Memory Healing Processes and Community Intervention in Grief Work in Africa

Augustine Nwoye

Western literatures on bereavement acknowledge the tendency to pathological grieving among some bereaved persons. The phenomenon of pathological mourning, however, is rare in Africa because of the presence of coherent and transformative rituals of mourning. This article argues that such rituals and performative experiences heal by addressing four principal aspects of the memory of the bereaved individual. The article elaborates on the content, process, symbolic meanings and clinical potency of these rituals.

Western writers and researchers on bereavement have generated substantial insights into the phenomena of grief and mourning. Through their findings and conclusions, we have come to know a great deal of what it means to be in grief, and about the normative processes that are traversed in the experience of mourning. From the classic works of Lindemann (1944), Engel (1961) and Bowlby (1961, 1980), through the more recent reports by Raphael (1983), Parkes and Weiss (1983), Stroebe, Stroebe and Hansson (1993), and Parkes (1998) we now know that, at least in the West, there exist both normal and pathological forms of grieving. Normal grieving, according to these reports, is a finite process with a definite beginning and ending. It starts with shock and disbelief and ends with adaptive resolution and recovery. Pathological grieving, on the other hand, is characterised by an initial impression of strength and an outward show of a 'stiff upper lip', followed by the bereaved person's breakdown under the weight of the delayed expression of grief. Through these maps of the process, clinicians have been greatly assisted to seek out the risk factors in bereavement and mourning and to understand the symptoms and needs of pathological grievers.

The Problem

A major flaw in these writings is their continued emphasis on the role of the 'totalitarian', or 'sovereign', or 'self-sufficient' ego of the bereaved individual in resolving grief (Parkes & Weiss, 1983). This has given rise to researchers' present tendency to medicalise the phenomenon of mourning (Frederick, 1976–1977; Lundin, 1984), promoting the assumption that resolving grief can be achieved only in the clinic or through therapy. Western research and writings on bereavement have given enormous emphasis to the influence of intrapsychic factors over the course of grief and mourning. The result is that a great deal of information has accumulated on how people react to a loss and *heal on their own* in the face of it. Very rarely has there been a dedicated attempt by previous investigators to study the contributions of culture and community in assisting bereaved persons to transcend their loss and grief.

The African Perspective

While Western researchers have largely been concerned with the individual's reaction to loss, the African perspective focuses on the spiritual/ systemic/interactional nature of healing in grieving and the resources which the community makes available to bereaved persons. The objective of this article is to explore the African community's contributions to facilitating healing in the bereaved. I believe that such an account will complement the work already done in the bereavement field by Western investigators. The discussion will show that when we talk about community intervention in Africa, we do not just mean the work done by professionals for the benefit of the community, but also the indigenous community's efforts to bring healing to one of its grieving members. In this regard, two important questions must be posed

Augustine Nwoye, Associate Professor, Department of Psychology, Kenyatta University, Nairobi, Kenya.
E-mail: muonwoye@yahoo.com

and answered. What, in the psychology of the bereaved, does the community focus on in the interventions that they proffer? And what processes and stages are followed in a typical traditional African community to implement this healing?

Definition

African grief work can be defined as the patterned ways invented in traditional communities for the successful healing of the psychological wounds and pain of bereaved persons. It is a healing system grounded in 'ecologically sound rituals and ceremonies that facilitate experiential healing' (Sisodia, 1997) and its target clients are any members of the community burdened by the painful loss of a loved one.

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The major goal of African grief work is to prevent the bereaved person's deep sorrow from degenerating into chronic negativity. Its healing emphasis is therefore fundamentally proactive, creative and elaborative rather than medical and analytic. It believes, like the proponents of the constructivist movement, that the viability of any given ritual, thought or construction is a function of its consequences for the individual who adopts it. Grief work in Africa consequently integrates what the West would see as elements of the cognitive, behavioural, experiential and interpersonal techniques. Its philosophy of action rejects the correspondence theory of truth (the idea that viable/healing thoughts and beliefs must bear direct correspondence to external reality). It also rejects the assumption that thoughts and beliefs — myths and fictions or 'constructive illusions' (Taylor, 1983a; 1983b; Taylor & Brown, 1988) — that do not correspond to external reality, are irrelevant in healing the life of the distressed. Finally, grief therapy in Africa works on the assumption that people are likely to interpret situations as more dangerous than they really are. It thus incorporates in its orientation and framework some important aspects of the healing power of multiple or double description implicated in narrative therapy,

intended to enable the individual to construct a preferred story by which to live.

