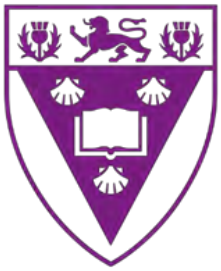

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Where leaders learn

An interpretive phenomenological analysis of the funerary ritual crises caused by COVID-19 restrictions, and the pursuit of spirituality as a coping strategy amongst amaZulu living in the Midlands area of KwaZulu-Natal, South Africa.

A thesis submitted in fulfilment of the requirements for the degree of Masters of Social Science in Anthropology

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DECLARATION

I, Ntokozo Penelope Sibisi, declare that the work produced and presented in this dissertation is my original work and that all sources of information have been cited and acknowledged.

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ABSTRACT

In 2020, South Africa faced a significant challenge as it grappled with approximately 500,000 COVID-19 infections, which accounted for over half of all reported cases across Africa. Living through a global pandemic such as COVID-19 had a dramatic and transformative impact on the arena of death for many South Africans, not only because of the number of deaths that have occurred globally due to COVID-19, but also how the bereaved living honour the dead. This study delves into a previously underreported facet of the pandemic's impact, focusing on the experiences of bereaved AmaZulu people who encountered profound disruptions in funerary rituals due to COVID-19 restrictions. The research aims to shed light on how spirituality may mitigate the challenges posed by these ritual constraints, drawing parallels with other ethnographies which have highlighted the importance of spirituality among the AmaZulu people of the Midlands in KwaZulu-Natal, South Africa. This study employed a mixed method approach in generating quantitative and qualitative data. Data from 101 participants who responded to an online questionnaire were analysed using STATA. Additionally, ethnographic data with 9 participants, purposively sampled from the larger sample, was analysed using an Interpretive Phenomenological Analysis (IPA) approach, which ensured that their lived experiences of bereavement took centre stage. The findings of this study illuminate the regret experienced by participants who adapted to [government] bureaucratically-imposed funerals and medical care, revealing potential implications for future pandemic responses. This research underscores the significance of customary funerary rituals, urging compassionate public health responses that acknowledge their role amid mass deaths. It also highlights the interplay between spirituality, religion, and rituals, showcasing how these elements form an intricate web in the AmaZulu community. This study contributes to the broader understanding of death and COVID-19 in South Africa, where racial disparities in COVID-19 deaths have come to the forefront. It addresses the enduring trauma within Black communities and explores how the absence of funerary rituals can strain the psychological, emotional, and spiritual fabric of the bereaved.

Keywords: Ritual; COVID-19; Midlands; Spirituality; AmaZulu; funerary rites.

CONTENTS

Abbreviations	
IDI	In-depth Interview
QRE	Questionnaire

Definitions of important Zulu terms:

Terms	Definition
Ukushona	*Ukushona* refers to death; the term *ukufa,* which is commonly used to allude to death, is considered disrespectful by my participants; they claim it may only be used when discussing the death of an animal.
Amasiko	Rituals
Ukuzila	Mourning or bereavement
Amasiko okuzila nawokungcwaba	Mourning and funerary rituals
Umoya	Spirituality

CHAPTER ONE: INTRODUCING THE STUDY

1.1. Introduction

On the 11th of March 2020, the World Health Organization (WHO) determined that the worldwide COVID-19 outbreak, caused by the re-emerged coronavirus (SARS-CoV-2) had reached pandemic proportions. Globally, it was estimated that all infected persons would experience mild or moderate forms of the infection, whilst 20% would experience severe forms of the infection. Furthermore, 5 % of those that would experience severe forms of the infection were anticipated to progress to complications that potentially lead to death. Due to the high mortality rates of the COVID-19 pandemic, health agencies, policymakers, and governments prioritised preventing infection, relieving overburdened health systems, and decreasing mortality. However, this left socio-cultural facets of the disease ignored. Epidemiological and Western biomedical practices and policies dominate traditional pandemic and epidemic responses. These practices and policies are not rooted in religion or culture therefore death is perceived in a clinical fashion where the deceased are typically reduced to being simply bodies that must be managed and disposed of. The performance of funerals during pandemics has to occur according to bureaucratically-imposed biomedical procedures that are unfamiliar to society but are oriented towards efficiency and safety (Lipton, 2017:2). These procedures prevent post-death community mourning and customary ritual community mourning, which are critical to social healing (Pandhi, 2021:1). As a result, there is often a clash between belief systems which may have adverse effects on the spread of the disease, health and the spiritual wellbeing of a society.

Prior to the onset of the COVID-19 pandemic, the most recent worldwide public health concern was the Ebola epidemic. Both are infectious diseases that have profound societal consequences, particularly in grieving and burial rituals. Humanitarian organizations, governments, and public health stakeholders involved in worldwide responses to the Ebola virus epidemic made funerals and burials the most visible arena of disease prevention, and as a result, funerals and burials became extensively regulated (Pandhi, 2021:1). Local social knowledge by local community members affected by Ebola has played a critical role in developing responses to the disease by regulating the following: For instance, only personnel trained in handling infected human remains and wearing recommended personal protective equipment (PPE) could touch the bodily remains of those who died from Ebola (Centers for Disease Control and Prevention, 2022:1). Unlike before, practices such as washing or cleaning the body were no longer allowed; similarly, embalming and autopsies were prevented unless

absolutely necessary. This is because Ebola embodied what medical anthropological and infectious disease expert Paul Farmer refers to as the "caregivers' disease" (Farmer, 2015:1). Many people became infected with the Ebola virus while caring for the infected victims and performing burials, which is the final act of caregiving (Farmer, 2015:1; Pandhi, 2021:1). In an epidemiological quest to reduce Ebola transmissions, the responses that impeded on customary funerary rituals further injured and wounded bereaved families (Pandhi, 2021:1). Customary practices were identified by biomedical personnel as practices most likely to spread the disease rather than practices that might be significantly meaningful to the populations involved (Lipton, 2017:2). As a result, secret burials and resistance to Ebola responses were explained as stubborn refusals to comply with Western medicine rather than a complete rejection of it. Burials and funerary rituals became emblematic of crises by presenting a conflict between novel procedures and local practices (Lipton, 2017:2).

The inability to perform customary practices that serve significant functional and spiritual purposes for both the living and the dead proved to be problematic during the Ebola epidemic (Farbod, 2016: 60). As far back as history can go, Zulu people[1] have experienced significant life-altering social transformations in the context of shattered households, mines, labour camps, and townships. It was through these adversities that certain aspects of traditional Zulu culture and customs showed their capacity to change and adapt. COVID-19 has brought about significant social reform in the form of funerary transformations, and the ways people make sense of the disruptions such as death and bureaucratically imposed restrictions on death practices. This study explores the disruptions of Zulu funerary customs as a result of COVID-19 in the Midlands area of KwaZulu-Natal and the ways in which people understand and navigate these disruptions under the lens of spirituality. This chapter will provide an overview of the study by first discussing the background and context, theoretical framework, aims and objectives, rationale and significance, and restrictions of the study.

1.2. Background and context: Death(s) under lockdown

When the COVID-19 virus was introduced to South Africa in 2020, it spread like wildfire causing mass deaths. Pre-symptomatic and asymptomatic COVID-19 infected people were noted as highly contagious, which meant that standard infectious disease control measures

[1]In this study, Zulu people refers to IsiZulu speakers who identify as Zulu according to colonial categories of ethnicity

such as active case detection, selective isolation and contact tracing were considered to insufficient in controlling COVID-19 transmissions. In response, countries around the world including South Africa implemented community lockdown measures to reverse pandemic trajectories. Although the term “lockdown” is commonly used to describe these measures, it is not entirely accurate. This research utilises Haider et al.’s (2020: 2) definition which suggests that a lockdown is a set of mandatory measures that involve restrictions on established patterns of economic and social life aimed at reducing COVID-19 transmissions. In line with this, South Africa implemented an alert system through which lockdowns would be adapted. At the most extreme was Alert Level 5, which included severe restrictions on daily social life, and Alert Level 1 which had the least restrictions. Below, figure 1 illustrates lockdown alert levels.

Specifically, lockdown Alert Levels 5 to 3 included strict hygiene measure including wearing facemasks in public spaces, physical distancing between people. This included working from home, being in quarantine and isolation, closure of premises identified as potential or confirmed source of infection such as night clubs, prohibited non-essential traveling, and prohibitions of social gatherings and social events. Furthermore, these restrictions resulted in far-reaching consequences on every aspect of society; not only did this lead to rising unemployment levels, it is also disrupted and prevented customary practices (McIntosh et al., 2021:1). These disruptions have called into question the efficient ways of resolving problems posed by death in South African societies

The focus on epidemiological trends and biomedical interventions under lockdown in South Africa made routine customs and ritual practices of bereavement nearly impossible (South African Government, 2021:1). Throughout lockdown, the restrictions on funerary practices included prohibiting significant customary rituals such as washing the corpse, movements between a metropolitan or district area, or province to attend a funeral. Funeral attendance was also limited to 50 people, night vigils were prohibited and after-funeral gatherings, including "after-tears" gatherings, are prohibited (South African Government, 2021:1).

Community, kinship, human solidarity and social support are deeply ingrained into the social fabric of Africans (Mbiti, 1990:1). As such, South African bereaved families tend to host elaborate funerals with over 500 attendees (Niehaus, 2007:854). People travel from far and near to attend a funeral and the related funerary rituals when a family is bereaved. They go to pay their respects and lend a helping hand with funeral preparations such as slaughtering

livestock that will feed guests, cooking and digging the grave, with people usually taking turns in using the pick and shovel to dig the grave (Bank and Sharpley, 2020:1). Not everyone who attends the funeral intimately knows or is familiar with the bereaved family. They could simply be a community member passing by who hears of the tragedy and wants to lend a helping hand, everyone is welcome (Bank and Sharpley, 2020:1). In contemporary Africa, elaborate funerary rituals in some societies including South Africa have evolved and adapted to Christianity (Bank and Sharpley, 2020:1). The majority of black[2] South African funerals combine Christian and traditional African elements (Bank and Sharpley, 2020:1). Elaborate funerary rituals in some African societies including South Africa have evolved to address fear and revulsion posed by death. The ultimate goal of funerary rituals is to allow the bereaved to live on, and in order to do so, working through bereavement through funerary rituals is required and cannot be a shortcut (Lee and Vaughn, 2008:342; Park, 2020: 77).

Although the ban of elaborate funerals and burial rituals had to be limited and transformed as a means to protect people from the pandemic, a lot of things that cannot be quantified were lost such as an opportunity for closure, in the process of changing the entirety of funerals (Fihlani, 2020:1). Funeral Director, Siyabulela Jordan stated that one of the main challenges families faced during funerary transformations is the inability to mourn the way they usually do and embrace each other at a time of great sorrow due to social distancing (Fihlani, 2020:1). African funerary traditions enforce togetherness and it is apparent that COVID-19 thrives through togetherness.

South African President Cyril Ramaphosa recognised the significance of funerary rituals in South African cultures, however, he emphasised that COVID-19 prevention takes precedence over performing funerary rituals (Bhengu, 2021:1). This did not sit well with the public and Bhengu (2021: 1) argued that the ability to bury a loved one with care and dignity is an important part of culture, and rituals extend beyond the actual burial of the deceased and preventing these rituals from taking place is deeply troubling for the bereaved.

