-laws all my narans (sisters-in-law) were working when I got married. There were four narans at home and my diar (brother-in-law) was (pause)

J: And you lost your husband. How?

Ga: He had a heart attack. He was helping at the Gandhi Hall. Gandhi Walk was going to be on the 17-18 of February and he went to do some seva (service) from the morning on the 17th and he was there the whole morning. He came home once popped in and said I must just prepare the vegetable, and when he comes home from helping, he's going to make supper.

J: He used to cook?

Ga: Only sometimes, but not much. Maybe just certain... he used to make two or three dishes, not much. That's all. So I was by the neighbours and the little ones were sitting and watching TV. The two children, my daughter was 10 and my son was 15. They were sitting on the settee (sofa) in the lounge and I was by the neighbour and my husband came home and parked the car off and all the other neighbours, the men folk, were playing cricket with their little children... were young then. You know all their boys, and I was with a neighbour and I had a summer dress on, my neighbour's sister was asking me, Mrs. Ganga, what's the meaning of a mangal sutra? And uhhh somebody came screaming to me to tell me. Oh, my son came to call me and said, oh, daddy is not feeling well. When I walked in he was on the bed, breathing very

heavily. He had shorts on and he took his top out and folded it and it was on the bed on the side,

J: Hmm.

Ga: I ran out and called all the neighbours, most of them all Moslem, the immediate ones, so they all came. The neighbour's sister, the one that was asking about the mangal sutra, my phone was then in the passage there (she points to the passage) this front room was in the passage there. This front room wasn't completely built then.

J: Hmm.

Ga: She was busy phoning Lenmed to say that somebody had a heart attack and they were...

(The door bell rings, so she excuses herself to answer. Her son comes in, she introduces him and we exchange greetings)

So anyway then, uhhh, they all went into the room and the neighbour and I was crying already, I was upset so they took me into my son's room and in ten minutes he died. They tried to revive him but they didn't. But apparently he had the first heart attack at... uh... Gandhi Hall where he was helping because his friends noticed him sitting, you know, and looking and breaking out in a sweat but neither did he know nor I, he didn't know that those were the signs of a heart attack.

J: So what happened afterwards? Like after he died and the funeral, and the families?

Ga: No. The family came everyday as punctual as the morning sun, with a basket for thirty days. My derani all dressed like she's going to a... (she speaks very softly, she mimes) and after that one and one month 40 days, that everybody left I was left to see and they always used to say you must ask for help... then my son was at varsity then, I'd ask for my naran the small one... in March, I wanted a light fitting because you know he's got weak eyes so the fixture wasn't good. Then she said no she'll ask somebody to come, then in September when he's starting his exam then she realised that in October that they must send somebody. And they always used to say you must ask for help and when you ask for help you didn't get.

J: Hmm.

Ga: So then what happens is that you sort of... start slipping away.

J: Is that what...

Ga: And then you make so many mistakes because you got two little ones.

J: Hmm.

Ga: I mean you left in a big ocean and it's not like you looking for sympathy. They tell you to come... you ask and you don't get. You don't want it immediately but, want that little bit saharo (support and comfort).

J: Hmm.

Ga: Just a little guidance, but a couple of times too, I used to go there with the children too, then the rest of the family is going home, my sisters-in-law are there so it's also they take her. She's also part of the thing. Mine were always pushed out.

J: Like what? Explain?

Ga: Like if we going to a family function and everybody's daughters get called to take a photo, and they never call her. And the Moslem people, the neighbours, where I lived there for seven years, with a naran got divorced and came back with... and caused a lot of tension.

J: In the family?

Ga: Between... my mother-in-law was very different. She changed toward me and my husband.

J: Changed in what way?

Ga: She was more concerned about the daughter. Her daughter now she got divorced. But her daughter chose to be a divorcee. Her husband didn't divorce her; she wanted to come away with her daughters.

J: That's it?

Ga: And with the Lord's grace they all optometrists and dentists and they did very well.

J: Hmm.

Ga: She caused a lot of grief and pain for us, because the home my diar (brother-in-law) lives in rightfully it belongs to my husband.

J: So when you say for thirty days your family...

Ga: Forty days.

J: Ja.

Ga: All my Moslem neighbours were shocked, because now they don't even see them. They won't even recognise them.

J: Okay.

Ga: They did it I think to show the community. In our people, samaj (community).

J: Hmm.

Ga: To show the samaj (community) you being good to your bhabhi (sister-in-law) and being supportive.

J: But did you feel supported?

Ga: I can't... I was that broken. You know what happened to me, oh my child, about three years ago, I was in black depression... I landed in Lenmed. I lost eight kilos of weight in two weeks. I had a chemical... uh...

J: Imbalance?

Ga: And then I went to this Lenmed, and when I came out of there (pause) I told the Lord please I don't want to go back again. You know I was on all those tablets. You know I weaned myself off them, because the psych psychiatrist should rip me to pieces... like I'm talking to you now, he's used to charge me for twenty minutes, R300-00.

J: Hmm.

Ga: In the end I thought I had to help myself because I don't want Aropex for the rest of my life.

J: That's it.

Ga: And I don't want the ... all those sleeping tablets. You know there was a host of things.

J: But when did all this happen?

Ga: Three years ago so when I went to him, to the psychiatrist, then he... he regressed me. He told me that I haven't mourned my husband because after I lost my husband I buried myself in bringing up the children.

J: Is that what he says?

Ga: Yes. That was the cause of it. You know like I didn't like grieve properly, and mourn and I tried to be the brave mother and father and please both my children and you know still carrying on as if it's... things are normal.

J: Did you agree with that?

Ga: No.

J: What is different for you?

Ga: Um... (pause). I think it was ... after in because... (pause).

J: Okay. Let me make it simple.

Ga: Okay.

J: When your husband died, how did you start coping with your life? What did you do in order to continue?

Ga: That my children became my worry I was just busy with them.

J: If the children were at school, what did you do during that time?

Ga: At that time I chose not to go to work. I did a little bit of teaching, for three months.

J: So what made you go into teaching?

Ga: Uhhh.

J: Was it the money?

Ga: No, they didn't pay much, because I trained with Coloured Affairs. I come from the Eastern Cape so the wages were very minimal. But I just felt people need me, so it's something to do for your community. And my son's school, that the Highveld that the teacher went on uhhh leave for three months and I thought it would be nice to (pause) and it made me feel good, because teaching was a half day job, and when the children were home, then I was home. I just came before them.

J: So, did you manage to teach?

Ga: Yes. It was nice. But the only thing was that um, I mean it was September, October, November. The work had been done already. I didn't have to teach much. It was a small standard one class.

J: And you are a high school teacher. And then you finished teaching for those three months, then what did you do?

Ga: Then I chose to be a mother. Then I didn't work.

J: How did you manage being available to your children and what were you going through emotionally?

(Pause)

J: Do you remember? (pause)

Ga: No. I can't. Because like I say, in the memory of having such a good husband was worth his weight gold. He was the most wonderful human being. He was my friend, my husband, my lover, my everything. My husband was the most beautiful person. To... to... I think... I would say glorify... to... have. I can't get the word. You know like he was... I always felt like I must be a good wife and treat his children well because he treated us well. And he was good to me. So the... sort if like he if he's watching from somewhere to please him I'd like to do the best for my children because that's what he would expect. Because if he was living he would have given them the same.

J: That's it.

Ga: And we were a very good team, we were like a hand and a glove. Any decision we made about giving things in the family, he never made me feel less than him because I didn't work. Any decisions that were taken in the house, like to do daan (donation), and to give charity or to give gifts,

J: Hmm.

Ga: It was done jointly.

J: Hmm.

Ga: And when we did have little money... every marriage has uhhh, uhhh...