Memory Healing and Grief Work in Africa

Grief rituals and processes indigenous to rural African communities are directed at healing four memory components of the bereaved. These memory components include the *fact*, the *behavioural*, the *event* and the *prospective* memories (Williams, 1996).

The Fact Memory

'Fact memory' refers to that aspect of the human memory system that seeks answers to the question: 'What happened?' It seeks clarity regarding the facts surrounding the death: that is, whether it really took place, how and why it took place, where, when and who might be responsible. Where the grieving person's fact memory is not satisfied with the answers received in response to these questions, the result is a certain kind of restlessness and cognitive dissonance. This was the kind of emotional situation that some Rwandese refugees found themselves in when they came back from the war to count the human costs of the genocide. Those who could not accurately account for the whereabouts of some of their missing relatives, so many months and years after the end of the war, experienced chronic confusion. They continued to search for their relatives' whereabouts whenever they got a clue from anybody that they might still be alive. The whole experience was unsettling and distressing, and delayed the grieving process.

Lazarus and Lazarus were alluding to this phenomenon when they pointed out that

> the rituals of the funeral, such as viewing the body, the gathering of the family, the eulogy, the lowering of the body into the grave or the scattering of the ashes … help the person to assimilate the fact of death … (1994: 81).

I argue that certain rituals and processes incorporated in the program of grief work in traditional Africa are specifically designed to prevent this experience of disquiet in the bereaved's fact memory.

Behavioural Memory

Two principal aspects of the 'behavioural memory' of bereaved persons can be distinguished. The first is their existing knowledge of how grieving people are attended in the culture (e.g. that relatives, neighbours and friends should come with support and sympathy) and their expectation that they should be treated in the same way. The second is their cultural memory of

specific processes for legitimate grieving and mourning. That memory offers them the image of how to proceed, and the expected cultural rituals and programs that would be organised for them to facilitate their healing. Healing comes to the bereaved where these expectations are fulfilled. The bereaved in Africa are never left in the dark about what is expected of them or what to expect from the culture.

The Event Memory

The 'event memory' is not interested, like the fact memory, in asking what really happened, and is not disturbed by distortions or rumours. Its major concern is to get an answer to the question: 'Why me again?' The bereaved tends to become preoccupied with feeling under special threat, with the recent death acting as a reminder of previous adversities and deaths. In this case, the community effort is to effect healing by dispelling the illusion that the bereaved person is under special threat. The 'downward arrow' technique (Lazarus & Lazarus, 1994) that the community members apply during their therapeutic speeches is intended to convince the bereaved that he/she has *not* suffered more than anybody else in the world. The clarification shows that what the event memory is concerned with is 'how people react to life and stresses in difficult circumstances' (Williams, 1996: 105) particularly when the adverse conditions being faced are a reminder of past suffering. Consequently the event memory is healed when caregivers and other members of the community assist the distressed individual through (in Western terms) double or multiple description of the meaning of the loss, and through helping the individual not to over-generalise; for example, having lost a husband in the past, and now an only child, a woman concludes that she will suffer such blows forever.

Certain processes and rituals in African grief work are specifically intended to promote this positive cognitive adaptation in bereaved persons. Performative practices (like didactic and evocative speeches, music and dance) promote the healing of the bereaved person's event memory.

The Prospective Memory

The 'prospective' memory refers to the bereaved's preoccupation with interruptions to family routines and ongoing projects, such as a family house still under construction, loans and other outstanding matters which the deceased person had been involved with. The bereaved remembers unfinished discussions and plans shared with the deceased. In Williams' view,

'once a person has set himself or herself a goal, there will be prompts about the goal until it is satisfied' (1996: 109). Prospective memory relates to the bereaved's preoccupation with the disruptions wrought by death and the loss of dreams for the future (Raphael, 1983). It also relates to the bereaved person's concern with what must be done to give the deceased a decent burial to facilitate his/her rest and happiness in the hereafter and his/her dignified passage to the land of the ancestors. In this way the problem of grudge and revenge against the living by the deceased is prevented. Community intervention in Africa promotes healing in the prospective memory of bereaved persons through helping them to give the deceased a decent burial and assisting them to attend to crucial projects left incomplete by the deceased. In this way the bereaved is enabled to feel less sense of disruption. This is not dissimilar to the way a Muslim community supports their own:

> a collective grief system supports the bereaved family through frequent visits, offerings of food, congregational pray[er], reciting the Qur'an and strengthening their faith by returning them to Allah (Mehraby, 2005: 63).