The resurgence of infectious disease mortality represents the third epidemiological transition characterised by re-emerging, emerging and antibiotic resistant pathogens as a result of accelerating globalisation (Barrett, 1998: 249). A.R Omran (1971) developed the

[2] Native, A person who is a member of any indigenous “tribe” or race of Africa (Posel, 2001: 87).

epidemiological transition model to characterize substantial changes in mortality from infectious diseases such as measles being replaced by non-communicable diseases (NCD) such as diabetes (Barrett, 1998: 249). Omran's (1971) original model was formulated to changes in mortality trends that followed the Industrial Revolution in Western Europe and the United states (Barrett, 1998:249). Scholars have modified Omran's transition model to assess the high burden of mortality caused by the ongoing transition from infectious diseases to NCD in developing low- and middle-income countries (LMICs) (Harper and Armelagos, 2010: 675). Recently, demographers and medical anthropologists have expended the transition model the first transition to coincide with the Neolithic period, the second transition to coincide with the agricultural revolution and the third transition of re-emerging and emerging infectious diseases to occur in modernity (Harper and Armelagos, 2010: 675). Omran's original transition is subsequently transformed into the second transition (Harper and Armelagos, 2010: 675). The epidemiological transition model provides context for the dynamics of ecological, social, economic and demographic factors of the evolution and spread of disease (Harper and Armelagos, 2010: 675).

The re-emerging coronavirus disease (COVID-19) is currently a public health emergency representative of the third transition. The coronavirus disease was first identified as a cold in 1960 (Mahase, 2020: 1547) and in 2019 a new strain to the coronavirus family termed COVID-19 emerged in Wuhan, China (Shereen et al., 2020: 91). The new coronavirus is a highly contagious pathogenic viral infection caused by a severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Shereen et al., 2020: 91). Globalisation processes assisted in spreading COVID-19 throughout the world at a rapid rate. Globalisation is a phenomenon of modernity which characterises the third epidemiological transition (Mirski, 2011: 649). The development of new technology and migration changes are aspects of globalisation (Mirski, 2011: 649). These factors had an impact on the emergence and spread of COVID-19 from Wuhan, China to the rest of the world (Shereen et al., 2020: 91). Technological advancements raise the danger of disease spread since they allow people to travel to more parts of the world, including disease endemic areas (Mirski, 2011: 649). The demographic shifts are primarily due to individuals travelling between countries, as well as between rural and urban areas, which fundamentally favours the global spread of numerous infectious diseases including COVID-19 (Mirski, 2011: 649).

Infectious diseases remain a high burden on public health and global economies (Fenollar and Mediannikov, 2018: S10). Since the beginning of the 21st century, emerging and

re-emerging infectious diseases such as the Ebola virus and the Chikungunya virus have been responsible for one-quarter of deaths worldwide, causing about 10 million deaths yearly (Fenollar and, Mediannikov, 2018: S10). The 2003 SARS outbreak, the 2005 HSNI virus (Avian flu), the 2009 HINI virus (swine flu), the 2014 Ebola virus epidemic, the 2016 Zika virus epidemic and the current COVID-19 pandemic have all demonstrated that the current global systems to address infectious diseases are insufficient, unprepared and disconnected from the realities of people's experiences (Sabin et al., 2020:2; Mediannikov, 2018: S10; Oshitani et al., 2016: 1957).

Infectious disease outcomes and the realities of people's experiences are influenced by interconnected determinants such as ecological, environmental, economic, political, biological and social conditions (Sabin et al., 2020:2; Mediannikov, 2018: S10; Oshitani et al., 2016: 1957). In the United States, The COVID-19 infectious disease had a disproportionate burden associated with social determinants of health, including racial, ethnic and socioeconomic disparities (Karmakar et al., 2021:1). Communities with poor socioeconomic conditions, such as reliance on public transit and overcrowding, were at a significant risk of disease transmission due to the difficulties in maintaining social distance (Karmakar et al., 2021:1). Medical and biological risk factors for COVID-19 mortality and morbidity, such as hypertension and diabetes, are known to be higher among the Black and Hispanic race groupings thus causing disparities in COVID-19 transmission and mortality outcomes (Karmakar et al., 2021:1). In South Africa, political factors such as bureaucracy, corruption and regulation trends influenced the negative realities and experiences of COVID-19. Massive corruption by government officials in acquiring tenders meant to address the COVID-19 health crisis and illegally enriching themselves, leaving South Africans vulnerable to malnutrition, increasing mortality, inability to receive health care, and retrenchments (Muvunyi, 2020:1).

In the year 2020, South Africa had approximately 500,000 COVID-19 infections, making it the worst-affected country in Africa (Muvunyi, 2020:1). The reported infections in the country account for more than half of all reported infections in the 54 African countries (Muvunyi, 2020:1). South Africa is ranked fifth in the world in terms of COVID-19 cases, falling behind the US, Brazil, Russia and India which are countries with a bigger population than South Africa (Muvunyi, 2020:1). By 2021, the COVID-19 outbreak caused worldwide impacts and excessive mortality. Excess mortality is a public health term that refers to the number of deaths irrespective of causes during a public health crisis that exceeds what would be expected under normal circumstances (Matheiu et al., 2021:1). South Africa saw

intermediate excess mortality, with mortality reaching 30% above the baseline (Simonson and Viboud, 2021:1). South Africa confirmed more than three million COVID-19 infections and over 97 000 COVID-19 related deaths (Statssa, 2022:1). Initially, the widespread concern for South Africa was the disastrous impact of COVID-19 due to resource constraints and a weakened health system due to already existing epidemics such as HIV/AIDS and TB (Donga et al., 2021:2). The province of Kwa-Zulu Natal supplied 17% of the cases and was reported to have the third highest rate of COVID-19 infections (Mthethwa, 2021:1). Although these figures appear to be better when compared to other countries around the world, the repercussions of COVID-19 on South Africans have been devastating.

Initially, South Africa's response to the COVID-19 pandemic was regarded as exceptional (Devermont and Mukulu, 2020:1). However, the country was unable to escape the fast-moving pandemic; the third wave of COVID-19 eventually devastated South Africa, and infection rates continued to rise (Donga et al., 2021:2). The pandemic's sporadic spread throughout South Africa resulted in the loss of lives and livelihoods. The lockdown also impacted on livelihoods as people were prevented from going to work, industries closed as a result of the long lockdown and restrictions on certain industries which resulted in people losing their jobs. In response to the global pandemic, new policies and preventative measures for the management of dead bodies and funerals were instituted worldwide to prevent further spread of the infection (Wallace et al., 2020). The five-level COVID-19 lockdown alarm system was used in South Africa to undertake public health initiatives. Lockdowns were changed and guided by criteria such as transmission rates, infection severity, the social and economic implications of restrictions, and the capability of health facilities (South African Government, 2021:1).

Living through a global pandemic such as COVID-19 has had dramatic transformative impact on the arena of death, not only because of the number of deaths that have occurred globally due to COVID-19, but also the how the bereaved living honour the dead (Parker, 2020: 1). The National Institute for Communicable Diseases (NICD) revealed that there is an uneven racial distribution in COVID-19 deaths, with Black people and Coloured people being more likely to die from the disease in South Africa (South African Government News Agency, 2020:1). Death carries many cultural implications for Black people because bereavement echoes back through time, to enslaved Black people and Black ancestors who grieved before we existed and had to endure the indignities of apartheid and the Jim Crow era (Evans, 2020:1). That trauma is passed down generationally and intensifies with every new death and with

becoming more cognizant of how systems globally were designed to work against black people (Evans, 2020: 1). Globally, Black people have had to overcome insurmountable losses and although resilience has been an important element in the emotional survival of Black people, endurance is difficult (Evans, 2020: 1). Black trauma and stress is not easy to acknowledge to oneself which is why it is important for Black people to retreat into themselves or their communities for the sake of self-preservation (Evans, 2020: 1). COVID-19 resulted in the loss of significant customary ritual experiences thus restricting the ability to retreat into community (Evans, 2020: 1; Moore et al., 2022:891). Evans (2020:1) refers to these experiences of Black people during COVID-19 as the Black bereavement crises and worries that the continuation of the Black bereavement phenomenon- brim-full of tears, social distancing, zoom funerals, intergenerational trauma, inequalities and police brutality- will result in Black people becoming numb to death and that could potentially pose danger for society.

The new bureaucratically-imposed COVID-19 burial and funeral protocols affected bereaved families in multiple ways including only allowing for "bad deaths" by limiting the bereaved person's ability to perform the usual customary religious and cultural rituals that enable them to fulfil their obligations to the deceased thus disrupting culturally prescribed processes and expressions of bereavement (Yardley & Rolph, 2020: 1). This places both the bereaved and the deceased in liminal spaces. Death is typically accompanied by significant customary rituals (Nyawose, 2000: 3). Within any community, customary death rituals vary between religious affiliations and between cultures (Ngubane, 2012:1). Such ritual practices are embodied acts of mourning and expressions of grief for the loss of a life and a simultaneous celebration of the life of the deceased. These modes of expressions and acts include singing, recounting stories, praises, animal sacrifice, offering gifts and/or dance (Nyawose, 2000: 3). Human funerary practices are also a manifestation of human desire to honour and show respect for the deceased (Ngubane, 2012: 1).

When faced with major life transitions like death, Zulu people use funerary rituals as means through which they navigate social disruptions and related anxieties (Nel, 2007:10; Bogope, 2010:2). When faced with major life events and transitions which such as death, Zulu people draw on their cultural beliefs and connections to their In situations where Zulu families seek confirmations, relief, security, and satisfaction from their ancestors to manage anxiety, the functional value of their relationship with their ancestors might have religious importance. The Zulu people have an emotional and dynamic relationship with their ancestors rather than a static one (Nel, 2007: 10-11). Therefore, under conditions of extreme worry, the Zulu people's

bond with their ancestors may transform from a purely practical one to something more akin to a theological attachment. Rituals held by those belonging to the Zulu culture have evolved over time and are distinguished by distinct styles of expression (Nyawose, 2000:9). Traditionally, *izidumbu* (corpses) were not permitted to be removed through the hut's door so a hole would be created at the back of a hut, and the corpse was removed through the hole to prevent death contagion, and the hole was closed after the burial (Nyawose, 2000:17). In modern times, as a result of colonisation and a change in housing structure, holes cannot be created thus to avoid death contagion, corpses are removed via the door in reverse with the feet facing outwards (Nyawose, 2000 :17).

The inability to perform funerary rituals and attend funerals which are determining factors of whether the bereaved will have blessing or misfortune may result in a tear in the psychological, emotional and spiritual fabric of the bereaved who are already burdened by loss (Parker, 2020:1). Being barred from performing funerary rituals that also serve to ensure the deceased's safe transfer into the afterlife is an insult to the bereaved and the community, resulting in tensions between communities and bureaucratically imposed biomedical responses to diseases (Park, 2020: 80). Anthropologist Jonah Lipton's fieldwork in Sierra Leone during the Ebola epidemic signified that during an epidemic the difference in senses of propriety or sensibilities when approaching death and funerals, became racialized (Lipton, 2017:2). These politics of bereavement and death that revealed the effects and dynamics of structural racism during the Ebola epidemic, have become bare during the COVID-19 pandemic. Death management and funerary rituals are a gateway into understanding the social fabric of a society amid a health crisis.