J: Ups and downs?

Ga: Ups and downs ours was always uhhh... spoke was something outside it was never our problem then it would either be my naran said something or this one insulted one of the children. It wasn't like our... (pause)

J: Issues?

Ga: Issues. Very rarely. It would... I mean there were times when it would be an issue between us. I mean there were times like that.

J: So, when the doctor told you, you didn't mourn, what did you understand by that?

Ga: Uhhh. You know I could agree with him partly. If I did think back sometimes... like I stopped thinking about myself. I didn't... I was neatly dressed no but I didn't care... you sort of... my children were my world. Everything of theirs must be okay. Whatever they need and wish for must be. I don't blame them, but... that the thing. I... I... must've thought that was normal actually. Now you're a widow, you stepped out of the picture.

J: Did you feel like you became a nothing?

Ga: No.

J: Then what was it? How come you didn't think about yourself? When you say you gave yourself to your children...

Ga: Yes.

J: Yet you took a step back, what was that about?

Ga: Maybe to... I don't know... maybe to show the community... that you are strong, or looking for acknowledgement that you didn't get like I say with the in-laws.

J: Hmm.

Ga: Possible... that can be an answer.

J: Hmm.

Ga: To show your in-laws, well when I do ask you for help you don't do it, so I will. You know, I will manage, or I can... there are good people but Dr. XXX, I had to get away from him. He's very good, but the cost factor you know, it was getting very heavy and that medication was also... he was lessening the roads.

J: Hmm.

Ga: Every three months, then he'll say, it will take another six months, and then, what I didn't like about him was when once I mentioned to him about the like the finances, and I can't manage, and I said, if I can take a letter from him and go to the clinic...

J: Hmm.

Ga: Then he says well Mrs. Ganga, once you go get the letter from me, and go to the clinic, then you can never come back to me to see.

(pause)

J: So what did you understand?

Ga: Well, I thought he is helping me and he's got everything of mine from... because as I told you I was in Lenmed for a week. Then they were giving me medication, and giving me drip. You know to get me right, sort of and then I thought now if I do have

a relapse or something, and if I don't go to him and if I take a letter to the clinic and they give me the tablets, then if I want to go to him then what will I do?

J: Hmm.

Ga: And then I had to look for my own healing. I started reading a lot.

J: At that time?

Ga: Yes. And I do love reading. I'm always... I always tend to like things that have a little mysticism. I like Egyptian, something about the Egyptians, and sometimes I listen to Kate on 702, on Sundays... I had the pleasure to meet her at a friend's wedding. She had a fate same like us. A vibrant, jubilant... ooh, she got so much.

J: Hmm.

Ga: Ooh! Her aura, and her vibrations are most beautiful. You just stand in her presence and you can just see some great person.

J: You found inspiration in her.

Ga: Yeah! Ooh! She's a wonderful person. And I listen and buy books, and I... you know, and sometimes I... I... very dipped immersed in it and at other times you just like sort of its like human. It's sort of like when you go on a religious path, you'll stick to it, and sometimes you'll have your off week or month. Like it happened to

me, the priest of the temple asked and a few friends, we didn't see you this month?
Then I didn't lie, I told them no, cricket tournament (she laughs) so I was busy.

J: So, after the death of your husband, you said that three years ago you went into a depression... before that time, what was going on in your life?

Ga: Well, after I lost my daughter, it was very difficult.

J: How many years ago was this?

Ga: It's going to be nine years in January. Its eighteen years for him in February and what used to happen when those months come

J: What used to happen to you?

Ga: In fact, I need to change the sound of it. Like last year, I didn't do too badly. Because I got in February, I got widowed in February, my daughter is born in February (she cries for a while) and everywhere you go, they say you mustn't dwell, but it's difficult. (she cries)

(pause)

J: But that's where you are at. Nobody can tell you how you must feel. (pause).

So what do you do in those months?

Ga: Well, like now, last year was much... nicer... I went to the mandhir (temple) and did a pooja (prayer), on my daughter's birthday. I said I must celebrate her instead of... you know, making the day so morbid and unhappy.

J: But you feel so sad?

Ga: I suppose I'm a mother...

(long pause)

She had so many friends. After I lost her, two of them came... aunt Ganga, took all her clothes and her jewellery and some tops that even had their labels. And today, you don't even see them. First Diwali, one or two phoned, after that now they all flying high... when they see you they don't (inaudible)...

(cries a lot)

But in our community, two boys also committed suicide. But because they are affluent, their family ties are strong they are surviving... look at me... I used to go to compassionate friends.

J: Here in Lenasia?

Ga: I went a few times, then I left... for quite a while. In this year I went once because I know the group. I didn't prefer to go, because in that group, there was

nobody else like me, and there's people from group, they... as much as they say it's confidential, with our people, my child, everything isn't in confidence. I just have that gut feeling...

J: That it's not?

Ga: That it's not. Because I think, not being racialistic, but Indian they'll...

J: Talk?

Ga: Talk. They have that habit you know... after...

J: Did you hear something?

Ga: Uhhh. I didn't hear something but you pick up also, things like I don't know, maybe I'm wrong, I'm not judging, but (pause), but certain people get more (pause), they listen to others a little more that what they listen to us... there's a discrepancy somewhere.

J: Did you at any point in time feel like you were not heard in those sessions?

Ga: Not equally.

J: So you felt maybe, there wasn't enough space for you?

Ga: Yes.

J: You wanted more space?

(pause)

Was it a group thing?

Ga: Yes. You see the other thing... uhhh maybe the reason can be this... maybe I shouldn't... can't judge them because they very young, and they only, and I'm only after nine years so maybe because it happened after nine years, I'm supposed to be settled. But as I told you when I got back from that one meeting I told my son I don't want to go because now I'm the only one in this situation, you know. The others they lost their children in accidents, and I felt my child's also, it is an accident no matter whatever, like I told you, it's a mystery to me. And well it went down like it's a suicide, right. But the thing is that, I suppose those people don't understand because they didn't step in my shoes.

J: Uhhh.

Ga: I should understand that part, you know they lost their children in a car accident.

J: I'm just thinking that you allow yourself to be second best?

Ga: And that... I think that thing, that quality, I picked up living with bit from my in-laws. You must always be subservient.

J; To be second?

Ga: Or actually they even reduce you to, you there... like you must... like the words they use, how they talk to you, how they answer you. I don't say that everybody is bad, but I mean when you... when I look at it on hindsight, I'm a person who is very obliging, my child. If somebody... like the other day somebody gave me a lift then I think I said thank you ten times. That person was very upset. He says Mrs. Ganga, you must say thank you once. Like you over-gracious... because there must be some other reason why you become like that. But when you do for people, like there's a group of girls, my neighbour, I always help the children with Afrikaans. So just last week the children came and they came there's six little girls and they need help with Afrikaans, so started helping them. I'm feeling good that I can help. It's just that uhhh... I didn't realise this, uhhh, about three years ago, two years ago she asked me don't you want to start with a class, like you know. I didn't teach Afrikaans, I only had to learn Afrikaans to explain things to the English speaking children. So I was forced to learn Afrikaans, so now I have a good command, so how we just started this two weeks. They come now every Thursday, these six little girls, and I feel so good because I can be of service to them.

J: Hmm... you have a purpose.

Ga: Yes. It makes me feel beautiful, like to say okay, I'm helping... the one lady would say they going to pay me. I say no I don't want money because I just feel if these six girls come on a Thursday, in my home, it is nice. It's like the Lord sent them here to... its like therapy for me.

J: Hmm.

Ga: And I'm helping them at the same time.

J: But you realise you not the second best.

Ga: I... I...

J: Because you are the best.

