

THE IMPACT OF AIDS STIGMATIZATION ON AFRICAN MECHANISMS OF COPING WITH BEREAVEMENT: THE CASE OF THE SOUTHERN SOTHO

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Abstract

Different ethnic groups, the world over, have their own unique ways of coping with bereavement that are influenced by their shared worldview. This paper is aimed at giving an account of the way the Southern Sotho group deals with the issue of bereavement and how this traditional way of dealing with bereavement is negatively impacted upon by the on-going stigmatization of the AIDS epidemic. Adopting a conceptual analysis and informed by the idea of the narrative therapy, the paper argues that the on-going stigmatization of individuals and families that have lost lives and their loved ones to the AIDS epidemic is rendering some of the traditional mechanisms of coping with bereavement ineffective and irrelevant.

Key words: AIDS stigmatization, African mechanisms, coping with bereavement, Southern Sotho, therapeutic and consoling effect

Introduction

Prior to the arrival of the Christian faith in Africa, Black African life used to be punctuated by a series of the rites of passage as one strategy of ensuring that communities were built of men and women who were equipped with knowledge and skills necessary for the survival of individuals, families and communities. With the arrival of the Christian Faith with what was perceived as its superior material benefits that were enshrined in the educational system that was brought by Missionaries, many Africans were made (either voluntarily or compulsively) to part ways with their local ways of life and abandon their rites of passage as they embraced the new missionaries' way of life. The abandonment of such rites meant the loss of values, virtues and life principles that were enshrined in these rites and were passed on from one generation to another.

One rite of passage has, however, stood the test of time. That is the rite of death. In sub-Saharan Africa death is generally perceived not as a human tragedy, but as a rite of passage that has to be understood and treated as such (<http://www.africanbelief.com/>).

Understood this way:

Death is the final passage in a long chain of transitions...

Humans are seen as a combination of physical and spiritual elements, which split into separate parts at the time of death, with the body returning to the earth and the spirit or soul passing on to assume its role in the afterlife. That role

obligates the dead to protect and guard their living descendants from harm and to oversee the conduct of their family and lineage members. In return, the living show hospitality and kindness to the dead by giving them food and drink and keeping alive the traditions that they have passed on.

<https://www.google.com/culturalinstitute/beta/exhibit/OQJgfgg2>.

To ensure that death achieves its purpose as the rite of passage into the glory of ancestorhood, each person is prepared to face it and with dignity. That preparation starts with a sick person being regarded as an ancestor in the making. For that reason, when a person falls sick his or her family is normally expected to do everything possible to make him/her feel loved and cared for. There is nothing more feared than a person who dies unattended to and neglected by members of their family in traditional Africa. The fear comes from the belief that upon their death, people continue to exist invisibly in the spirit world where they can easily revenge against those who neglected them while they were not in good health (Casalis 1862). This also explains why funerals have become such an expensive undertaking in African communities. Sometimes people end up spending so much money on funerals as a way of making up for the missed opportunity of caring for the dead while still alive.

When a sick person passes on, apart from informing the relatives, the affected family usually reports the matter to the community leader who in turn is expected to announce the sad news to his subjects. Once informed of the sad news, members of the community and relatives are expected to visit the bereaved family. In the context of the Southern Sotho, members of the community visit the bereaved family not so much to express condolences, but to be briefed on what led to the loss of the life of the fellow community or family member. There is nothing more embarrassing to the bereaved family than to be found to have neglected the dead member during his/her last days on earth. To have done so is considered a grave offence by both the family relatives and community. It is generally believed that it is only when all has been done as expected that the dead will feel obligated to protect and guard their living descendants from harm and to oversee the conduct of their family and lineage members (Mbiti,1999). Doing things the right way appears to matter most when observed during the last days of the deceased. This is highlighted by the fact that among the Southern Sotho, words uttered by the deceased while in the process of dying are the most honoured by the living relatives.

As one way of ensuring that the family does not get blamed for something that it has not done, one of the elderly family members (called *mooki* or the caregiver) who must have played a critical role in making sure that the family member was well cared for before death, is given the task of narrating what led to the death to every person that pays the bereaved family a visit. Apart from protecting the dignity of the bereaved family, this accurate narrative account of what is said to have led to the loss of life has both a therapeutic and consoling effect on the bereaved family and members of the community respectively.

The Problem

What has been said above does not apply to many of the AIDS-related deaths. This is because there are people who still consider being HIV positive as something morally condemnable and disgraceful and who, as a result of their misconception about the epidemic, stigmatize the individuals dying of AIDS-related causes and their families. Informed by narrative therapy that ‘talking about it makes one to feel better’, this paper argues that the stigma associated with the AIDS pandemic has a negative impact on the efficacy of the ritualistic narrative account referred to above. To do this, the paper will first look at what the benefits of this narrative account to both the family and the community are. This will then be followed by some arguments on how AIDS stigmatization is standing in the way of such benefits.