The rest of this discussion will now be devoted to examining the specific processes addressing the four components of the bereaved's memory system as highlighted above.

Case Example

> In July 1980, a very painful death occurred in a village in Igboland, an ethnic area in Nigeria, West Africa. A 15-year-old boy, Anayo, the only child of a widow, died in a motorcycle accident. Being a learner and yet speeding on the motorcycle, Anayo was unable to locate the brake. Unable to stop, he collided with a mosque, his head hitting the wall. He died on the spot. When the news got to Anayo's employer (until his death he was serving as an apprentice in timber merchandise), he sent word around to a network of his fellow male villagers in the city, informing them of the incident. Each, on hearing the news, reported to Anayo's master's house. When they all came they were sad, but quickly went into a crisis meeting aimed at deciding how to send the distressing news home. They divided themselves into two groups.
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> One group was to stay back and arrange for hospital preservation of the body until after

everything had been set for taking it back home to his village and mother. The second group (composed of three villagers) was sent to take the news home in advance of the body. They did not go straight to Anayo's mother. Rather, they went to Anayo's uncle who fortunately was at home when they arrived. They shared the news with him and then planned with him how to go about breaking the news to Anayo's mother, who was on the farm. They planned how to bring her home first, since the news could not be announced to her on the farm where she was working [see below for explanation]. They decided to send somebody she trusted to go and bring her back. This person went with the message that Anayo had just reported home on his way to Ibadan (Western Nigeria) and would like to see her before leaving again. Not suspecting anything in the message, she quickly left her work to follow the messenger. By the time they reached her home it was already late evening, a time considered conducive to the breaking of bad news or for holding serious discussions. When Anayo's mother could not find him at home as she had expected, she began to be disturbed.

At that vital moment, Anayo's uncle and the three gentlemen from the city poured into the compound, as if from nowhere. Anayo's mother had scarcely finished welcoming them before they requested that she sit down for a while. Anayo's uncle took up the task of breaking the news to her in the presence of the others. She was told the true story: that Anayo had a motorcycle accident, colliding with the mosque, hitting his head on the wall, and dying on the spot. She was told that his body was already on its way home for the burial. Before she could hear all these details she had broken down in uncontrollable wailing, attracting the attention of neighbours and passers-by, who came and joined her, crying in solidarity. And from that day, until some days after the burial, Anayo's family home was understood to be a house of death and wailing.

Major Phases and Processes of Grief

With allowance for variation in specific details, one can say that grief work in Africa, such as among the Igbo (Nigeria) and the Bukusu (Luhya, Kenya), involves helping the bereaved to pass through the fol-

lowing standard supportive procedures arising within the community wisdom of the people and handed on from generation to generation. These include:

- Breaking the bad news and joining in solidarity to weep with the bereaved
- Systemic practice and limited reparenting
- Promotion of logical thinking, double description and positive cognitive adaptation
- Behavioural pattern breaking, finishing a task begun by the deceased and leave-taking ceremonies
- Rehabilitation and reconciliation.

Breaking Bad News and Crying with the Bereaved

This is one of the basic components of grief work in traditional Africa. The whole process begins with an effort to break the news about the death at an appropriate time and setting. The home of the bereaved (if he or she was away when the death occurred) is considered the appropriate setting. The market, the farm, the hallway or somewhere along the road are considered inappropriate settings. Traditional wisdom considers that such bad news requires a calm ambience for it to be properly told and assimilated. Similarly, early morning and late evening are considered appropriate hours for assimilation of such stressful information because they constitute the liminal periods of the day, between rest and work, when the majority of neighbours and friends will not have gone out in pursuit of their daily business. It is considered beneficial that neighbours and friends be in their homes when the news is broken, since the bereaved's weeping on receiving such news needs the emotional support of familiar people. An important healing component of this stage is the presence of an intervening/witnessing community, fellow villagers, neighbours and friends. They cry with the bereaved in joint protest against the loss, thereby manifesting that quality of empathic availability enunciated by Marcel (1956) and Lantz (1994). Their supportive crying at this period carries an enormous power (Tompkins, 1994). It validates for the bereaved 'the relevance of tears' (Sutcliffe, Tufnell & Cornish, 1998), and signifies that his/her crying is not a sign of immaturity or weakness (Raphael, 1983) but the appropriate response in the face of the loss.