Ga: Yes. Like I noticed with the one little one, she's not so keen but, uhhh, but I just sort of look at her and I carry on. I just treat them all the same, but I've already picked up if one of the children drop out it's gonna be her. You know, I've got that feeling already. I... so far so good. The hour goes quickly and the children are...

J: Oh! It's just for an hour?

Ga: Yes.

J: Okay. Tell me you mentioned earlier, before we were taping about uhhh, the family coming here, now nobody comes...

Ga: No. If I ask my diar (brother-in-law) when you gonna come, he says bhabhi (sister-in-law) we don't... I don't visit anybody. I don't phone anybody.

J: But that does something to you emotionally, because...

Ga: It's like a reject... you feel rejected.

J: You feel rejected?

Ga: No, no, no. Not anymore.

J: Because you were part of that family and that was your husband's link.

Ga: Yes.

J: So it became your link to a family.

Ga: Yes.

(Pause)

J: I'd like us to end here.

I thank her for her time and conclude the interview.

Transcript of Mrs Mansha

The interview

J: Jyoti

Ma: Mansha

We exchange greetings and I introduce myself. She seems curious about my topic and asks some questions about it. I explain the purpose of this study, its aims, and give her the consent forms to sign. I inform her that I will be taping the interview and that all information is confidential. I wait for her to respond, she seems lost in thought.

J: It's such a difficult experience.

Ma: It's something that you can't really talk about, actually you can talk about it but only to somebody who is actually close to you. You can't just explain it to someone who is an outsider because they won't know what you're going through, especially within yourself. Okay on your face you might be showing you brave, you strong, but what's happening within you. We might be showing a brave front for everybody else's sake, because everybody will say, ooh look at her, she keeps on crying, she keeps on doing this, she keeps on doing that, so for this reason you have to show a brave face but after a while, I promise you it knocks you.

J: Tell me.

Ma: Especially when uhhh you very close to your spouse.

J: Ja, how long were you married?

Ma: We were married twenty five, finish twenty six years.

J: And how old were you when you got married?

Ma: I was twenty three.

J: And how old were you when your husband passed away?

Ma: Forty nine.

J: How did he die?

Ma: Well, actually he had a heart problem.

J: Which he knew of...

Ma: Ja, he knew of the heart problem, and um he was on treatment in the hospital and uhhh he should go for his checkups. I should go with him, because I know whenever he came back from the hospital he would always lie to me. He would never ever tell me the truth because he knows that I'll go into a panic state. But they knew about his

heart problem, but I didn't know it was so severe. It was so bad. He went through a couple of tests and all that, but not knowing the mechanical side of it properly.

J: Who? Him?

Ma: No myself. He knew what was happening. He didn't tell me actually what was happening. Like he never ever put us through pain or suffering or anything like that. Whatever happened to him, he went through it himself. Like even if he had a headache, he'll never ever tell me that he's got a headache. He will take a panado or a disprin or something like that and go and lie down, and he'll just say I'm tired, I just want to sleep for a while but he should never ever tell me that this is my problem or this is what's happening to me. So, anyway, it was me that got very sick, uhhh. So that I was hospitalised for a couple of weeks and um and I came to find out that my thyroid wasn't functioning at all and that is the reason I was having black-outs and I was almost gone, almost gone.

J: Hmm.

Ma: Because I didn't know what was happening until we had the blood test and everything done, and the results came through and the physician said look your thyroid is not functioning, and I was very anaemic so they had to hospitalise me. So, okay they picked up the problem then I had to go through you know in the hospital once they admit you they go through couple of test and they want to do this and they want to do that. Okay fine, I recovered, I was fine and he was still going for his check-ups and all that. He was fine, but the following year, uhhh, my daughter got

engaged in May, and in June, no in July actually, uhhh, he was like now, what I mean he was shrinking compared to what he was, he wasn't looking well at all you know, and uhhh, they called him to the hospital like probably, I think every second week he had to go in for a check up and before that also, like when he used to go to the hospital, I should go with him. Because knowing him, I know he won't tell me the truth what the doctor tells him, and um, and I should even read the report and all that, but I couldn't figure out the doctor's handwriting.

J: Hmm.

Ma: I couldn't figure out, so anyway if I'm standing in the medication queue and he's there with the consultation, then I'll make sure I'll keep my place and should run upstairs to see if it was his turn to go and see the doctor you know (pause).

Anyway like that uhhh, we pulled through the two years like you know, and then uhhh just after May June, after June we went for a holiday. Every June we go away for a holiday, you know, we went to Durban, we came back, and just, and we came back on a Thursday, Friday and Saturday, they were going to Louis Trichardt. Uhhh you know Morari Bapu was there, so they were going to meet up with him. And he was actually very tired you know, and I said to him, you know, you were not looking well in Durban also, and I don't think so its also necessary for you to go, I said, look your health is not hundred percent. And he got cross with me because he, you know with the guys they like to go out with them. They have fun with them, so, um.

J: Hmm.

Ma: Anyway, he didn't say anything to me. But it got... He went and then Saturday afternoon they had their meeting with Morari Bapu and Sunday afternoon they came back. He came back and he was nice and tired, so he says, you know what, I'm not going to have lunch but I'm going to sleep. I'll get up later on for lunch or supper actually, so I said okay. I had to go to one of my friends' place, you know. So, anyway, she was going to give birth and she was going to have a caesar the following day. So Bo says, Mansha you know what, come and speak to K because she's in a state, like she's really very worried. So I went to their place and in the evening I came back and he was still sleeping. So I didn't wake him up. I thought maybe he's very tired and wouldn't want to get up now so I asked, woke him up and he says, and I asked him you want a cup of tea? So he drank his tea and went to sleep and believe me not, till the next morning, he didn't get up, so I thought to myself fine I'm sure he's really very tired you know. Then in the morning, I went to wake him up. I said, you know what, K is going to the clinic today and Bo says we have to go and see her at one 'o clock. He said, okay, I'll take you at visiting time. Came visiting time, the baby came and everything he was still sleeping, he just didn't want to get out of the bed, so I said what's wrong, why aren't you getting up? He says, you know I'm not feeling well. So Monday evening also, he didn't get up for his supper, he just had a light snack and he slept away. Tuesday morning was not looking good, and uhhh, I'm telling my daughter, I said you know daddy's not feeling well at all. I said we need to get him checked out. So I phoned S. So S came and he says you know he's pressure is not looking so good, its gone down very badly, maybe you should speak to one of your physicians and speak to him you know. So we phoned Dr. FXXX and he came through and he checked his pressure and he says you know Mansha, MXXX's pressure is gone down very badly and I don't even think so you should let him get out

of bed, you know. Gave him medication and all that, and uhhh, he was okay. For that week he was in bed. He was like okay you know. Came the weekend, Thursday, no Saturday and again he was looking very down. Then one of our friends came he wanted some work to be done. So he says where's MXXX? You know D, he's not feeling well. This D is also a doctor; he says you want me to check him out? I said, ja, please, if you don't mind. So he checked him up and all that. Then he says you know what, bring him to the clinic on Monday, I'll check his heart and everything up. So he was in a state where he couldn't even walk properly, we had to like hold him, you know he was gone now really badly down you know.

J: Hmm.