The Benefits of Narrating the Deceased’s Illness History to the Public

To be able to fully understand the benefits of narrating the deceased’s illness history, one needs to first know something about the workings of a counselling technique called narrative therapy. Narrative is a word that has become enormously popular in counselling and which, at the same time, has been understood in competing ways by those who use it (McLeod, 2003; Freedman & Combs, 1996; Lemmens et al., 2007; Monk, 1997; Biever et al., 1998; Payne, 2006.). Used in the context of this paper,

The term narrative implies listening to and telling or retelling stories about people and the problems in their lives. In the face of serious and sometimes potentially deadly problems, the idea of hearing or telling stories may seem a trivial pursuit. It is hard to believe that conversations can shape new realities. But they do. The bridges of meaning we build with others help healing developments flourish instead of wither and be forgotten. Language can shape events into narratives of hope...
(<https://postmoderntherapies.wikispaces.com/Narrative+Therapy>).

In the Southern Sotho context, when a family member has passed on, an elderly person in the family (chosen for that purpose) gives a narrative of what has brought about the loss of life to all people who visit the bereaved family. The formula used is usually as follows:

“The Deceased started complaining about....

The family did....

The family further did....

It was while 1, 2, 3 was being done that the deceased unfortunately left us.”

One important observation to make here is that the dead person is never mentioned by his or her name during this narration. He or she is referred to as the deceased (*mofu*). It is not clear why this is so. One can, however, infer that this has to do with the general fear that people show towards the dead (Pula, 1994). In the case of the Southern Sotho, the name of a person is considered identical with the owner. This is the reason why, for instance, it is considered a punishable offence for a daughter-in-law to insult her son or daughter who is named after one of the senior members of her husband's family. Insulting such child is tantamount to insulting the original owner of the name. The Southern Sotho people do not only identify the name with its owner, but they also believe that calling the deceased by his/her name conjures up his/her presence around the person who is calling the name. Having the dead lingering around one is considered a bad thing by the Southern Sotho (Matšela 1990). One who is in such state is said to have *maroko* (the state of having the deceased's presence visionarily lingering around the living) and has to be ritually cleansed of the state. This explains why people never want to call the deceased by their name.

This repetitive and monotonous narration of the way the deceased met their demise is meant to serve several purposes. The first purpose is to reassure the family that everything was done and that there was nothing more anybody could have done to save the lost life. This allays the fears of the family members of the non-existence of any reason for the deceased to revenge against the living. Secondly, this serves to publicly declare the family's innocence regarding the lost life. The Southern Sotho have a tendency of always trying to find someone to blame for any death that occurs. This is evidenced in one of their proverbs: '*Lekoko la motho ha le thakhisoe faatse*' (Sekese, 1983). That is there has to be a human suspect for every loss of human life. Lastly, but surely not least, once it has dawned on the minds of the family members that, indeed, they did everything and that nothing better could have been done to save the lost life, every member of the bereaved family breathes a sigh of relief and feels a sense of gratification. This feeling of satisfaction with one's efforts in saving life has a healing effect on the broken hearts.

AIDS Stigmatization and the Narration of the Deceased's Illness History to the Public

Despite the many efforts made by the international community to eradicate it, AIDS stigmatization is still one of the major painful experiences that infected and affected individuals and families have to endure to this day (Saki et al 2015). As Famoroti et al (2013:1) put it:

The issue of stigma is very important in the battle against HIV/AIDS in Africa since it may affect patient attendance at healthcare centres for obtaining antiretroviral (ARV) medications and regular medical check-ups. Stigmatization creates an unnecessary culture of secrecy and silence based on ignorance and fear of victimization.

One of the expectations during the narration of the deceased's illness history is that, the narrator is telling the truth. It is this repeated truth telling about what led to the loss of life that finally results in people's sense of relief and satisfaction. The troubled minds of the bereaved family members find rest in the true knowledge of what actually was the problem and the humane manner in which it was dealt with.

Today many Southern Sotho families no longer narrate the true history of their relatives' death to the public if it is known to be related to HIV and AIDS for the fear of being stigmatized. Instead, the family will meet to invent what narrative to be given to the public by the family representative (*mooki*). When it is time for the family representative to speak, his/her focus is not to tell the whole truth as expected of him/her, but rather to skillfully present a deceitfully manufactured family account of events responsible for the loss of life. Other members of the family listen attentively with their fingers crossed lest the presenter tell the audience the truth.

Ultimately, the entire family ends up missing the opportunity of healing as a result of failing to tell the truth. This has to be understood in the light of the general principle of narrative therapy according to which 'talking about it makes one to feel better.'

Conclusion

African life, especially in traditional settings, is known to be punctuated by rites of passage each of which has an established way of being carried out. Death is one such rite with its own established procedures. Death's established rituals are meant to ensure that death's impact on the bereaved is significantly reduced. The confidentiality which is imposed when dealing with HIV and AIDS appears to reduce the effectiveness of this traditional way of dealing with death. This makes dealing with AIDS-related deaths to be one of the most painful experiences in traditional African communities. This paper recommends that the eradication of stigma associated with being HIV positive should be intensified.

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