1.3. Study Population

Regardless of their necessity for community safety, lockdown regulations have disrupted the transition of the deceased from the physical realm to the spirit realm thus confusing and negatively affecting the psyche of Zulu people (Zungu, 2021:3). This statement highlights tensions between Zulu customary rituals and the secular bureaucratically-imposed COVID-19 lockdown restriction. As a result, for this study, the Zulu population is fitting to be emblematic of the current issues posed by restrictions on death management and funerary ritual performance in South Africa.

Every community must be understood and acknowledged in light of its particular political, economic, historical, and cultural context (Prozesky, 1995:3) especially when trying

to understand the implementation of secular health measures devoid of religion concerning death on societies where understandings of death are rooted in religion and cultural beliefs of the afterlife (Bunduki, 2018:1; Lee-Kwan et al., 2017: 24 ;Sikakulya et al. 2021: 1; Simpson, et al., 2021:1). Religion does not develop in a vacuum; rather, it develops in response to social, political, economic, and cultural transformations (Heuser, 2005:363). No tradition is immune to change because traditions are subject to diverse alterations in response to the community's demands. New belief systems, roles, and powers emerge and gain recognition whilst old systems, roles, and powers gain new meaning. (Lawson, 1984:9; Mutolo, 2011:1).

The traditional understanding of life and death in Zulu societies is a relational one; these two occurrences are understood in terms of kinship, and death is seen more as a separation than as the final removal of a person, at which point it becomes an unbridgeable divide (Berglund, 1976, Moila, 1989, Nel, 2007:11). Instead, a person who passes away is thought to be separated (Uchendu, 1976, Nel, 2007:11). In a Zulu society, death does not sever kinship, kinship with the deceased is continued through funerary rituals into the afterlife (Nel, 2007:11). Funerary are where Zulu people seek and find confirmations, relief, security, and satisfaction amid uncertainty.

Zulu rituals are spiritual and religious, these three aspects (rituals, spirituality and religion) are interlinked and sometimes synonymous. Spirituality provides a framework in which humans seek sacredness in humanistic experiences (Fisher, 2011: 17). Spirituality can be viewed as a fundamental and an essential aspect of what it means to be human (Fisher, 2011:17). Spirituality is one of the aspects that can enable the transformation of loss, even devastating loss, into a process of growth (Prieto-Ursua and Jodar, 2020; Koening, 2020). Zulu spirituality manifestations are not devoid of religion; rather, religion serves as the foundations upon which spirituality grows and articulated. Religion also offers the framework upon which Zulu people interact with the natural and social environments (Ellis and Ter Haar 2004:172). This study uses Durkheim's proposed definition for religion that focuses on the sacred-profane dichotomy and states that religion is a cohesive system of four elements: rituals, beliefs, the Church, and the sacred (Durkheim, 1912: 37–42).

To characterise a religion as sacred or profane, one has to characterise the aim of the ritual (Durkheim, 1912: 37–42). As a result, before characterising the ritual, it is vital to characterize the belief. The aim of the recently revived Zulu age-old First Fruits Festival known as *Umkhosi Ukweshwam*a and the ritualistic bull slaughtering, for example, is to honour God

for his participation in the development of the first harvests (Rautenbach, 2011: 71). Because the aim linked to God, the ritual is considered sacred and bestowed a sense of sanctity (Rautenbach, 2011:71). The Church aspect from Durkheim's definition represents the organisational structures of performing sacred rituals. During the First Fruits Festival the Zulu king performs the rituals alongside an appointed traditional healer (Rautenbach, 2011:71). The king is the representation of the Zulu community and directly deals with God on their behalf. Durkheim makes a distinction between the sacred and the profane (Rautenbach, 2011:71). The sacred refers to the transcendental world and the profane refers to the material world; however Zulu rituals such as the Fruits Festival exist in both worlds (Rautenbach, 2011:71). The bull slaughtering during the festival symbolises the death of a weakened king who is set to be reborn after the ritual as a vibrant king (Rautenbach, 2011: 72). The gall bladder of the slaughtered bull is stuffed with traditional medicines and it is offered to the ancestors, which symbolises sharing a feast with ancestral spirits (Rautenbach, 2011:72). Objectively, Zulu traditions such as the First Fruits Festival share characteristics of a religion as proposed by Durkheim.

Prior to the COVID-19 pandemic, the Zulu nation has undergone significant social transformations that required spirituality and/or religion to be adapted and used as a means of hope and regaining power in crises that ought to victimise them. Religion influenced the ways in which Zulu people comprehended and handled adversity and change. The independent churches rooted in indigenous African beliefs of God and ancestors developed in response to adversity and the central dominance of Christian church structures. The Nazareth Baptist Church, also known as the *Shembe* Church after its founder, a Zulu prophet named Isaiah *Shembe* and the Zionist churches, also known to Zulu people as *ama-zayoni* were generally influential and particularly significant independent churches during periods of oppression (Sundkler 1961:55; Lawson 1984:45). Zulu people left Christian missionary churches and flocked to these independent churches out of frustration that missionaries would not ordain black people, which served as another reminder of the Zulu people's lack of autonomy in South Africa (Sundkler 1961:100; Mutolo, 2011:1). Religion evolved into a platform for Zulu or Black leadership (Mutolo, 2011:1). These churches' dogmas offered Zulu people hope which was important at a time when they were losing faith in earthly salvation and justice. These independent churches also used hymns to urge Zulu people to rise and take political action against the oppressive government (Gunner, 2002:30; Heuser, 2005:363; Cabrita, 2010:22). These religious institutions allowed the Zulu people to look for explanations outside of the

physical world and to cling to a belief that God would grant them the ability to be restored and to experience justice that transcends oppression (Mutolo, 2011:1).

Religious beliefs have been the primary way of understanding experiences of pandemics throughout history (Marshall, 2021:97). In the midst of crises and societal changes, religion is crucial to the Zulu people's search for cultural identity (Kirby 1994:57; Mutolo, 2011: 1-2). The Zulu civilization saw significant life-altering social transformations in the context of shattered households, mines, labour camps, and townships as a result of apartheid. It was through these adversities that the Zulu religious system shown its capacity to change and adapt to the difficulties put on Zulu communities. Contemporarily, the majority of Zulu people predominantly believe in Christianity and have established a syncretic religion that is incorporates indigenous Zulu belief systems of God and ancestors (Groenewald, 2003: 87; Bogope, 2010:3).

The current health and social crises of COVID-19 requires the adherence to COVID-19 lockdown regulations that restrict the performance of funerary rituals. These restrictions felt like an infringement on traditional Zulu customs. While adherence to lockdown regulations is critical to limiting the spread of COVID-19, the inability to perform funerary rituals is a major source of concern for Zulu people (Zungu, 2021: 75). If customary rites and rituals are at the heart of Zulu religion and a transcendental space where they can find hope and imagine a better reality, this study seeks to understand the experiences of the transformations of funerary rituals that accompany death as a result of COVID-19 restrictions, and whether spirituality devoid of funerary rituals was useful in coping with the current crises.

1.4. Study Site

The Zulu ethnic group has the largest population in South Africa, and because this is a phenomenological study that requires gathering in-depth data on experiences, gathering experiences from all Zulu people in South Africa is not possible given the scope of the study, the time constraints, and the phenomenological approach. As a result, because Black people of African descent who speak isiZulu are the most populous demographic throughout KwaZulu-Natal, this study is based in the Midlands, which is located in the heart of the province (Ratcliffe and Crowe, 2001: 333; Bhengu and Singh, 2020: 1; Afristay , 2022: 1). The first COVID-19 case in South Africa was discovered in the town of Hilton in the Midlands area (Bhengu and Singh, 2020: 1), hence the emergence and spread of COVID-19 in South Africa began in the

Midlands. In addition to globalisation, the social fabric of the area's biggest population may show potential aspects that contribute to the spread of COVID-19.

The Midlands area extends from Pietermaritzburg to the Drakensberg mountain range. Several towns are located in the Midlands area, including Pietermaritzburg which is the capital of KwaZulu-Natal, and areas such as Howick, Hilton, Merrivale, Richmond, Lions River, Nottingham Road, Dargle, Mooi River and Lidgetton (SA-V, 2021:1). Midlands is an appropriate study because it comprises a diverse spectrum of rural, urban, and peri-urban areas, which provides the study with a broader demographic reach for my cohort.

There is little literature available on the Midlands as a whole; however, there is research conducted on the many towns and localities in the Midlands individually. Each town has a unique history; nonetheless, the Midlands is noted for its tourism component since it is home to the Mandela Capture Site, Howick Falls, and wine vineyards (Afristay , 2022: 1).

FIGURE 2: The map of the KwaZulu-Natal Midlands area with its respective municipalities

(Source: kznonline.gov.za, 2023: 2)

1.5. Thesis Aims and Objectives

The experiences of bereaved AmaZulu who have undergone funerary ritual transformations as a result of secular COVID-19 restrictions have not been widely reported. The aim of this study was to gain a better understanding of bereaved people's experiences in the face of funerary ritual constraints. The notion of spirituality was explored in order to determine whether spirituality may alleviate the harsh experiences of the crises of funerary

ritual transformations, as it did when AmaZulu miners of Johannesburg were undergoing social transformations in the past. If spirituality is unable to assist the bereaved in coping with the hard reality of loss and uncertainty brought on by funerary ritual transformations, it may indicate poor spiritual health. According to Ebrahimi (2021:136) it is crucial to pay attention to how people are coping with the illness and how well they can adjust to the issues the illness has brought about. This is accomplished through identifying the spiritual component of people's health and by comprehending how a given society strengthens the spiritual dimension (Ebrahimi, 2021: 136). Spiritual health is recognized by researchers and research participants as an important factor in the creation of purpose and meaning in life and promotes quality of life; thus, the concept of spiritual health can be used to improve quality of life.

This study initially sought to explore how the absence of funerary rituals due to COVID-19 lockdown restrictions impacted the spiritual wellbeing of the bereaved. However, the concept of spiritual health is scientifically and psychologically developed and requires measured experiences for diagnostic purposes. The difficulties imposed on performing rituals invites a reflection on the relationship between the performance of funerary rituals and the disruption or continuity of social order. As a result, the purpose of this study shifted to evaluate whether spirituality can be used as a coping mechanism for loss in the absence of burial rituals and to better understand how bereaved persons interpret constraints on funerary rites.

To address the above aim, I asked the following questions:

- What social and cultural meanings inform how the bereaved people of Midlands conceptualise death?
- How have the disruptions of COVID-19 lockdown restrictions impacted experiences of bereavement in Midlands?
- How is spirituality expressed in the Midlands and what role did it play in the experiences of funerary ritual transformations?