Ma: So we took him to the clinic and uhhh, he wasn't looking well. He was now really looking terrible that day you know so, he says kaki (aunt) you know maybe we should take MXXX to a heart surgeon. So I said which one do you recommend? There's one in Hillbrow. I'll write you a letter. I'll make an appointment for this afternoon. (Pause)

I said okay. So Monday, we took him in the morning there. Afternoon we took him to the heart surgeon. So he says the problem is that a portion of his heart has been eaten up, and we need to do maybe a bypass, or we need to do something like you know. So I said okay, look uhhh whatever is needed to be done, lets do it, we not gonna waste time. So he says look I'll have to admit him and we gonna monitor him for a while and we'll take it from there. So Monday, no Monday he was at home. He says, look I'm gonna give you medication and if he's not well, you phone me. By Thursday

Friday you phone me again. So, Monday he was at home. Tuesday we had to go, I was teaching at the school, at that time, so I had to go back to the school. I left him here at home so I said look I'm going to school and you don't get out of the bed. I said you stay in bed until I come back from school because his pressure was gone down completely and he was not even allowed to get out of the bed. So that time I had a good maid you know, so I told her to keep an eye on him and um I should go in the morning just to mark myself present do whatever whatever was needed to be done and by eleven 'o clock I came back. So, Tuesday, Wednesday he was fine. By Thursday, um he's leg started swelling up. And um I said this is not a good sight. This is not looking good to me you know. In the morning, I phoned my surgeon again, I said you know Dr PXXX, he's feet is swelling, his legs are swelling up, and uhhh they not looking good. So now he says that is thrombosis, now we really have to admit him into the hospital. So he says how soon can you bring him. So I said how soon do you want him there. He says look by this afternoon if you can bring him through it will be fine because I've got to go away for a conference in the weekend and um, I'll give instructions to my co-workers there and they'll see to him. So, okay, Friday we took him. Saturday, they were going to do the angiogram. Uhhh they couldn't do it because the machines were out of order or there was something wrong with the machine. Sunday also he was fine, but um you could see like uhhh, he wasn't looking the same, you know and he just avoided me all the time he wouldn't look at me in the eye and talk. Like whenever he spoke to me he turned his face and spoke to me.

J: Which he never did before?

Ma: Monday, Sunday then Monday again he went (pause). He says they didn't do anything as yet. Tuesday afternoon while I was there (pause) I met the doctor and spoke to him. He says look we gonna do an angiogram tomorrow and if we feel we need to put a pace maker, then we gonna do it. So I said, look if you need me here, give me a call in the morning, and I will come. I know my husband won't allow you to do that op, you know because he was dead against it. He didn't want that op done. So, anyway, on that Tuesday evening, um, I should go in the afternoon and come back in the evening with my brother, and he should pick us up. So that Tuesday evening he spoke spoke and he like, you know, he didn't look at me in the eye and when my brother came, then, like he had this glow on his face, a very different look, you know, such a beautiful glow like he was getting younger, like he was looking that kind. So my brother still told him, like MXXX you looking so well, I think tomorrow I must bring your paint brushes and maybe you can sort this ward out, you know, they should always just joke around you know. So, uh, he just looked at him, then he says F you know, I'm very worried about them, just see that they fine at home and you know this and that and all the other things. So I said don't worry about us, we all fine, you know, you worry about your health.

J: Hmm.

Ma: I said we okay. Don't worry about us. So he's still telling us tomorrow morning they taking me for an angiogram don't keep on phoning at the hospital. Because you know my daughter had a tendency of phoning the hospital couple of times, in the morning to find out how her dad is, you know, so he says don't keep on phoning. So, uh, I said okay, we won't. Then, uh, in the morning I went to school, and um, I

said I'll come away by ten 'o clock so I can prepare him lunch and I'll take it in the afternoon. So, uh, that evening he came back and the next morning I went to school and came back home, my daughter phoned me and said you know mummy you know what daddy's blood is now gone very thick, so they have to, they were going to take him in for an angiogram that morning, so his blood is very thick and now they have to wait a while till it gets back to normal. So I said okay. But we are going this afternoon, but I'm going to prepare something for him because when he comes out of the theatre he's gonna be very hungry you know, so, I came home, I prepared lunch for him, I had lunch, and (pause) about twenty to three, no it was about half two, or quarter past two or so, it was already about quarter past/half past two, and um the phone rang, so I thought it was my daughter, so I thought this time I'm going to shout her because the whole morning she's phoning me and troubling me you know, because now I'm rushing with my work.

J: Hmm.

Ma: And she keeps on phoning me and asking me mummy what you doing, this and that... I suppose she was even worried now what's going to happen, you know. So, anyway, the phone rang and uh, he says is this Mrs. Ma, so I said, yes. He says uh, I'm Dr. Y from the hospital. So I said I'm sure he's going to give me some good news you know. He says, are you there alone? So I said yes. He says isn't there anybody with you? I said no, I'm alone here. He says well you know, I'm so sorry to tell you, that your husband didn't make it. So, I just said, okay, yes thank you, and I put the phone down, and I came back, and I sat here and I'm telling my maid I said, Beauty the hospital phoned me and this is what they told me. So, like, like at that moment,

uhhh like nothing like uhhh striked like, I was in a whirlpool, you know. I didn't know what was happening to me uhhh. I just came and sat here. I didn't know what to do, I just sat. Shame the poor soul she bought me sugar water, and she gave it to me. Then I said wait, let me phone my Rupa and ask her, tell her that this is what the doctor told me. So I said Rupa the doctor told me this is what happened to MXXX, he didn't make it. I said, did they phone L and tell him anything? So, said wait there, are you alone there? I said yes, I'm alone here. And she said wait we coming just now. And then... who I phoned, I phoned one of my one of our friends, I said R you know what, this is what the hospital phoned me and told me. And you won't believe it, it was about half past two. By quarter to three, my lounge was full with people. There was so much people here that I don't know where they came from, like you know, (pause) I don't even know that at that moment, like you know, what was happening to me and uhhh, I'm telling this friend of mine I said, we were supposed to go to the hospital, I said now you take me I have to go. Now they also shaken up you know, because we were all supposed to go together. Then my brother phoned the hospital again. He says no, MXXX passed away at about half past two. We did the angiogram but when he came out of the theatre, he had a massive heart attack and that is how he died (pause). And uhhh one of his friends went to visit him that day, you know, he was very close, they worked together, and the previous evening he told me, you know mums, just phone T and tell him I'm not well he must come and see me at the hospital. But by the time he went he was gone already. So, anyway, he also came back that afternoon here and then by no time, you know people just started coming in, and I didn't even know what was happening, and the last thing I remember was uhhh they took me into the bedroom and I think they must have given me an injection and I was out for the count.

J: Why did they do that?

Ma: Because I think I was all shaken up.

J: You didn't cry or anything, you were just shocked?

Ma: I was very shocked. I was very shocked. Then um, these two friends Bo and K, we very close with them, you know, I think when they came I opened my eyes and I said Bo, you know, I have to go and see him, so he says Mansha don't worry, we gonna bring MXXX here. And by the evening, by six or so, my front fully, there was so much people here, and this K S from this SVDS Vedanta Dharma Group – so he's the Chairman there, and he came into the room. He says you know bhen (sister), I know what you're going through because just two weeks ago, he lost his wife, she had cancer, and my husband was at the funeral. And he says you know, I met MXXX two weeks ago, and today I can't believe it his gone. He said just come into the front and see how much people there is here. I think by seven 'o clock, I don't know what time it was, and they brought his body home because I just wanted to see him, because I told him I'll come and see you. This they kept him here for a while and (pause) then they took him away to the mortuary, and next morning I think they brought him around nine 'o clock.

J: For the funeral?

Ma: Ja, they didn't keep the body here at home. But, uhhh, before he passed away, the Wednesday, the previous week on the Wednesday was my birthday and uhhh, I was

going to school and I made his tea and everything, and he tells me, you know mums, my time on this earth is over and I have to move to a higher plane. So I said you just keep on talking nonsense you know, stop talking nonsense, I said. If you going to go then what's going to happen to us, you know. He says no, don't worry, I'll be there to see you people and like he premeditated everything you know.

J: Sounds like it.