This was the pattern that took place when Anayo's death was announced to his mother. The care, physical presence and maturity of the community (in the case of Anayo's death, three elders officiated in the process) added credibility to the news and addressed the needs of her fact memory.

The community's presence and crying in solidarity with her further addressed the needs of her behavioural memory. Their actions matched her expectations of support at such a difficult moment in her life, and she derived healing from being guarded and protected by their supportive shoulders. In addition, the shared crying confirmed her belief that weeping about the death is part of the essential process of mourning. In this way, the community supplied her behavioural memory with the objective cues for grieving appropriate at this period. Removing ambiguity facilitates healing.

Systemic Practice and Limited Reparenting

At this second stage, a different orientation is involved. Crying in solidarity is suspended and attention is directed to how the community can help the bereaved to get back the energy expended at the previous stage. The impact of the loss on the bereaved's ability to function is one of the basic considerations. In the case of Anayo's mother, extended family members, neighbours, friends, age mates and other members of the larger local community volunteered to take over the responsibilities of cleaning the home and compound and preparing it for the guests who came from far and near to express condolences. They fetched water for the home. Even the burial and funeral arrangements were taken over by these volunteers. Because Anayo's mother was encouraged to sit and receive visitors, relatives and other close friends of hers prepared her food. The attention and supportive care she got at this period is equivalent to that made available to a hospital patient by relatives and friends. It follows from the conviction of traditional African culture that a person in a painful state of bereavement is usually weak, confused, destabilised, unfocused, and incapable of attending to day-to-day responsibilities. Allowing her a rest, they assume, will promote her health and resilience.

A number of healing practices that the volunteers undertake at this stage on behalf of the bereaved are also worth mentioning, because they reach out to other members of the family. In cases where children are bereaved, their needs are attended to, not by their mourning mother or father, but by relatives and friends. In addition, the volunteers take on the task of feeding the family goats, sheep and cows, attending to the family farm and other concerns.

When Anayo died, friends, relatives and neighbouring women offered to sleep at his mother's house for some days — some of the most closely related slept there for weeks (one Igbo week being equivalent to four days). They did this to encourage her to sleep through their own example.

Thus, grief work in Africa helps to attend both to the intrapsychic and the interpersonal needs of the bereaved. Her behavioural memory, which was attended to at the previous stage, continues to be served at this second stage too. The various supportive intrapsychic and interpersonal interventions made available to her by volunteers match her expectations of continued supportive care from her relatives and friends. Her prospective memory is healed by the volunteers' thoughtful care for her animals, farm and other family concerns, which she cannot supervise because she is engaged in complying with mourning rituals.

Logical Discourse, Double Description, Positive Cognitive Adaptation

In traditional African culture, it is assumed that the way a mourner experiences a death depends on how s/he interprets the loss; or, in modern psychological parlance, its 'personal meaning' (Lazarus & Lazarus, 1994). For this reason the intervention process at this third stage attempts to challenge the negative meanings the bereaved makes; for example, Anayo's mother's predictions regarding her life prospects now her son has died. During funeral ceremonies in Africa, people make emotionally sustaining speeches aimed at promoting 'multiple description' of the meaning of the loss. The effect is to uplift the bereaved's self-image and prospective memory. Speeches include stories and parables intended to teach the bereaved a new way of looking at the loss. Most of the speeches made to Anayo's mother at this stage were aimed at helping her to make a 'downward comparison' (Taylor, 1983a) to help her to realise that others were less fortunate than her, rather like Western cognitive therapy's 'positive comparison'. Lazarus & and Lazarus point out that

> a judgment that we are better off than others is sometimes a way of coping with adversity … Positive comparisons can sometimes change the personal meaning of a situation enough to mitigate some of the distress (1994: 32).

In the same vein, influential health psychologist and researcher, Pennebaker (1989) points out that coping with recent traumatic experiences is facilitated by confronting and working through the threats they produce.