1.6. Conceptual framework

This research process was examined and analysed through Turner's (1980) work on social drama and the anthropological understanding of liminality. Human societies encounter physical individual change through birth, aging, puberty, maturing and dying, and these changes are marked culturally as transformations and transitions (Boland, 2013: 228). To be analysed as social drama, rituals had to be positioned as performances in a rite of passage. A performance is a type of event that occurs at specific locations and times. It often involves

people in various different roles and follows a general sequence of procedures and activities (Bauman 2012:94). Performance is a type of communication exhibition in which social actors express their meanings and beliefs (Bauman 2012:94). The social drama concept examines how people produce structure and meaning through ritual performance and how these processes of meaning are communicated in the presence of a social crisis by examining rites as they occur in conjunction with what should happen and what usually happens (Kratz, 2021:1).

There is a connection between mainstream theatrical drama and rituals in the sense that mainstream theatrical drama can be traced back to ancient ritual performances (Ozor, 2017:198). The implementation and conceptualization of action in play has been an oral activity and drama is a product of oral tradition (Ozor, 2017:198). Because of its strong association with myth, social drama is a category in which drama occupies the area between the actual and the imagined (Ozor, 2017:198). The fundamental method and purpose of social drama is the root of drama. The purpose of social drama is to meet the profound needs in the society that performs it, and the method of implementation of the activity is meticulous (Ozor, 2017:198). Rituals are a restorative experience because the primary purpose of ritual performance is to reorganise things in life (Ozor, 2017:198). Rituals are an imagined activity that addresses real issues among the people who practice it for example, funerary rituals are ceremonies that address issues of bereavement (Ozor, 2017:198). The social drama concept was used to frame media rituals in China so that the researcher could investigate how Chinese state media ritualistically generates public consensus on the interpretations of a social crisis that reveals policy flaws and socioeconomic inequities (Li, 2018:1417). Ozor (2017:198) applied the concept of social drama for the understanding of Umulumgbe funerals and for this study social drama was applied for understanding Zulu funerary rituals in the midlands and the experiences of Zulu funerary rituals under COVID-19 restrictions.

In creating the concept of social drama, Victor Turner drew on the works of van Gennep (1960) on rites of passage and focused on the concept of liminality. Van Gennep (1960) concluded that rites of passage such as death include three fundamental domains: separation, transition or liminal period and incorporation. The separation domain refers to the symbolic or physical detachment of an individual from a cultural condition or the social structure. The transition domain is viewed as a liminal period in which an individual's status eludes established classifications. Turner (1969) expanded the definition of the liminal period from just an intermediate ritual phase to include everyone who is "between" social boundaries. The liminal period is unstable due to an individual being in a state that is unlike the past or the

coming condition. The incorporation domain completes the rite of passage as the individual is reincorporated back into society or into a more stable state with a new status.

Turner (1980:144) specified the four key features to which a social drama can be identified and analysed. The four key features are acts of social drama. The first act is a breach or rupture in social relations; the second act is a crisis that cannot be handled using traditional strategies; the third act is a solution to the initial problem and the re-establishment of social relations; and the fourth act can take two forms: reintegration into the status quo or a change in social arrangements (Turner 1980:149). These four phases are a symbolic representation of crises and conflict resolution through the use of ritual (Turner 1980: 144). Funerary rituals are thus dramas for the bereaved (Turner, 1980:149).

To yield insights into the experiences and nature of funerary rituals under COVID-19 restrictions, this study explored COVID-19 funeral regulations according to Turner's (1980:144) social drama phases.

Act 1: COVID-19 is a highly contagious infectious disease that transforms human social behaviours and increases mortality rates causing a breach in society and a rupture to normal social functioning.

Act 2: Funerals are identified as main drivers for the high COVID-19 infections rates by the government and public health stakeholders and as a result, Funerals became restricted and regulated. The restrictions and regulation created a crisis in end-of-life practices. Funerary rituals that were used to manage the raptures of death could no longer be used.

Act 3: Society either adheres to restrictions and regulations or they resist and conduct 'secret' burials.

Act 4: This is where the drama arises, there is an absence of funerary rituals that aim to redress the dangers posed by angry ancestors and reincorporate the bereaved into society. Phase four is a phase of liminality due to funerary rituals being disrupted.

This concept highlights that the social drama is embedded within funerary ritual transformation as a result of COVID-19 and surfaces at the fourth phase and the exploration of the fourth phase reveals insights of experiences of bereaved in liminality due to the absence of reincorporation rituals. According to Ngubane (1976:274) Zulu custom interprets death as a mystery associated with 'the other world,' from whence individuals come and return (Ngubane, 1976:274). Although the 'this world' and the 'other world' are considered separate entities, the

end of life in the 'this world' implies the continuation of existence in the 'other world'. There is a liminal area of overlap between the two worlds, which is deemed dangerous to both worlds (Ngubane, 1976:274). The evaluation of funeral experiences through concepts of social drama and liminality revealed the uses of non-linguistic or linguistic embodied actions that construct images and interpretations of death and the world of the AmaZulu population in the Midlands. Social drama and liminality revealed social commentary of meanings portrayed in the final act of social drama without the usual reincorporation structures. Critique can be found in liminality, which is defined by experiences in which everything is subject to question and systems appear meaningless (Boland, 2013: 222). Boland (2013: 222) argues that the emergence of critique is rooted in crises; that "it diffuses, proliferates, and extends these liminal events and can be observed in contemporary politics, economics, media and everyday life".

Although critique has often been limited to a small part of the beginning stage of liminality, in modernity such limits disappear and everything must be subject to critique (Boland, 2013: 222). Critique diffuses alongside uncertainty and social transformations. If, according to Turner (1969:167), liminality is regarded as a place and time of withdrawal from standard modes of social action, it can then be seen as a potential period for scrutinising axioms and central values of the culture in which it occurs. I was then able to draw on the concepts of social drama and liminality to critique experiences of funerary ritual transformations as a result of the COVID-19 crises. This critique is presented in chapter seven.

1.7. Methodology

Adopting the Interpretive Phenomenological Analysis (IPA) approach to conducting this research allowed me to engage in reflexive and reflective thinking, which has been extremely important throughout my research process. Reflexive and reflective thinking ensured that my personal experience did not cloud my perceptions and that the interviews were guided by the participant's experiences, not mine. I engaged in reflexive and reflective thinking through ongoing discussions with my supervisor, an Anthropology lecturer and my peers. I also kept a journaling book where I noted and explored my thoughts, feelings, beliefs, values and interests to bring them to my conscious awareness and consider their potential impact on the study and overall research. Extracts from my reflective commentary are included in the main text.

1.7.1. Researcher

This dissertation's approach articulates Panourgia's (1995: 30) deeply felt musings about the relationships between the ethnographer's experience, fieldwork and death. Panourgia's (1995: 30) used the death of his loved one as grounds for his ethnography on Athenian death. The dismantled binary between ethnographer and participants made it possible for the participants (the euphemistic "participants") to become a part of the intersubjective conditions that unite them with the Panourgia's (1995: 30). By grounding my own experience with end-of-life practices amid restrictions, I hoped to do the same.

Mkabela (2005:179) argued that the best method for comprehending and researching a phenomenon in an African environment is social and cultural immersion instead of scientific distance. This implies that a researcher should be conversant with the language, history, mythologies, and philosophy of the population being studied. I am a Zulu speaking individual, who falls under the Zulu ethnic group category from Howick which forms part of the Midlands area. Just like my participants, I lost a family member during the harsh and strict levels (level 4/5) of COVID-19 lockdown thus I experienced the disruption of funerary rituals which directly affected my spiritual wellness. As a 25-year-old woman, my participation in funerary rituals and my experiences with them varies slightly from those of my participants who are either older, younger, or men. Because the bulk of my participants are men, our roles and experiences vary. My role primarily entails reading the obituary and serving guests food. I am assigned with reading the obituary because I was fortunate to attend a model C school, so I am assumed to be literate and eloquent. My participants, on the other hand, expressed the gendered roles they play during funerals, with men assuming the tasks of slaughtering, digging graves, and carrying the coffin. The women mentioned cooking, cleaning, serving, and doing errands, while the elderly woman mentioned sitting on a mattress every day to greet mourners and relate how the deceased died, and that she is occasionally tasked with washing the *isidumbu* (corpse). However, the obituary is read by the person in charge of the funeral service.

An essential concept in ethnographic research is rapport, which is focused on developing mutual confidence, trust, and acceptance between the researcher and my participants (Kapur, 2018:1). In order to build rapport with my participants I shared my identity, experience, and language with the study my participants who did not know me, which created legitimacy and made solidifying rapport easier and faster. This also made my participants more open, allowing me to collect in-depth data. I was worried that my participants I knew prior to the study could have been reluctant to reveal personal information due to familiarity. I thought I would be constrained in what I could question, but this was not the case;

all my participants were very open, which gave me confidence in asking and clarifying certain areas. The interviews were conducted like casual conversations, which also alleviated my concerns.

1.7.2. Anthropology 'at home'

Working within my community I am able to follow up on what happened to my participants after my fieldwork has ended. Working away from one's community has raised ethical questions about the beginning and ending of research and the beginning and ending of human connection.

Researchers who do fieldwork outside of their communities are criticized by Muzvidziwa (2004:306-7) because they may lack commitment and leave to never come back. Muzvidziwa (2004: 307) refers to Rabinow, who claimed that while conducting research, he felt strongly American and that after observing locals in Morocco, they realized it was time to go. According to Muzvidziwa (2004:307) Rabinow's attitude exhibits a lack of compassion and arrogance. In some ways, attitudes like these demonstrate how little non-citizen anthropologists integrate into the society they observe (Muzvidziwa (2004:307). The future of other scholars who might be interested in studying the communities we examine is influenced by our actions there. Our actions directly affect how the field of anthropology develops (Muzvidziwa, 2004:307; Mayiseko, 2014: 63). This situation begs the question of whether it is ethical to exit the field, disappear, and never return to the communities that helped us establish our academic and professional reputations (Muzvidziwa, 2004:307; Mayiseko, 2014: 63).

Ethnographic research is mutually beneficial because it enables the establishment and development of friendships and relationships. Yet, the end of fieldwork frequently denotes a termination between researcher and participant (Muzvidziwa, 2004:307; Mayiseko, 2014: 63). The termination of this contract indicates that as researchers, we do not care about the feelings of participants. Becker et al. (2005:128) reported on how participants expressed gratitude for the fact that he visited them and kept contact with them, giving them an opportunity to learn about his life as well. I share a similar experience in that my participants asked about my life and experiences with death demonstrating genuine interest in me as a person which is why in the qualitative data section I foreground my experiences.

Despite the fact that my fieldwork officially ended in April 2022, I am still in contact with all nine of my participants and there have been unplanned encounters where we just met.

1.7.3. Sampling and Recruitment Strategies

This study used convenience sampling at the initial point of recruitment. Convenience sampling collects data based on the availability and convenient accessibility of my participants (Saunders et al., 2012:240; Bernard, 2006: 163). The survey was shared online, so the convenience is a result of participants who could access it and answer it. A survey was administered to assist with obtaining participants for the semi-structured interviews. The self-administered semi-structured survey was anonymous and widely distributed on social media platforms such as Whatsapp, Facebook, and Instagram. The survey collected demographic variables and descriptive data from the wider Midlands community. I distributed self-administered online surveys on all of my social media platforms and all the Midlands municipal Facebook groups. My social and professional networks assisted in disseminating this survey to their colleagues and their personal social media platforms. The initial goal was to get 100 responses, which was achieved with one additional response, for a total of 101 responses. The survey had no exclusion criteria, and the inclusion criteria was:

- Individuals of Zulu ethnicity
- Individuals from Kwa-Zulu Natal Midlands
- Individuals who lost a loved one during the peak of Covid-19 were unable to or limited in performing funerary rituals.