Ma: Ja, he knew it, because in the past, in fact in the year he actually died in the year 2000, and he believed a lot in Sai Baba, you know, and he told me that year, beginning of that year, he says you know, in the year 2000, Baba is going to take all the good people away, and he really went away in the year 2000 (pause).

J: You were shocked because you didn't want to hear – even though he said all those things?

Ma: I didn't want to hear it. I didn't want to believe it. There was so many things I wanted to do and like some things were left incomplete, like I wanted to get my daughter married, but she got engaged in May, and the following year she was going to get married. You know, and I should still like, he was not a person that would like to wear fancy clothing, very simple. If you see him, he's always in takkies, he'll wear jeans, and he'll wear a shirt which is like almost out, and uhhh, nothing fancy about him. If he must dress up and go somewhere, you know, everybody will get a shock, oh MXXX today you looking so handsome (she laughs).

J: (Laughs)

Ma: That is the kind of person he was. That is how you know, how he'll dress up. But uhhh... to him it didn't matter. It didn't matter at all (pause).

He'll rather give it than keeping it for himself, you know, he was a very big hearted person, and uhhh he would always tell me, you know, if you dress up, its good enough, because you cover up for me. He says it doesn't matter if I don't wear anything nice, and then when my daughter got engaged, I'm telling him, I said, when TXXX gets married, you know we going to go India and I'm going to buy you this salwaar (kind of male dress) and all that. He said you can buy me anything you want to, I'll wear it, a long as I get to wear my pair of takkies you know.

J: (Laughs with Ma)

Ma: And uhhh, which I couldn't do you know.

J: He died in June.

Ma: He died in July, on the 26th. And I couldn't do it, because he was gone already, and then there was so many other things, like I wanted to make a trip with him to India and I said lets go now, while we can walk, you know, I said I don't want to go when you are old (she laughs) and I have to hold you with the walking stick, and that is the type of conversation we should have, you know, like my life partner, he was like my friend, he was my father, he was my mother, he was like everything to me.

J: Hmm.

Ma: Like I could talk to him about everything and anything. Today, if I have to tell you about him, you know Jyoti, he was the most wonderful husband in the world. Honestly, I don't think so any woman would find a man like him. I think I was one of the chosen ones, even if I had the flu, ah, before I can get up in the morning, even if the girls they going to work, he'll make sure he'll get up in the morning, he'll make them something to eat because they going to work, ah, he'll make me a cup of tea, he'll make me whatever I want to eat, and then he'll tell me okay you go and sleep now. He'll see to everything in the house, the maid and everything, and if I'm sleeping he'll close the windows and make sure that the curtains are slightly closed, there isn't any sunlight coming into the room. If the phone is ringing, he'll close the door slightly, he'll tell the girls also, you know mummy is not well, speak softly on the phone and even like lunch, he'll go to my mother's place and tell them, you know Rupa, Mansha is not well, just cook something for her to eat. He'll make sure all this is done, and medication and everything is on my bedside. Like while I'm sleeping, he'll bring me a glass of water, it's next to my bedside. Uhhh, you know he was into this vitamin things also, you know. So, he'll crush a little bit of a vitamin c, put a little bit of ginger beer or sparberry and tell me mums you know what, you must sip on it. Uhhh when he comes back, and it's not finished, oh, you didn't drink this, come sip on it slowly. Come four 'o clock, he'll make sure he'll bring me a cup of tea again, whatever biscuit there is to eat, he'll bring it for me. That is how I was looked after. I was looked after like a queen.

J: Hmm.

Ma: Like a queen.

J: You were very blessed.

Ma: I was so blessed that my husband did not tell me, not one day did he tell me, move from here or ever raise his voice on me. Not a single day.

J: So, when your husband passed away, how did your life change?

Ma: You know, it changed so drastically that for me to go out from here and even walk out and go into the street, was so difficult, because the two of us were always together. Whenever he went anywhere, everybody saw us together. They never ever saw us alone. For me even to go from here or there, was very difficult for me. For me to walk to my mum's place, it was very difficult for me. For me to go out from here and go out into the public, to a function or a occasion, like for the first couple of years, I didn't want to go anywhere, I like just wanted to stay in the house. I felt, no if I'm going to go out into the public, the people are going to look at me.

J: Like how?

Ma: Like funny.

J: Because you're a widow?

Ma: Yes. And like he's not with me now. You know, they look at you like, now, like I felt like once you're a widow, uhhh, people don't have respect for you.

J: Did you experience this?

Ma: I did. I did.

J: Tell me about that.

Ma: I felt that you're just a nobody. You know, now because you don't have a man in your life, you just a nobody, you like you not wanted. You know you feel like, uhhh.

J: Like an outsider.

Ma: Piece of trash. Like you know that is how I feel.

J: Hmm.

Ma: And uhhh afterwards this couple I've got, we had as friends, you know, they still my friends. You know A and N, and I should speak to him I said you know I don't feel right. I said to go out alone like this you know, even if I'm with you people I don't feel right at all. So he says you know Mansha, you don't have to worry about the people, but you know from whom I got my supports? From the GHJ and them, I got a lot of support from them.

J: Hmm... What did they do to support you?

Ma: Support me in the sense that whenever they went out, I was with them. They made sure they didn't make me feel awkward. They made sure that uhhh, uhhh even if I'm standing alone, somebody and somebody was with me. Even after my husband passed away, then we made a trip to Durban and we had tracksuits made, and I said to Bo, you know I'm not going to wear this. He says no Mansha, you're going to wear it. He says doesn't mean that MXXX is gone and uhhh you must keep on wearing the saris. He says he wouldn't like you to do that. He'll like you to be dressed. Your punjabis (traditional dress), your whatever you're wearing, you must wear it, and if anybody says anything, we are there to stand with you. And I promise you, Jyoti, if it wasn't for them, I wouldn't have been here today. Honestly... when my daughter got married, they gave me full support. They took over the whole show, you know I didn't have to worry about like, uhhh, if we gonna run short of brown paper, or we gonna run short of a spoon, what we going to do, you know at the time the ceremony was taking place, I went into the kitchen they tell me, Mansha, you go and sit down, everything is under control. You don't have to worry about anything. You know like, but that moment at my daughter's wedding I felt I was a guest. Because I'm not getting her married, I felt... (pause).

J: What happened? (pause) How come?

Ma: Because somebody else got her married. I couldn't get her married.

J: Why was that?

Ma: I didn't. I told my daughter if I'm going to do your wedding, I'm gonna make you feel very miserable.

J: How? (pause) You'll become emotional?

Ma: I'll become very emotional, just because this was something that I was looking forward to do, you understand, to do with my husband.

J: Hmm.

Ma: And I said, she say mummy you can. I said you know TXXX, I can't, I said I will become so emotional that I'll spoil your day, and which I don't want to do. And I promise you the wedding itself was like such a bliss. It was such a lovely, it was such a beautiful wedding. Everything went so smoothly, uhhh, there was lot of hickering and bickering from the public and the people because I didn't let my... the... her uncle and them do the wedding, not me. My daughter actually, my daughter didn't want it. So, uhhh, she actually bought my this friend that I'm talking about, this A and N, we very close with them. So he got her actually married. And, uhhh, I tell you it was such a beautiful wedding.

J: And what about the preparation towards the wedding? Was it okay that you were part of it?

Ma: Ja, I was part of it. But you know, certain things you not allowed to do, certain things you not allowed to touch.

J: How did that come about? (Pause) What was that experience like?

Ma: It hurt me a lot. It did. People, the ladies of the house, the family ladies... uhhh, you can't do this, you can't do that.

J: Because you're a widow.

Ma: I'm a widow.

J: Did they say it to your face?

Ma: No, they didn't say it to my face, like they talk behind my back you know.

J: But, you could hear?