The therapeutic impact of these speeches, some of which focus on the bereaved person's memory of the dead, call to mind Walter's 'biographical model' (1996) in which opportunities to talk about the deceased with others who knew and loved him/her are crucial in resolving grief. Walter's position is that these

speeches create a fuller 'biography' of the deceased's life. Klass (1996) emphasises the importance of shared conversations with loved ones in transforming the relationship with the deceased into a continuing and positive internal dialogue. And Klass's work with the Compassionate Friends shows that those rituals that promote opportunities for exchanging stories and recollections about the life of the deceased help to transform the nature of the relationship from one centering on actual physical interactions to one based on internal representations (Riches & Dawson, 2000). Such speeches thus heal by promoting 'conversational remembering' of the deceased. In addition, it might also be considered therapeutic that memories are edited, rearranged and repositioned in order for the bereaved person to make sense of life without the deceased's physical presence (Giddens, 1991; Riches and Dawson, 2000: 369).

Two memory systems (event and prospective) were served when the speeches and the condolences helped to impress upon Anayo's mother that all was not lost in her life when Anayo died. Other people's presence and contributions were designed to promote in her the sustaining belief that, despite Anayo's death, she could still go on, trusting herself to reinvest in the dedicated assistance of friends. Promoting 'constructive illusions' (Taylor, 1983a; 1983b; Taylor & Brown, 1988) in the bereaved is an essential component of the healing process.

Behavioural Pattern-Breaking and Rituals of Leave-Taking

This stage introduces a number of processes and rituals intended to symbolise for the bereaved the idea of formal leave-taking and the severing of bonds with the deceased. Among the Igbo of Eastern Nigeria and the Bukusu of Western Kenya, some of the parting rituals conducted by the community for the bereaved include the following.

Cutting the Bereaved's Hair or Shaving His/Her Head. In some places, such as among the Igbo, this parting ritual takes place on the twelfth day following the burial. In some, an ordinary close cut of the hair is considered sufficient; in others, such as among the Bukusu, the bereaved's hair is completely shaved. The hair is thrown away into the natural refuse disposal area of the village, such as the gullies, from where, it is reasoned, it will be washed away forever to an unknown destination during the rainy season. This indicates permanent severing of bonds with the deceased. The hair removed is the hair the bereaved had at the time the death took place. For widows and widowers this is a very important transition in their

adjustment. It helps them to negotiate the process of rebuilding and reinvestment in other people, without guilt about betraying the former bond with the deceased partner. It is thus a ritual that signifies for the bereaved the exit of the old order and opening of space for the inauguration of a new one.

The Bereaved's Ritual Bath. In many places, such as among the Igbo, this is a gender-specific process. Only widows are considered in need of the ritual bath. On the appointed day, which is usually the twelfth day after burial, she is accompanied to the village stream in the early hours of the morning. The ritual includes 'leaving behind' and eventually throwing away after the bath, the dress (or wrapper) she has been wearing all through the period of her grief up to this time. She exchanges this for an official mourning dress, which she is expected to wear from that day until the full mourning period is over. This ritual, like the one previously outlined, signifies the community's effort to 'neutralise' in the bereaved's mind the space previously occupied by the deceased. During the ritual of throwing away the old dress, the bereaved is instructed to make certain (verbal) ritual pronouncements to the deceased, to the effect that their original bonding has been broken, and that from now onwards, the two of them are no longer one. This is a way of instilling in the bereaved the formal recognition of the end of the old order and the beginning of a new one.

Formal Removal of The Official Mourning Dress. The bereaved takes off official mourning dress at the expiration of the approved period. The length of this period differs from community to community — in some places between six months and two years. The bereaved burns or throws away the mourning dress. Here, as the dresses (usually a pair is involved) are removed and burnt, they are immediately replaced with new clothes that are intended to symbolise to the bereaved the formal end of her mourning. This ritual of *re-clothing* also concretises for the bereaved the fact that he or she is permitted to re-enter the full social life of the community. This gives him/her permission to remarry and, in the case of a widow, to become pregnant. African Christians these days usually celebrate this official end to their grief journey by requesting friends and relations to accompany them to a thanksgiving Church service conducted on their behalf on the day.