At the beginning and the end of the survey it was clearly stated that the survey was anonymous and that no identification features such as an email address, name, and surname would be required. It also stated that if anyone wanted to participate further or communicate about the study, they could contact me or leave their contact information so that I could contact them. Of the fourteen who showed interest, only twelve were actually interested in being research participants. I used purposive sampling in selecting those who would be a part of semi-structured interviews.

Purposive sampling occurs when a researcher uses their discretion to select a sample population based on their understanding of the context (Campbell et al., 2020: 652). The sample population selected for this study is Zulu individuals residing in areas within Midlands, from

the ages 18 upwards and who have lost an immediate family during the COVID-19 lockdown alert Level 4 and 5. Only nine met the inclusion criteria and were interviewed. COVID-19 restrictions were observed, and interviews were carried out via voice call or video call when necessary. A reasonable sample size for semi-structured interviews, according to Smith (1996), is five to nine individuals because it allows researchers to examine the differences and similarities between my participants without the risk of data saturation. The sample size for semi-structured interviews in this study is nine, determined not only by accessibility and availability but also by meaning saturation. According to Faulkner and Trotter (2017:1), meaning saturation occurs when similar themes emerge, and data becomes redundant, with no new information emerging during analysis. It is when the research can assert that the data is sufficient to achieve the research purpose (Faulkner and Trotter, 2017:1). In this case, nine interviews were sufficient to reveal the textured understanding of the phenomenon under investigation and to provide a thorough case-oriented analysis.

1.7.4. Data collection Methods

A structured questionnaire with open-ended and closed-ended questions as part of the data collection for this study. A structured questionnaire is a type of interview that consists of a set of predefined questions that are planned in advance therefore all respondents receive the same questions (Eticha, 2019:1; Bernard, 2006: 215). The close-ended questions of the structured questionnaire were utilised as a preliminary investigation to determine the overall demographics, attitudes, and opinions regarding the subject. Additionally, it was meant to familiarise the Midlands audience with the kind of research I was conducting and the kinds of inquiries they would face if they wished to continue further as my participants for this study. The open ended questions were used to obtain in-depth responses that some of the interesting answers were noted and questions for the semi-structured interviews developed from some of them.

IPA is based on providing a detailed analysis of how research participants perceive and make sense of what happens to them, so flexible data collection methods are required. Smith (1996:42) contends that, while there are several methods for gathering data for an IPA analysis, semi-structured interviews are the most effective, and this method was used in this study. A semi-structured interview is a dialogue between the participant and the researcher. It enables the researcher to elicit essential and exciting points, and initial questions can be modified based on participants' responses. In semi-structured interviews, the interviewer's role is to guide and

facilitate rather than dictate what should happen during the interviews. In-depth interviews speak to the phenomenological approach, method and theoretical format. Data is collected from the first-person perspective in order to understand and explore the consciousness of an individual and their experiences concerning a specific event; in this instance, (i.e. the death of a loved one) (Bernard, 2006: 214; Eticha, 2019: 1). The semi-structured interview method was used to explore expressions of spirituality and experiences of funerary rituals prior and during COVID-19 lockdowns.

In-depth interviews with nine research participants were conducted in addition to a semi-structured survey as part of the data collection for this study. Each of the nine sampled participants had two individual semi-structured interviews that lasted roughly one and a half hours. Arrangements were made for my participants who preferred a physical meet-up for the interviews to meet at a mutually convenient time and location. A mutually convenient time and virtual platform were set up for those who preferred a virtual interview. Each interview was recorded using the iPhone 8 Plus smartphone device and all interviews were transcribed verbatim by the researcher/interviewer.

A pilot interview was conducted using the initial interview schedule (see appendix) with my cousin, a 29-year-old Zulu woman, and my 70-year-old grandmother to ensure that the questions posed to my participants were comprehendible in both isiZulu and English. Once the pilot interviews were concluded, they could understand as many questions as possible in both isiZulu and English without the need for lengthy explanations that could be leading. Questions were modified and added accordingly for the final interview schedule. All my participants were asked all of the questions on the final interview schedule.

However, it was not used as a rigid framework but rather as a guide. The goal was to obtain a non-direct detailed account of the participant's experience, so the way questions were asked differed according to the conversation. In this manner, the use of semi-structured interviews enabled the collection of well-rounded and rich data.

1.7.5. The Research participants

PARTICIPANT	GENDER	AGE	FAITH OR BELIEF SYSTEM	LOCATION IN MIDLANDS	CLOSE LOVED ONE LOST
Phumla	Female	42	Christianity, Seventh-day Adventist	Mpophomeni Township	Father
Zothile	Male	25	African Spirituality	Mpophomeni Township	Sister
Ayanda	Male	30	Former Jehovah's witness, figuring out his beliefs.	Caluza Township	Aunt
Thamsanqa	Male	39	African Christianity	KwaMnyandu	Niece
Sbu	Male	26	Agnostic	Howick	Cousin
Margret	Female	65	Christianity, Catholic	Mpophomeni Township	Daughter
Thabani	Male	26	African Christianity, Zionist	Mpendle	Father
Abonga	Female	21	African Christianity	Howick	Brother
Nokwethemba	Female	26	Astrology and African spirituality	Mpophomeni Township	Brother

TABLE 1: RESEARCH PARTICIPANT INFORMATION

The accounts of my nine research participants that follow are meant to evoke imagery of each individual and to afford them dignity by humanising their presence in this dissertation as more than just my participants or bereaved Zulu individuals from the Midlands area. My participants have been given pseudonyms to protect their identities. All interviews were conducted within two years of losing a loved one.

Phumla is a 39-year-old Christian hairstylist and a law student. She has been my hairstylist since I was 12 years old, and in all the years I have known her, she is always enthusiastic to talk about anything church related. Every Saturday morning, I would see her rushing down to the church with a warm smile and kitten heels. She is very particular about time, and if you schedule a hair appointment for a specific time, she expects you to arrive at that time, not a minute early and not a minute late. Her small salon, in a garage behind her house, is extremely comfortable, and her conversations make it even more so. Her salon experience is therapeutic; she has a way of getting people to open up and share their stories because she does so as well. She always gives the best sisterly advice and has a positive attitude

about everything. Phumla's father passed away as a result of COVID-19 on April 2020. Her father's funeral was held at Level five lockdown restrictions.

Zothile is a 25-year-old traditionalist Zulu who is in the process of becoming a *sangoma* and a brilliant architecture graduate with a solid social media presence. He is well-known in Mpophomeni for his strong and controversial views on religion among Black people, racism, population reduction, COVID-19, gender-based violence and the country's current political state. When you meet him in person, he comes across as a shy, reserved man who seems introverted. Zothile is hilarious, and he can make any situation amusing. He has bounce, thick, healthy, short dreadlocks on his head and beads on both of his wrists, and he is an exciting person with equally interesting ideas. Zothile's nurse sister passed away in May 2020 due to covid-19 complications during the pandemic. Her funeral took place during stage four of the lockdown restrictions.

Ayanda is a 30-year-old marketing graduate who is a fitness enthusiast and enjoys doing adventurous activities with his girlfriend. He is an animated and amusing person with a welcoming warm smile. His muscular build and introversion make Ayanda appear intimidating. His paternal family members are Jehovah's Witnesses who have cut ties with all Zulu ritual customs, whereas his maternal family is a traditional Zulu family from the rural areas of Dundee (KZN). Because of school, he spent his childhood living with his paternal family and learning Jehovah's Witness principles. However, because his parents were never wed, he claimed that he technically belonged to his maternal family. He is now unsure of his beliefs as a former Jehovah's Witness and is on a quest to discover the side of himself that he had long believed to be 'evil'. Ayanda maintains that he is on a journey to discover himself. Ayanda's sole paternal aunt passed away due to cancer in May 2020, and her funeral took place during lockdown Level four restrictions.

Thamsanqa is a 39-year-old tall, funny, and insightful nurse who is perceived as intimidating due to his serious demeanour. He stated that caring for his sister and son gives him comfort and a sense of purpose. He is an introvert, and his sister is his best friend; he is rarely seen outside work because he stays home and does not socialise. He walks fast, wears tinted thick glasses, smiles shyly, looks highly studious, and has a great sense of style. Thamsanqa lost his only niece in March 2020 due to an asthmatic infection. His niece's funeral occurred during Level 5 lockdown restrictions.

Sbu is a reserved queer man with a bold and bright style. He has red hair and a great smile, and whenever you approach him, he opens up his arms, ready to offer very comforting hugs. He is tall and slim, with a great sense of style. He is a Bachelor of Arts graduate and educator. His voice is soft, and he speaks with intelligence; his words are eloquent, and his vocabulary is extensive. He speaks confidently in both isiZulu and English, and hearing him speak like reading an academic philosophy article; he appears to be well-read. Sbu lost his cousin to suicide in May 2020; they lived together and were raised like siblings. The funeral for Sbu's cousin was held during lockdown Level 4 restrictions.

Margret is a respected elder in my community. I have known her since I was a child and grew up under her care. She is a short, loud woman who makes many jokes. She knows everyone in the neighbourhood and is unafraid to express her views. She is very active in her local church and is a strict disciplinarian to all of us who are younger than her. She is a storyteller; when she tells a story, she changes her voice according to the characters and mimics hand gestures so you can imagine what she is saying. She always comes to me for assistance with her phone, wig, and nail polish. Margret enjoys taking care of herself and is concerned with how she is perceived; therefore, she must always look good; otherwise, according to her, people will gossip about her. Margret lost her daughter to COVID-19 in April 2020; the entire family became infected, and she died due to the disease during Level 5 restrictions.

Thabani is a soccer fan who describes himself as a loner who was forced to take on significant responsibilities at a young age. He appears pessimistic at first, but he is not; he is a gentleman of note who always offers to open doors and carry my bag as we walk during interviews. He is very receptive and has a positive outlook on sombre situations such as death. Thabani enjoys numbers and aspires to work in accounting. He is an excellent soccer player with average height and a few visible tattoos on his arms. He is reserved and soft-spoken. Thabani lost his father to diabetes complications in April 2020. The funeral for Thabani's father took place amid the Level 5 lockdown restrictions.

Abonga is a young traditional healer and businesswoman. She recently graduated from being an initiate. She is also an accounting sciences student and an overall beautiful woman. She is witty and has a stunning smile. Abonga is very open; she shares an opinion and then relates it to an event that occurred in her life; she tells her stories with passion and is not afraid to be vulnerable. Abonga lost her brother to tuberculosis in May 2020. The funeral for Abonga’s brother took place amid Level 4 lockdown restrictions.

Nokwethemba has a bubbly personality, is always laughing, and is very loud. Nokwethemba has a lot of colourful ideas and strong beliefs about the world and life. She frequently discusses the universe and the advantages of manifesting. She describes herself as misunderstood; she does not have the best reputation in the community due to her out-the-norm behaviours. she admires the moon and enjoys money. She does artwork, is very crafty and bakes the most delicious goodies. Nokwethemba lost her brother at the beginning of June 2020 due to a fatal stabbing. The funeral for Nokwethemba's brother took place amid Level 4 lockdown restrictions.