Ma: You can hear, but you get the message from them like you know, so like you know, I like took a step back and I stood back, seeing that I'm not allowed to do this like that... uhh... there was a time when they needed to do something, I told the priest I'll do it and he just shook his head, he said no you can't do it. It actually hurt me because this is the child I brought up, and today I'm not allowed to do anything for her.

J: Do you perhaps know the reason why they say that you can't?

Ma: No, no, no. You know what, at that moment you know Jyoti, it was just a year and a half after my husband passed away and she got married. I promise you at that moment like within that one and half years' time, I was not functioning at all.

J: What was happening to you?

Ma: I couldn't think for myself you know. I just went with what everybody said. You understand. I just went with all that. Um... the change came into my life now, when my little grandson came along and, since he's come into my life you know, my life has completely changed. He's brought so much joy into my life that you know today, I will wear what I want to wear, and do what I want to do, and go where I want to go, and I won't worry about what this one's got to say, and I don't worry about what that one's got to say. And I say to myself, I wish, I was like this when my husband passed away. I wished God had given me that kind of strength that time you know, because I wouldn't have tolerated the people's nonsense.

J: You are stronger now?

Ma: I'm stronger now, absolutely. I'm much stronger. I can actually stand on my two feet, and I can go through everything now, you know what I went in seven years time, in the five years time backwards I can go through it. I can really go through it.

J: What do you owe this strength to?

Ma: My grandson, only.

J: And the support from family?

Ma: Yes,... my daughters, I don't know, ...they part of the family as well, but I don't know this little boy, since he's come, I don't know my life, has but completely changed.

J: You feel it's for the better.

Ma: Better. I look forward to it, like in the mornings when he comes, okay he's a handful, but I just enjoy him. And like today, I don't let anybody tramp over my feet. I can actually I was at school for twenty five years, I was teaching at the school, and when he came along, we had a problem and there was nobody to see him because she also doesn't have in-laws. And my daughter said what are we gonna do. Then I said, TXXX, I'm also get a bit very tired at school because it was becoming very demanding. I said I need to get out of here also. The salary was also very pathetic, it wasn't a reasonable salary, and you know, my instinct kept on telling me "just move out of here, just move out from here" and I said to her, you know TXXX, if I resign, but I said the thing is this is here bread and butter. It's not that my husband left me a millions that we could sit on it and enjoy that money. We had to work, I had to work up you know. We have to work for everything. And I said you know, I have to do something. So she said you know you've got the experience, she says you know you even had the day care centre. Why don't you do something like that from home. So I said okay. So initially my idea was to start a play school at home, and then I don't know, with God's grace, you know, instead of the play school and all that, I started getting the bigger children. From five till ten/eleven years old like a little after care I

opened up and they come there in the afternoon, they have their lunch, then I'll monitor them on their homework, and children need to be tested, you know whatever work they are doing. I do that, I do their spelling with them. If they need help with their homework, I do that for them.

J: You do it till today?

Ma: Yes

J: Like a tutor?

Ma: Yes

J: Oh!

Ma: So I work from home now.

J: In the afternoons?

Ma: Yes

J: So, in the mornings you are free?

Ma: Ja, my mornings are free. I've got at the moment about ten/eleven children.

J: And this is what also sustains you financially?

Ma: Yes.

J: So, it's a form of income?

Ma: Yes. Because I promise you, the time when my husband passed away, I'll be very open with you, uhhh, he did not have any such policies, or anything like that where I would say okay, uhhh, maybe it will mature later on, we can get the money and I can sit on that money, and I can enjoy it. No way. I'm still working, I'm still on my two feet and I'm proud to say the seven years, I haven't been to anybody's house to say that, you know what, I need a ten rand or twenty rand, please help me out. No ways. I've become you know, uhhh, I got my daughter married.

J: You became self-sufficient.

Ma: Sufficient, yes. And we are still self-sufficient, and today nobody can come and tell me, you know, you owing me twenty rand or you owing me ten rand (pause). I've come very far. You know sometimes I feel like maybe he's around here, he's protecting us, he's guiding us, you know. Initially when he, okay, after he went, it was difficult for us to be alone in the house, because there was never a time when I was left alone at home, because with us it worked like this... if the two of us were going out, the girls would stay at home, and if uhhh, they were going and then we will stay at home, or if daddy was going out then one of the girls if they not going out, then the three of us will stay at home. We stayed like that, we should work it out like that. He

never ever left me alone, and after the father passed away, then TXXX got married, right, then of course I mean young girls they want to go out and you know sometimes like in the beginning I had the fear that how am I going to sleep alone.

J: How did you manage that?

Ma: You know the first time was when uhhh, the first time was when they went out, after he passed away, they went out for a new year eve somewhere. They went away for a weekend, and uhhh, they told me mummy, will you be okay? And I just said okay, you know, because I didn't want to spoil their fun. I mean they also need to go and I didn't want to be spiteful or you know, I didn't think of myself only, I thought of them also so I said no, I'll be fine. I said I'll switch on the alarm. Initially when, uhhh the daddy was here, we didn't even have a alarm in the house, because it wasn't necessary because the man of the house was here, you know until that one evening, that one night after he passed away, they broke into our garage then we had an alarm system installed. I said okay if we got an alarm system installed then it's fine. I'll manage. We were also gone out for that new year's evening, I came back about two o'clock.

J: Hmm.

Ma: And you know when I walked into the house, there was like warmth, you know. I could feel there was somebody near to protect me, you know, and uhhh I switched on the alarm, said my prayers and had such a good sleep.

J: You mentioned earlier that you have become more independent after your husband passed away, because you had to see to everything at home. What other challenges did you experience as a person?

Ma: When he was around, uhhh, telephone accounts, I never should ask him what's the bill for this month.

TAPE 2

But then I asked my brother-in-law about this, but then he said no, the house is sorted out like you know, via via they spoke, you know, not directly, that is how I found out, and then uhhh, one day I was talking and one of our friends came over and he says, the house, we had the will, and we had to transfer the house on my name because it was on his name all the time.

J: Hmm.

Ma: So, with this friend's help, I managed to sort all that out.

J: Hmm.

Ma: You know, via the lawyers, and you know which I couldn't do previously I had to look for the house papers and all the documents and see to all the bills every month. Okay, my brothers they helped me out a lot, whenever I needed them. Wherever, I

needed to do it on my own, I did it. And after it was done, I said look is it okay, it was okay.

J: Your brothers are very supportive?

Ma: They are very supportive. Even from my daughters also, I have a lot of support. Even my bhabis (sisters-in-law). My daughters should always tell me don't worry about the world, don't worry about the people, you know we are there. Like as I was telling you, there was a wedding, you know, the ladies, you know how the ladies carry on, and on the day of the ceremony they actually made us cry, they said we getting her married by somebody else, and then, uhhh my daughter said, you know what, it's nobody's business, this is our function. Both my daughters stood up and said because at the end of the day, nobody worried about us, whether you ate or didn't eat.

Ma: I experienced it, like the in-laws side, most like the in-laws side, you know, I don't know, like my one brother-in-law, he's also late now, he was like very dead against everything, uhhh, when my husband was around, uhhh, he was like, the good brother you know, and after he went, then the tables just started turning around you know, he made me a bad person, he had very bad things to say about me, you know, which he like went around telling people in the public, and uhhh, for a while it affected me, and I said you know what, the hell with you, and I cut him off completely from my functions and I said people like you, I don't need them in my life. I don't need them in my house, because people like you... you make us go down instead of coming up. You won't, he won't tell us go that way, you know. So I said to

my eldest brother-in-law, I said I don't want people like this in my house, I don't need them in my life.

J: How is your relation with them now?