I argue that the elaborative processes involved in these rituals heal by addressing the behavioural memory of the bereaved. Through them, the bereaved experiences the relief of knowing that s/he has followed

the mourning protocol socially approved by the community. Bereaved individuals feel satisfied that they have been able to do all that was required to honour the deceased by socially appropriate mourning, before struggling to reinvest in the people around them and to forge ahead with life. The healing effected at this stage also positively affects the bereaved's prospective memory. With the ritual of parting fully conducted, they feel empowered to go on with life without any fear that they might incur a curse or other punishment as a result of the deceased's grudge, arising from some disservice or disrespect shown during the mourning period.

Ifesieh (1989) provides details about how these performative parting rituals are shaped differently in some parts of Africa such as among the Nri (Igbo) of Nigeria. But such variation in the details does not detract from the common therapeutic goal of these experiences: to promote behavioural pattern breaking between the bereaved and the deceased. In all accounts, the psychological relief that is expected and experienced is the same; the bereaved is now free to reestablish his/her life in the absence of the dead, without experiencing feelings of guilt or disloyalty.

Rehabilitation and Reconciliation

Rehabilitation and reconciliation is not an ubiquitous part of grief work in Africa. When the loss involves the death of a child, for example, it is not relevant. It becomes a crucial component in the case of the death of a young married man with little children and a widow left behind. It is also part of the grief work when a husband with several wives dies. In these latter circumstances the traditional culture encourages some kind of rehabilitation process for the widow and the children. A space is created within the grief-work process for a family council meeting, organised by members of the deceased's family, to attend to urgent family matters. On the agenda in that meeting are:

• Property settlement among the dead man's children

• The continued education and training of the young father's children

• Rehabilitation of the widow.

Among the Luhya people of Kenya, another important item on such an agenda is the settlement of debt claims before family council members disperse. Some people bring up claims that the deceased was indebted to them before he or she died. Or conversely, there are instances where the bereaved people themselves could bring up claims that certain extended family members or the community owed the deceased some amount of money, or cattle or goats or sheep or land. One important practice is for the bereaved, or some of the deceased's relatives, to offer to take some of the children along with them as they depart, to take care of their education and training, as their personal contribution to the full rehabilitation process in the deceased's family. This is a vital process in village communities where the option of government-provided social security for the children is unavailable.

Gestures like the above constitute the community's restoration strategy to enable the bereaved to repair some of the secondary losses caused by the death. Here emphasis in many cases is on the bereaved's preoccupation with 'identity projects' disrupted by death (housing, family car already ordered but not yet fully paid for, loans received in the deceased's name, children's education, and so on).

All these show that it is the *prospective* memory of the bereaved (their anxieties about how to face the future) that is targeted for healing at this stage. With the outstanding matters arising from the death effectively addressed and settled, the main issues dominating the bereaved's prospective memory, such as what to do about the children, are now transcended. And the resolution of these outstanding concerns leads, ultimately, to a lasting, holistic relief in the bereaved's memory.

Implications for Modern Practice

The above discussions demonstrate that grief work in Africa, like that in the worldwide Muslim community (Mehraby, 2005), reflects an elaborate community perspective that goes beyond the promotion of the bereaved's emotional or psychological adjustment. The interventions challenge us with the idea that a proper grieving process entails some mourning protocol compliance and ritual observance. The discussion in particular shows that effective grief resolution is a biopsychosocial process (Stroebe & Stroebe, 1987) that can only come about if certain concrete issues and particular aspects of the bereaved's memory have been adequately addressed. Our discussion also underscores how important it is to be culturally competent, and to understand the spiritual view of any ethnic group, if the aim is to promote healing in the bereaved. It will add a certain crosscultural perspective to the extant literature on bereavement, suggesting that

> prescriptions through customs may be more effective than prescriptions for individual cases who happen to encounter professional advice (Rosenblatt, 1975: 45).

Finally, this discussion demonstrates the cultural roots of the positive role that support-groups play in our westernised contexts in helping traumatised populations and families to regain control of their lives. It also draws attention to the healing value of enabling traumatised communities to search for and conduct a formal and symbolic reburial of their relatives who died in ethnic clashes, and who were originally buried in mass graves in the aftermath of war. Aid workers and other local and international caregivers who intervene in the event of national disasters might find some ideas and portions of the rituals highlighted in this article valuable for their practice.

Acknowledgments

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