1.7.6. Analytical Strategy

For the analysis of the structured questionnaire, the STATA version 17 analytic software was used to identify the frequency of the distribution of the data from the survey, and the results were organised, summarised and presented through a cross table. Thematic analyses was used to analyse in-depth semi-structured interviews because it preserves a transparent and explicit link between conclusions and the primary text from interviews. Thematic analysis is used to identify, analyse, organise, describe and report emerging themes in the data set (Braun and Clark, 2006:77). This technique is significant because it helps the researcher uncover patterns in the data, allowing for a more complete comprehension of the data (Braun and Clark, 2006:77).

Line numbers were assigned to each verbatim transcribed interview. Each transcript was read in-depth multiple times to gain familiarity with the content and to allow me to immerse myself in each narrative. The first transcript was used to highlight preliminary themes, and as I studied the transcript, emerging themes and points of interest relating to funerary rituals and spirituality were noted. The remaining transcripts were then read to identify additional themes, related themes, and contradictions. The preliminary themes were developed, amended, and refined after re-reading the transcripts. Superordinate themes were formed by grouping themes that appeared to be linked. The validity of interpretations was then checked by referencing verbatim quotes from each of them.

1.8. Ethics

This research study was approved by the Rhodes University Ethics Committee (2021-5120-6317). Ethics was followed according to Ethical Guidelines provided by Anthropology Southern Africa (ASNA) and my conduct during the study was guided by principles of conduct for anthropologists provided by ASNA (Anthropology Southern Africa, 2008: 4).

As a member of the Midlands community, I was both the subject and the analyst. I had to merge these roles by discarding constructed dichotomies of insider and outsider, and embrace the complexity and depth of the space between established perspectives. According to Dwyer and Buckle (2009:62), qualitative researchers are particularly suited for the challenge of being both subject and analyst. I engaged in continuous reflexive and reflective thinking through journaling and ongoing discussions with my supervisor and lecturer. Journaling helped me explore my experiences as both the subject and researcher concerning funerary ritual transformations and acknowledge my biases.

Informed consent was obtained verbally and digitally; digital consent forms were sent to all my participants, as were physical consent forms for the seven my participants who chose to meet in person. At the start of each interview, signed informed consent forms were obtained, which included permission to record the interview. Physical and verbal consent emphasised that this is purely an academic study to add to the body of knowledge in anthropology; my participants may not gain anything personally, but if the study continues, the knowledge may lead to interventions that may be beneficial to them or others. This disclaimer was included as a precaution to avoid creating unrealistic expectations about the likelihood of benefiting from the study; therefore, my participants took part free of false hope. They also were informed that they could withdraw at any point during the study to ensure the study was free of coercion.

The COVID-19 pandemic was unprecedented and devastating. Death is also an emotionally and sometimes mentally distressing event (Decker et al., 2011:1). Whilst the study does involve the experience of death, it focuses on the experiences and emotions of my participants. This process can be quite cathartic for participants to speak about. A research study that explored the experiences of discharged mothers post-hospital which delved into discussions of pain and discomfort indicated that before the study began, research assistants received training on interviewing protocol (Devlin, 2023:1). I also have certificates from research protocol training which informed how I conducted research.

The study aims to understand my participants' experiences concerning their bereavement process under restrictive measures. Asking bereaved individuals to share their experiences of a sensitive time in their lives without knowing the psychological impact that has had on them, had a potential risk of causing further emotional distress and exposing trauma that I am not equipped to deal with. I mitigated this concern for my participants by creating a list of contact numbers for a range of public hotlines for free therapy resources, such as the

South African Depression and Anxiety Group (SADAG), so that my participants may utilise such resources if they need to. If my participants had raised personal difficulties and concerns during the interview, this resource list was designed to help me to direct them to resources of help. This list was attached under surveys and was given to all consenting my participants for interviews. During the study I was attending continuous therapy sessions with my psychologist so discussions around death did not harm me. I conducted myself in a manner that was appropriate towards my participants and was personable to make the interview encounter easy to go through.

It was made clear to my participants that they could skip questions that they were not comfortable answering, and my participants may stop the interview at any moment should they feel uncomfortable or upset during the interview process. After each interview session and a week later, I asked my participants to share their subjective experiences concerning the interviews. All my participants found it beneficial to discuss and share their beliefs, knowledge and experiences. My participants said they liked the conversational tone of the interviews because it allowed them to talk about their loved ones and their feelings around funerals, which they did not get many chances to do. They also stated that talking about their loved ones' funerals brought awareness and feelings they did not know they had to the surface, which is helpful in their healing journey.

I did not consider the impact of the funeral process before this chat and how I felt about it because I was so focused on my feelings about the death itself. Our conversation enlightened me and made me realise there are a lot more feelings I need to recognise. I can work through them by recognising them and discussing them with you (Abonga, February 6 2022, IDI).

It was essential for me, the researcher, to acknowledge that speaking about death may be sensitive and triggering. However, the benefit of speaking about pain and suffering is believed to outweigh the risk (Decker et al., 2011:1). The anonymity and confidentiality of all my participants were upheld throughout this study. Pseudonyms were used, and any potentially identifying information was removed. Recorded interviews were saved using numerals instead of names, and the researcher conducted, transcribed, and analysed all interviews personally. In line with the publishing protocol set out by the Rhodes University Ethics Committee (RUESC), the results of this study and the dissertation will be disseminated to every participant. As agreed upon with RUESC, all audio recordings and transcriptions were saved as password-protected files and stored on an external hard drive in a safety box that only the researcher can access.

All signed consent forms are stored securely at the researcher's home and will be destroyed after the study has been examined.

1.9. Rationale and Significance of Study

Infectious diseases such as HIV/AIDS, Tuberculosis, COVID-19 and related mortality are a contemporary crises in KwaZulu-Natal in the backdrop of increasing NCDs such as diabetes (Zamisa, 2008:1 ; Pillay, 2016 : 1 ; Mthethwa, 2021 : 1 ; Human Sciences Research Council, 2022:1). Observing socially constructed understandings of disease and death, particularly in a crisis, can be an entryway into understanding people's needs and the resistance to bureaucratically-imposed restriction (Lipton, 2017:1). Meanings and beliefs can be utilised to empower communities in more effective and less damaging ways (Lipton, 2017:1). The experiences of bereaved Zulu people who have undergone funerary ritual transformations as a result of secular COVID-19 restrictions have not been widely reported. By this rationale, it is fitting to study bereavement and spirituality in the context of funerary ritual transformation in KwaZulu-Natal. It is important to understand the local contexts in global experiences. The local context of Midlands has revealed that culture is central to health which is more physical biology, the psychosocial and spiritual aspects need to be considered by policymakers therefore Local contexts cannot be ignored. Death is an important part of life and a universal occurrence and this study brings into light the importance of funerary rituals and the impact of improper funerals on individuals and the community.

Literature based on the Infectious Ebola epidemic with similar transmission pathways to COVID-19 demonstrates that epidemics have been explored from quantitative epidemiological perspectives concerned with the patient and prevention (Lipton, 2017:2). There has been little consideration of social phenomena such as significant socio-cultural structures such as funerary rituals intertwined with health and life, resulting in resistance and death (Fairhead, 2014:1). These techniques develop models unconcerned with the bereaved once their lives have been ruptured by death. This study investigates the humanistic gap overlooked in COVID-19 death investigations.

CHAPTER TWO: LITERATURE REVIEW

2.1. Introduction

When examining COVID-19 funerary ritual transformations and the conflicts thereof, there are three topics of interest. Firstly, African burial and customary ceremonies were described as "super spreaders" in global media reports. Local religious beliefs surrounding death and bereavement, as well as associated burial practices, were deemed risky and unsanitary by modern Western media and health officials. Secondly, Frenetic emergency declarations and violent police tactics were used to impose safety measures during funerals. In this way, local politics and global health conspired to create a crippling "control-over-care" paradigm that was reminiscent of South Africa's long history of Apartheid. Thirdly, The prohibition of funerary rituals intensified long-standing distrust among the local public rooted in daily injustices. Local responses were actually deeply rooted in experiences of suffering, in contrast to how the global media portrays resistance and local rejection to global health measures as being motivated by superstitions, traditional beliefs, or just aggressiveness. People who were adversely affected by global policy were always the ones who resisted or overtly opposed global actions in the health crises. This chapter provides a thematic layout of the emerging themes in the literature pertaining to the indicated research issues. Anthropological perspective of death and dying in African societies, Religious beliefs of spirits and challenges posed by death, death and dying under COVID-19 regulations, cultural concepts in North Kivu vs biomedical notions and COVID-19 parallels to previous South African injustices are discussed.

2.2. Death and dying: An Anthropological perspective

Death has been of central concern in social anthropological research of African societies and African belief systems. African societies do not have a homogenous culture, ritual practices and sensibilities vary culturally when it comes to managing death however there are similarities with regards to beliefs surrounding death. Olupona (2000:54) cited Birago Diop's poem on the observations of African beliefs regarding: "Those who are dead are never gone: They are in the breast of the woman, they are in the child that is wailing and the firebrand that flames. The dead are not under the earth: They are in the forest, they are in the house, the dead are not dead"- Birago Diop (Olupona, 2005: 54). This poem reflects the religious beliefs of an imagined life in the afterlife and the fate of the deceased. In societies such as the Asante culture of Ghana, the Igbo culture of Nigeria and the Zulu culture of South Africa the afterlife interacts with the lived world and those in the afterlife are able to give curses or blessings to the bereaved

according to ritual performance following a death and attendance of a funeral. Generally, the Igbo and Zulu perform funerary rituals to ensure the spirits stay to give blessings and protect the living (Bell, 2012: 1). The Ashanti of Ghana believe the community must gather at the homestead of the deceased to mourn. Every able-bodied adult must attend the burial, offer curses and blessings accordingly, because they believe that the dead would notice who was absent (Lee & Vaughn, 2008:343).

Although the anthropological literature on death is too vast to discuss in-depth, certain elements of that scholarship are relevant to understanding indigenous African 'ways of dying'. The philosophical contributions of Hertz's (1960) first and second funeral phenomena that he observed in the mortuary rites and burials of the people of Borneo are still relevant in presenting death as a social, physical and spiritual rapture. Hertz (1960) concluded that there are two funeral phenomena that take place following a death, the first funeral and the second funeral. These two funeral phenomena ensure the continuity of life and the healing of these raptures.

The first funeral consists primarily of cleansing: cleansing of the body both symbolically and literally, as well as cleansing of sadness and pollution through physically removing the body from the social world through earth burial, cremation, mummification, and endo-cannibalism. Hertz's (1960) influential works focused primarily on the second funeral phenomenon that is practiced in various cultures around the world. The second funeral phenomenon is based on the core belief that humans are made up of two distinct parts: a body and a soul. The transition of the deceased's spirit to the ancestral realm is prioritized in the second funeral. After the deceased's spirit is initiated into the realm of ancestors, the deceased receives a new social status, which alters their relationship with the living. There are three conclusions that can be drawn from Hertz's (1960) work: (1) Death is widely regarded as a process rather than an instantaneous event; (2) Death marks the beginning of a transitional process in which a deceased person enters the afterlife and becomes an ancestor. (3) Death, like an initiation into a social afterlife, can be viewed as a regeneration of life.