Ma: With my jeth (brother-in-law) now, he also passed away now recently. There's one brother left now. The one that was hassling us also passed away. There's only one brother-in-law left now. He's okay. But initially it was a really sour relationship, you know, my husband, uhhh, when my husband passed away, they were not on talking terms but after he passed away the relationship became stronger, it became even better you know.

J: Ja, ja.

Ma: Compared to what it was, like now you know, we have this family unity now and I feel that things worked out for the better, they even the girls, they even got two girls, like whenever they go out, like they go out together, or if we have family functions then we go out together, like everyday, you know, so the relationship has become a bit stronger.

J: Like now, say for example your in-laws had a function or something, how did you fit in, if I can say that?

Ma: Like I'll go.

J: And you'll do everything?

Ma: I'll do everything. I'll do everything as a normal person. I do what I have to do now.

J: As your duty?

Ma: As my duty. My jeth (brother-in-law) passed away now in May and my jethani (sister-in-law) was in India and there was nobody else, she was in Haridwaar, and she couldn't get a flight back to South Africa so soon, so when we spoke to her, she said no you must go ahead with the funeral. He died on a Wednesday, and Thursday afternoon we had the funeral at home. So we, I did everything. I felt it that whatever needs to be done, needs to be done.

J: Okay (pause). Let's come back to your family. When you lost your husband, then you said for a whole year you weren't functioning.

Ma: (Nods from left to right).

J: What helped you afterwards? What is it about the reality of the death that said to you, you know what, I don't have my husband anymore, I have to do things? What kicked you out of that not functioning mode? (pause) Was it the preparation of the wedding?

Ma: No... like I said, I was a guest at my daughter's wedding. You understand?

J: Yes, I do.

Ma: Like you know, I'm only functioning now only now. It took me five years.

J: To come to where you are.

Ma: Ja. It took me five years to come to... like I said to you; it's after this little one that came along.

J: So, would I be right if I said to you that things were a blur to you?

Ma: Yes. Especially when I went into the public also like uhhh, I wasn't myself, um.

J: You didn't know how to be?

Ma: Ja. I didn't know how to be. I felt lost. I felt incomplete. You understand?

J: Ja, ja.

Ma: I felt, uhhh, part of me was missing, you understand... um, a portion of me wasn't with me. But now, like you know, like I was just telling my next door neighbour, here, you know he also lost a 32-year-old daughter-in-law, now in April, and um, I said you know, it took me five years to clear MXXX's clothes, and I... I couldn't get down to doing it. In fact he was very knowledgeable. He should you know read a lot, and you know the double story we got here at the back um, at the top

portion was his working area, he had... lots of books, all religious books, and uhhh, we thought that top portion we'll rent it out, so that little bit money we can get can help us with our income you know, and uhhh we just packed it away into the one room and I promise you Jyoti, every time I go there and look at one book, one or two books, I will take out, and I'll just glance at the pages like this, then I feel maybe I should pack it away properly then I'll just pack it into a box.

J: I want to ask you, you said your husband worked with GHJ, and I see this painting on the wall. What work was your husband doing?

Ma: He was a sign writer.

J: Oh! Was this his profession?

Ma: Yes.

J: So, he'd print out cards and everything?

Ma: Everything.

J: Oh! (pause) So his business wasn't at home?

Ma: No. He was working at Gxxx, a company.

J: So, you had a set salary coming in?

Ma: Yes, yes. And then he decided to work from home not like a... can say it's like his own business, but he was working from home.

J: You also helped support this family, so when he passed on, it wasn't as if you had to start a job because you were working already?

Ma: I was working. I was teaching at a school. The time when he passed away, I was teaching. That wasn't a problem, and then the girls were here; TXXX, HXXX. Look, she still helps me financially, she still puts in her little bit you know, so we managing, we managing with God's grace. I don't have a son.

J: Sometimes a daughter does more than a son.

Ma: That's it. But then I don't know, sometimes I think to myself it's with God's grace that everything just happens because the other day, there are just times I feel now, you know we have to do this, we have to do that, now where is the money come from, when, how will I do, and somehow or the other, it comes and now I say to God, whatever is going to come, you know the best. I leave everything into your hands, and what I do now is Jyoti, I don't panic at all. Whatever is going to happen is going to happen. That I tell God, you know the best.

J: You surrender.

Ma: Yes.

J: In these five years, seven years, you've come very far. I think that each part of your process you took it, and you dealt with it, as best as you could and you tried to move on and make a life for yourself.

Ma: Yes.

J: And you have the blessing of your grandson.

Ma: Yes. I tell you that's a darling...

I conclude the interview and thank her for her time and participation.

Transcript of Mrs Sarita

The interview

J: Jyoti

Sa: Sarita

We exchange greetings and I introduce myself. She remains very quiet for some time. I am aware of her silence. I explain the purpose of this study, its aims, and give her the consent forms to sign. I tell her that I will be taping the interview and that all information is confidential. I wait for her to respond, but she remains quiet and so I am left wondering if she understood anything I have said. I was feeling awkward. I start taping.

J: Being an Indian person, what does it mean for you to be widowed? What's your struggles, what do you have to cope with/put up with, what are the good and the bad about being a widow?

(Pause)

Anything that I can put forward to other women. What is the story of your life?

(Pause)

'cause your story is different from other peoples.

Sa: Hmm (pause).

J: So that's what it's about. So you can begin anywhere.

Sa: I'm a widow now. Its gonna be eight years in January and I thought I'll... its one of those things that you know you can't keep life back, you have to let go everyone has to go some time or another and its just that I can't come to terms with it. Not that I really had a very happy marriage, but just that the support that's there and hmm people really take you for granted.

J: In what way?

Sa: Like for instance, I'm mobile, right. Well, I learnt to drive from the time my first born was a month old.

J: Okay. How many children do you have?

Sa: Three.

J: Three?

Sa: Two is married and there, there's the young one and like people tend to take advantage, just say, come pick me up. I want to go to shop and come and do this for

me, we having a function can you come and help... you know where I'm to be blamed, is I can't say no.

(Clears her throat)

Besides that family is there for that time. They say, you know, whenever you need just gimme a call and things like that but for them to pay their duties and come and see how are you, are you okay, are you managing?

J: Are you talking about your husband's family?

Sa: My husband's family (clears throat) and my own family, like I've got a lot of cousins and they too like, and my children tell me that I must learn to say no because I'm alone, and they tend to take advantage over me.

J: How do you feel after knowing that you have been taken advantage of?

Sa: I do feel it hurts because like at the time when I need them, then there's always an excuse, like I don't really need like you know just for them to be here with like and like I told you I'm having a problem with him, with his attitude and things like that and um well, I don't tell anyone that you the first one, I'm telling you besides my eldest son.

J: Okay.

Sa: And um just for him to know, oh, my uncle is there.

J: Ja.

Sa: I can't you know do any tricks with my mum because there is someone there that's going to watch over me and things like that. (pause) You see my son they moved out it's a year now. They were staying here. They moved out.

J: This is now your son that's married?

Sa: Married. So even when they were here, he had his own life with his wife and he really spent more time with his in-laws than with me, like you know.

J: Did you feel side-lined?

Sa: Yes, ja, and um, then I like, you know they want me to come and stay with them, but the thing that is keeping me going is like um going to the temple, meeting people there...

(Long silence)

J: You finding it very hard to cope with your life?

Sa: Ja. (cries) It was like that.

J: What keeps you going?

Sa: I guess that it's just going out and that's the only place I go to, it's to the temple and I dedicate my life there and that too then the family say now why I'm doing too much there. They say I mustn't be involved. But that my life there you know. I want to be there because that the only place where I find peace.

J: And you feel welcomed there?