The role of women in Korafe funerary practices in Papua New Guinea underlines the idea of a second funeral as stipulated by Hertz (1960). Through ritual gestures and laments, women symbolically give birth to new ancestors. During this process of social repair by women the deceased's body and spirit are transformed and the bereaved are supported in accepting the deceased's death and working through it (Gnecchi-Ruscone, 2007:31). The Igbo people of Nigeria believe that life continues after death therefore they believe that the dead need to be

buried properly with the appropriate funerary rituals so they can transition smoothly into the land of ancestors and watch over the living (Ndukwe et al., 2021: 32). The Igbo of Nigeria perform funerary rituals to ensure that ancestral spirits transition and can return to the physical realm as spirits to protect the living (Bell, 2012: 1). This reaffirms Hertz's (1960) notions on the second funeral. The first funeral notions by Hertz (1960) are made evident through one of the held understandings and approaches to death by the Zulu people of South Africa. According to the general understanding of Zulu culture, death is a form of pollution that emanates from the corpse, placing relatives of the dead in a position of danger, needing fortification (Hutchings, 2007:198). The bereaved family may not take part in normal life until they have been purified and cleansed after the mourning period (Hutchings, 2007:198).

Basically, two transitions have to take place in order to heal the raptures of death. The first transition is characterised by the deceased moving from a state of contagion and impurity to a state of purity (Lee, 2008: 341). The second transition is characterised by the bereaved reintegrating back into society and the deceased transitioning to the land of their ancestors through the performance of funerary rituals and communal solidarity is preserved (Lee, 2008: 341). Structural and functional accounts from Radcliffe-Brown (1968), Malinowski (1931) and Evans-Pritchard (1976) mirror these notions that rituals produce social meanings around death, however, these studies disguise variations of emotion surrounding death. Hertz (190:76) was ahead of his time, in his concept of funerary rituals, he acknowledges that the emotions of the bereaved are socially constructed. The type of death, the context in which death occurred, the deceased's gender, age and social status are all significant in shaping the social impact of death and influences the aroused intense emotions, if any, of the bereaved (Hertz, 1960:76). Death and expressed emotions during bereavement are inextricably linked and are subjective experiences greatly influenced by cultural explanatory models and the shared experience of the community (Kastenbaum & Costa, 1977: 228; Conrad & Barker, 2010: S69; Gire, 2014: 4).

Funerary rituals include intricate practices of bereavement that reflect cultural and social meanings of death and post-death (Cardoso et al., 2020:2). Funerals are not only for the deceased, they also manage bereavement through social support, ritual expression and approval for the bereaved (Becker et al., 2020:1). Bereavement occurs when a person suffers loss following the death of a significant other. Bereavement is a comprehensive psychological state of grief that increases the risk of depression, other mental health problems, increased mortality rates (suicide, cirrhosis of the liver, and heart diseases) and subsequently take a toll on personal suffering, family relations, social networks, community and healthcare systems (Ott,

2003:250). Prigerson et al. (1997) and Prigerson et al. (2008) found that bereaved people showing complicated grief are more likely to experience cancer, heart attacks, high blood pressure, and have more physician visits than non-grieving cohorts. Other adverse health effects of bereavement include; under or over-eating, alcoholism, cessation of social life, cessation of regular exercise, and sleeplessness.

In certain African societies, funeral performance is rooted in the belief in an afterlife (Baloyi, 2014: 4). In societies such as the Igbo, Zulu, and Asante[3], a 'good' or normal death includes a moral obligation from the living to care for a deceased body, and it is a period marked by rites that enable the deceased to pass from one world to another and the placement of the deceased's bodily remains in a culturally appropriate manner (Simpson, et al., 2021:1). As such, death is a critical period within kinship networks where social order cannot be restored and the living cannot return to their normal lives until obligations attached to death have been fulfilled through ritual performance (Bloch and Parry, 1982: 4; Bell, 2012: 1; Simpson, et al., 2021:1).

In such societies, a bad death is defined as the deceased not being accorded the dignity that is due to them by the bereaved because they did not follow the required process following a death (Simpson, et al., 2021:1). This could be failing to fulfil obligations related to death by not executing the required ritual acts (Simpson, et al., 2021:1). A bad death can have significant repercussions in an individual's life and may cause vital biographical, psychological, and spiritual disruptions (Boyd, 2002: 10; Baloyi, 2014:5). These notions are usually assessed through tenets of rites of passage and liminality. Van Gennep (1960) concluded that rites of passage such as death include three fundamental domains: separation, transition or liminal period and incorporation. The separation domain refers to the symbolic or physical detachment of an individual from a cultural condition or the social structure. The transition domain is viewed as a liminal period in which an individual's status eludes established classifications. Turner (1969) expanded the definition of the liminal period from just an intermediate ritual phase to include everyone who is "between" social boundaries. The liminal period is unstable due to an individual being in a state that is unlike the past or the coming condition. The

[3] Ashanti

incorporation domain completes the rite of passage as the individual is reincorporated back into society or into a more stable state with a new status.

A bad death can then be deemed as a liminal phase since the required and obligated ritual acts have not been completed, preventing social order from being restored and the surviving from returning to their normal life (Bloch and Parry, 1982), making reintegration into society difficult. The limits and changes to obligated funerary rites[4] may result in the bereaved being socially trapped in states where it is not apparent when the mourning period ends and the end of this period is also not communicated to others thus leaving the bereaved in a liminal state (Njilo and Tshikalanga, 2020:1).

It is clear why colonial anthropology emphasised that exploring ways of managing death was crucial to understanding the worldviews and social structures of indigenous African communities. Funerary rituals express and influence a variety of social relationships, including the upholding of kinship bonds. Funerary rituals serve as a bridge between this world of the living and the afterlife thus revealing a society's philosophical and spiritual orientations.

2.3. Religious beliefs of spirits and challenges posed death

Philosophical and spiritual orientations of an afterlife that affects functioning in the physical world are significant in providing explanations for critical events that are meaningful to a particular society and indicating solutions believed to avert negative events such as rapid mass deaths.

Many African societies believe that neglecting necessary rites and rituals enrages ancestral spirits (Baloyi, 2014: 4; Zungu, 2021: 75; Lubega et al, 2022: 1). Ancestors, like the relatives they once were in the physical realm, can be stubborn, demanding, and hold grudges until properly propitiated (Marshall, 2021:106). Congolese people believe in *nikisi* spirits, which are the oldest and most powerful spirits responsible for diseases (Marshall, 2021:106). *Mayimbi spirits*, who are powerful *nikisi* spirits, are particularly responsible for epidemics (Marshall, 2021:106). To assuage their rage, honour, and respect, these spirits seek sacrifices (Marshall, 2021:106). Only the spirits of deceased leaders can generate epidemic associations for multiple households at the same time (Marshall, 2021:106). It may be challenging to get people who believe spirits evoke epidemics as punishment for the neglect of rituals to adhere

[4] Inability to bring the deceased home, washing of the body.

to regulations based on biomedical notions of epidemic developments devoid of spiritual influence. COVID-19 restrictive measures on funerary rituals may particularly cause anxiety to these populations because the non-performance of rituals leads to increased anger from the spirits causing further punishments beyond biomedical impacts.

The relationship between the living and the dead is fraught (Marshall, 2021:106). The Chinese people believe in the hostile and vengeful spirits of unclaimed bodies whose rites have been neglected (Marshall, 2021:106). These spirits cannot return home so they roam the countryside seeking for victims to harm. These spirits are a potentially lethal supernatural force that can inflict diseases on individuals (Marshall, 2021:106). Similar beliefs of hostile and vengeful spirits can be located in African beliefs of the unincorporated dead. The unincorporated liminal dead believed to be imprisoned in a liminal realm where they are neither incorporated with their family in the physical realm nor included with their ancestors in the spiritual realm are considered to be dangerous (Abramowitz, 2014:11). Because no rituals were done to initiate and include them in the world of the dead, spirits in the liminal realm turn into wandering spirits (Abramowitz, 2014:11). These spirits may manifest as enraged spirits who wish to rejoin the living in the physical world. Since this is not possible, they become hostile and must obtain sustenance at the expense of the living (Abramowitz, 2014:11). Their hostility translates into misfortune and illness for the living. In the Igbo culture, before the deceased is buried, certain funerary rituals such as corpse preservation have to be performed to ensure the deceased transitions smoothly and is welcomed by their ancestors (Ndukwe et al., 2021:29). If these rituals are not done or done incorrectly, the spirit of the deceased would roam the earth destroying the lives of their loved ones and causing havoc in society (Ndukwe et al., 2021:29). Disruptive spirits also appear in Christian beliefs as demons. Demons were believed to be supernatural agents behind the bubonic plague (Marshall, 2021:106). Similar accounts of religion and epidemics can be found in Islamic accounts concerning the Black Death and other epidemics (Marshall, 2021:106).

According to Ashforth (2005:S136), spiritual insecurity is an existential condition characterised by epistemic anxiety caused by uncertainty about, ignorance of, and/or disagreement among significant stakeholders about proper modes of dealing with agencies suspected of causing harm and agencies responsible for people's wellbeing and safety. Ashforth's (1998:62) ethnographic work in Johannesburg, South Africa, shows communal forms of anxiety caused by spiritual insecurity. Rumours of a supernatural and dangerous snake sowed spiritual insecurity. Ashforth (1998) was able to connect the discourses of spirituality

and security in the context of lived violence and poverty. Spirituality has also been investigated by African historians in the context of military conflicts in African countries such as Zimbabwe (Kriger, 1992) and Uganda (Finnstrom, 2008). Bringing critical security discussions expands and challenges understanding of how spiritual security and insecurity work in general.

Religious beliefs in the afterlife and hostile spirits provide explanations for devastating events such as pandemics and indicate solutions believed to avert the negative events (Marshall, 2021:43). These solutions are rooted in the performance of funerary rituals. This way of making sense of the world through crises provides psychological effects that have often been neglected in studies considering psychological effects of epidemics on a given society (Marshall, 2021:43). COVID-19 regulations have brought these beliefs into question by removing the ability to perform funerary rituals that avert negative events.

2.4. Death and dying under COVID-19 regulations

Strict lockdown regulations during the early months of the pandemic meant family members had to endure the death of their loved ones in solitude with the absence of funerary rituals. In the early months of the COVID-19 pandemic in India, due to strict lockdown, family members of the victims of COVID-19 had to witness their dying loved ones die in solitude and experience death in the absence of funerary rituals (Mondal, 2022:1). It was found that a year after the burials the bereaved struggled with long-term complicated grief with no sense of resolution due to COVID-19 restrictions and funerary transformations. Complicated grief is a medical condition referring to people who are stuck in cogitation over circumstances of a death and worry about its consequences (Mason, et al., 2020: 151).