Sa: Yes. That's right. And also financial wise and it's very difficult and if I need to go, I'm independent. I go where I want to you know, to do my shopping, come back, take him for tuition. I don't ask for any help from anybody. What I got in my house I manage. I even told him, I say things are getting bad and you have to have to accept what we gonna have for lunch or supper because I need to pay for his tuition and this house, my son is paying the bond on this house, so I don't ask him for anything also because he's already contributing in that way, but the moral support, I don't have.

J: And emotional support?

Sa: Yes. Ja. That too.

J: So, you feel so alone?

Sa: Yes. That's right. And also like with a teenager it's not easy to handle. They want their own way, though I'm a single and looking after two kids.

J: Who are these kids?

Sa: One is my sister's grandchild and the other baby, the little boy, I used to look after, his mother at one time, but he's three years old now, and that's the income that I get and then I get a disability grant so I manage with that you know.

J: So, this is your means of supporting yourself financially, and this home?

SA: Yes.

J: You not working?

Sa: No.

J: How old are you?

Sa: I'm 50 in November.

J: 50?

Sa: (silence)

J: It's hard like that.

Sa: Yes.

J: And your husband, what was he doing?

Sa: He was working, but after he left, the company closed. He was working for TMI. They went insolvent and he had a farm.

J: Hmm.

Sa: It's across the main road here and we had a house in extension one so we sold that house to come closer to the farm, because we couldn't run the farm from you know, being far away from here because the way they were stealing and then... he invested, we sold that house and all the money from that house he invested in the farm.

J: Ja.

Sa: We put up shade nets and bought equipment and all that...

J: This you and your husband did together?

Sa: Did together, ja, and we used to run the farm.

J: Okay.

Sa: We used to plant methi bhajee (herbs), spinach, dhania, brinjals, chillies... we had workers working for us that used to go door to door selling and we used to supply the shops here in Lenasia. And then after he died it wasn't even a week, when they

vandalized the farm. Because there wasn't no-one, I didn't have anyone to go to the farm and check if everything was okay with the workers.

J: This was after your husband passed away?

Sa: After he passed away, ja. In a months time there was nothing left of the farm. Well, it's on a lease with the government.

J: Okay.

Sa: Ja, but they took everything we had. It was a ten acre land and it was precast wall right around it. Even the precast wall they stole. So that's how we... I couldn't manage on my own to run the farm again because I needed capital money, otherwise I could have did it on my own, you know. I worked all my life. Since the company closed down we started the business. Then most of the time I used to run it.

J: You were a busy woman?

Sa: Ja, I do keep, I keep myself busy like now too, I got these two kids that I look after. If I can get more, I'll be happy to look after them and um... it's just that with my age now, to get a job and things like that... I... I thought of going to this Montessori course but it's a bit expensive. Its about seven and a half thousand rands.

J: You had mentioned earlier about your family not being there when you needed them. Tell me about that. What happened there?

Sa: Ag, like you know, after a month like me, like for me it was sixteen days after the ceremony, then after a month everyone was busy coming in and out.

J: Who's everyone?

Sa: My in-laws and my family, cousins, I've got only one sister and two brothers. But the brothers they used to come like.

J: This was now at the time of death?

Sa: Death, yes. And after that everyone just stayed away. I've got one brother-in-law and um, on my husband's side and one sister-in-law. Then he's had an adopted sister. She's the only one that really cares. She will come and see me and um, like once a month she'll give him something in his hand, she'll gimme some money. And she'll always phone to find out how we are doing. She's the only one that really cares. But the others I don't really have any support from any one of them. Even like my own sister and brothers. They are there just to um... if we are having a function or so, they'll come, they'll enjoy themselves and they'll go. But there's not a day when they'll pick up the phone to say, are you okay? Is Gxxx behaving? Have you got things in your house? You know things like that. The support in that way.

J: Did you expect it to be different?

Sa: Um...

J: To know, or knowing the way they were?

Sa: I think um, ja, like I said I didn't need anything else from them, but just for them to be there, to say that they care and they are there, maybe then he wouldn't have taken so much advantage over me in that way.

J: You feel that if they were there, then you wouldn't have been taken advantage of?

Sa: Yes. I mean like after he died, say instance his brother...

J: You find it hard to be both parents to your son?

Sa: Right. It's difficult.

J: You feel that a lot of expectation has been put on you?

Sa: Yes. Very difficult. I mean you know I'm really going through a difficult time at this moment.

J: I hear that.

Sa: It's just that there's times at night that I go to bed and I don't sleep. I just cry all the time. Like even my face... I wasn't like this. All this marks coming out on my face... the doctor said its all stress related, ja.

J: You hold a lot in your heart?

Sa: 'cause there's no one to talk to... like if I talk to my daughter then she wants me to pack up and come and stay with her. I can't stay with them. She's got her family and the thing is that if I do go and stay there, Jyoti, it's that I have to run and see to her children, see to cooking, and...

J: Ah! Maybe this sounds harsh, it sounds like that when you are there then you can be allowed to be used.

Sa: Yes.

J: So that you have a purpose to stay there, so that they won't push you away... they will need you.

Sa: Yes (crying). That's the thing... today just before you came, I was on the phone at the temple, our Guru said that we having some prayers, you remember I told you about the prayers, then he said no it's just a thanks giving that he wants to have for the ladies and he wants us to be there at three o'clock. Now it's my grandson's birthday you know, I said okay I'm coming through but then I'll have to come back to Lenz and then she was like a bit fed up, she said no, I must do what I feel like, but it's not that. Now when I put the phone down I think to myself that if I had to go and stay with them its this little things that I won't be able to do on my own. I'll have to be obligated to them and like I'm saying, you know, its difficult and that's why I told my son, study hard and get a good pass, and get a job so that we can still live here... if

you gonna pluck this year, and repeat next year and even if you don't get a good pass, where you going to get a job, so if you get a job then we can still stay here, because I don't want to stay with anybody.

J: You don't want to let go of the little freedom you do have.

Sa: Have, ja. Like I say it's for their purposes that I gonna go and stay there with them.

J: And that leaves you with very little room to move about?

Sa: Move about, ja.

J: So your options sound limiting.

Sa: It does, ja.

J: So, you also speak about the little freedom that you have here as a woman, and you also speak about the part where you feel welcomed and that in somebody else's home you won't, you'll feel obligated and responsible.

Sa: Yes, right. Because they all working.

J: All working and you'll be sitting alone in the house. And then the children get big...

Sa: Ja, that's it. And my son.

J: What would you like to do?

Sa: I would like to be independent and be on my own like I am now. It's difficult you know, but it's just like I said I don't have support and then also thinking I must go. If I go if I'm gonna stay here he's gonna take more advantage of me and if I'm gonna stay with my son then he's gonna be there to watch over him.

J: What do you mean when you say he's taking advantage?

Sa: It's just that I think he's, you know Jyoti, I won't lie to you, he's been a good child now that he... uhhh... now six months.

J: You said that he's in matric.

Sa: Ja, I think it's maybe with the phone that I did get him, a phone, which my neighbour got for him which she's also widow and she's got two daughters and they care a lot about him... and because at night I used to take him for tuition at six o'clock and pick him up at eight, and then for me to drop him off it's okay, going back to pick him up, this area is very dangerous so that's why when he's finished with his tuition, instead of me waiting for him sometimes, I get there at eight, they still a bit busy till quarter past or half past eight, then I have to sit outside and wait alone.

J: Ja.

Sa: And then just give me a miss call then I'll pick you up.

J: Ja.

Sa: Then he started abusing it you know, just in his room, locked up in his room and not concentrating on his studies and he's got like a temper and it's... only with me but when he puts his foot out of this yard, everybody just loves him. Wherever I go they say, you've got such a wonderful son, but it just me, maybe I don't know what it is that I'm doing wrong.

I end the interview here.

Sarita talks at length about her difficulties her son is experiencing. I recommend appropriate referral.