The COVID-19 virus has deprived people of the ability to say their final goodbyes to dying loved ones, depriving the deceased of dignity and exacerbating bereavement for living family and friends. The moment of final farewells is crucial for the mourning and bereavement processes in Spain (Fernández and González-González, 2021: 708). Spanish patients who survived weeks in an Intensive Care Unit on the verge of death reported their near-death experiences as intensely emotional and spiritual. In severe moments such as death, spiritual sentiments are reinforced. The value of believing in anything appeared to be vital, regardless of ideas about life and death, and made the challenge of death easier for the dying and their relatives in Spain (Fernández and González-González, 2021: 708).

The cruellest element of the COVID-19 epidemic is the thousands of victims who died alone, sometimes without understanding why they were abandoned during their most

frightened episode in their lives (Fernández and González-González, 2021: 709). The repercussions for survivors are gloomy, as the inability to be present for their loved ones causes pangs of guilt that prevent them from attaining states of closure (Fernández and González-González, 2021: 709). With more mass deaths, there are more incidents of unexpected death. Sudden loss complicates bereavement processes and causes other psychological issues (Fernández and González-González, 2021: 709). Furthermore, the current pandemic lockdown restrictions aggressively prohibited all gatherings, complicating bereavement processes with additional components of anger, pain, and stress for bereaved families (Fernández and González-González, 2021: 709). The inability of family to attend funerals as a result of lockdown restrictions reduces the emotional support available for the bereaved (Fernández and González-González, 2021: 709).

This new reality in bereavement processes brings with it a different kind of sadness, both communally and individually (Fernández and González-González, 2021: 710). People must grapple with the implications of death during a pandemic, as well as the conclusions that emerge from it (Fernández and González-González, 2021: 710). Such events confront societies with worries and doubts about the end of life, as well as general concerns about the future (Fernández and González-González, 2021: 720). The limitation on opening a coffin, together with other restrictions on important burial rituals, may result in pathological bereavement (Fernández and González-González, 2021: 720). The inclination to feel isolated that is characteristic of grieving may be confounded with the isolation caused by lockdown constraints, which can exacerbate feelings of loneliness and bereavement (Fernández and González-González, 2021: 720).

Similar studies conducted across African countries show that lockdown restrictive measures have significantly changed traditional norms of bereavement, funerals, and burials, resulting in a great deal of psychosocial suffering for bereaved families, particularly because of the impediment to funerary rituals (Omonisi, 2020: 2; Hidalgo, 2021: 454; Lubega et al, 2022: 1).

It is not culturally ingrained customs that have been negatively disrupted (Bear et al., 2020: 10). The importance of a funeral in bringing communities together to follow the deceased on their spiritual journey via physical unity is recognized by Christianity (Bear et al., 2020: 10). In Christianity, a bad death is a painful death or a death in solitary, which has been a key issue in COVID-19 death studies (Bear et al., 2020: 10). Christian religious leaders have

used technology to bring the bereaved and the congregation together in response to lockdown regulations and restrictions (Bear et al., 2020: 10). End-of-life rites and the presence of a priest are essential for Christians, and medical workers cannot substitute for a priest (Bear et al., 2020: 10). Depending on hospital contexts and the availability of protective equipment, priests who were able to visit dying people in hospital did so (Bear et al., 2020: 10). However, priests would fall ill themselves and there would be a shortage of priests to visit dying individuals, disrupting ritual practices necessary for Christians and their bereavement. (Bear et al., 2020: 10).

According to research on the Baganda people of Buganda kingdom in central Uganda, the Baganda people are strongly rooted in culture and are connected to their cultural rituals, particularly those dealing to funerals and burials (Lubega et al, 2022: 1). Failure to perform funerary rituals caused discontent, psychological agony, and guilt among the Baganda, potentially increasing the chance of complicated grief (Lubega et al, 2022: 1). Although online prayers have been adopted in other parts of the world, the Baganda believe in customary physical prayers in which the deceased is prayed over by priests and mourners (Lubega et al, 2022: 1). The prohibition of funerary rituals generated feelings of indignation and among Baganda societies (Lubega et al, 2022: 1).

Experiences based on lockdown restrictions in South Africa revealed that former homelands were treated as a sort of third country, with customary practices posing threats that require specialised management and control (Bank and Sharpley, 2020: 156). The COVID-19 crisis intensified in April 2020, and the South African government further restricted funeral practices by shortening the time between death and burial, limiting the number of mourners who could attend, and insisting that all bodies be tested for COVID-19 irrespective of the World Health Organization's advice that COVID-19 bodies are not infectious after death (Bank and Sharpley, 2020: 156).

The restriction on funeral attendants to 50 was a major issue. An elderly woman died in her 90s in Kentani, a rural settlement in the Eastern Cape, after acting as a key figure in the community (Bank and Sharpley, 2020: 157). She was well-liked and respected in the neighbourhood, and when she died in July 2020, the entire community was eager and ready to attend her burial to pay their condolences (Bank and Sharpley, 2020: 157). However, only 50 people were invited, and the funeral was only two hours long, so only one or two people could speak at her funeral, leaving much unsaid (Bank and Sharpley, 2020: 157). Community folks

gathered outside her homestead's gate to participate as best they could from a distance (Bank and Sharpley, 2020: 157). This underscores the communal significance of funerals; despite the high danger of COVID-19 infection in gatherings, community members gathered because it is so important to be present. This supports Lipton's (2017) assertion that people would risk catching a life-threatening sickness than face the consequences of failing to do what is necessary to honour the deceased

The most contentious action in the Eastern Cape was funeral homes storing dead bodies in triple body bags to prevent contagion and ensure the safety of their own employees (Bank and Sharpley, 2020: 157). Another contentious measure was the burial of bodies without allowing the deceased's family to observe them (Bank and Sharpley, 2020: 157). This caused uncertainty and anxiety in the Eastern Cape's rural areas. People in these locations reported that restrictive regulations and restrictions make it difficult to bury their deceased loved ones in culturally appropriate practices that secure their loved ones' safe passage into the afterlife (Bank and Sharpley, 2020: 157). The prohibition on viewing and engaging with the corpse was a major source of anxiety for communities in the former Transkei (Bank and Sharpley, 2020: 157). Normally, the funeral service and funerary rituals would take place in an erected tent with the deceased's body present so mourners could bid their farewells, but due to lockdown restrictions, funeral home personnel took the deceased's body straight to the gravesite before funeral guests could bid their farewells (Bank and Sharpley, 2020: 157). This sparked controversy since community members believed funeral houses had no right to transport the bodies of their deceased loved ones directly to the burial before they could perform certain rituals and bid their farewells (Bank and Sharpley, 2020: 157). The funeral home personnel claimed that if they had violated the limits and rules, they would have lost their licenses (Bank and Sharpley, 2020: 157).

Customary practices are far from monolithic and homogeneous; they are dynamic and differ from one family to the next as different versions of customs have been adopted and performed; however, within this diversity, the main concern is whether the rituals performed can do the cultural work for which they were intended, such as transporting the deceased's spirit from this world to the next (Bank and Sharpley, 2020: 161). Locals understand that in times of societal crisis, cutting corners and making significant modifications to funerary customs is risky and might produce spiritual and emotional challenges as well as misfortune (Bank and Sharpley, 2020: 161). COVID-19 as a social crisis lies in the ability for stakeholders to create infrastructure where communities are able to perform a ‘good death’ that protects them from

challenges of liminality whilst limiting the spread of COVID-19 virus (Simpson, et al., 2021:1). The Ebola epidemic highlighted the clash between biomedical notions of a 'good death' and cultural notions of a 'good death' in a time of excessive mortality shifts (Simpson, et al., 2021:1).

2.5. Cultural concepts of good death in North Kivu versus biomedical notions of good death, and the consequences of this conflict of notions

Efforts to reduce the risk of transmission through protocols heavily rooted in biomedical knowledge and are communicated in technical language that frames them as neutral, tend to clash with customary practices of various religious communities (Ripoll, 2020:7). During the Ebola epidemic, several public health responses to the infectious Ebola Virus Disease (EVD) outbreak were implemented based on policies and scientific health models, as is presently being done with the COVID-19 outbreak. The transformation of funerary rituals as a response to reducing infection rates in West African societies was one of the most notable and heavily researched topics in anthropology spheres following the Ebola outbreak. At the peak of the Ebola outbreak in West Africa (2014-2016), social tensions and mistrust in public health efforts were prominent issues. The elimination of customary funerary rituals as a way of combating the Ebola virus resulted in increased anxiety for the bereaved families.

'Safe and dignified burials' of those who died from the highly contagious Ebola virus in the Eastern Democratic Republic of Congo (DRC) proved to have significant anthropological and socio-cultural implications. From 1976 to 2020 twelve outbreaks of the Zaire Ebola virus were recorded in the DRC (Sikakulya et al. 2021: 1). The tenth, highly contagious and largest Ebola outbreak was recorded from 2018 to 2020 in the Eastern part of the country, Kivu. This outbreak resulted in 3317 confirmed cases and 2287 deaths (Sikakulya et al. 2021: 1). The DRC together with the World Health Organisation implemented response plans to the tenth outbreak and among these was the introduction of safe and dignified burials. This implementation was met with resistance from the community due to a collective understanding that these safe practices termed 'Safe and dignified burials' were a replacement of the traditional funeral rites that held great importance in the social and cultural context of North Kivu (Bunduki, 2018:1, Lee-Kwan et al., 2017: 24). Although the North Kivu province has a complex ethnic composition, cultural beliefs about burials remain the same among the varied ethnic groups (Sikakulya et al. 2021: 1).

It is a significant ritual for the people of North Kivu to take the deceased's body to their patriarchal family. A night vigil is held before the burial and it is expected that the body will be kept in the home during this period (Sikakulya et al. 2021: 1). Furthermore, once a death has been declared, the information is passed onto the most trusted family member who will then provide the family with a plausible cause of death. Family members typically trust the information provided by doctors; however, some believe in metaphysical explanations such as ancestor disfavour, curse, or even a combination of both metaphysical and medical events (Sikakulya et al. 2021: 1, Bunduki, 2018:1). When the body arrives at its family home, most families perform the body washing ritual. This ritual involves the men in the family washing male corpses and women washing female corpses (Sikakulya et al. 2021: 1). Once the body has been washed, family members spray perfume on it and dress it into good clothes in preparation of the burial. They then place the body in a coffin or if a coffin is not readily available, they place the body in a cloth (Sikakulya et al. 2021: 1). The night vigil is characterised by family and friends gathering around the deceased's body to show their final respects (Sikakulya et al. 2021: 1. They eat, cry, and drink throughout the night and even touch the body as an expression of their grief (Sikakulya et al. 2021: 1).

The core belief in North Kivu communities regarding death is that if the burial is not conducted according to the culturally prescribed standards by the community, then the burial has not been conducted well, which denies the deceased peaceful rest. Contrary to the descriptive adjectives 'Safe and dignified burials' were considered to be undignified and disrespectful to the deceased's life (Sikakulya et al. 2021: 2). Failure to carry out the necessary rituals for a proper burial can have serious consequences not only for the family, but for society as a whole (Sikakulya et al. 2021: 2). The conflict between the core beliefs in North Kivu and 'dignified and safe burials' resulted in an even wider spread of the Ebola disease. Anthropologists stepped in by assisting medical stakeholders in ensuring North Kivu communities' acceptance of 'safe and dignified burials'. Anthropologists during the Ebola outbreak in Eastern DRC involved local customary and religious leaders in sensitising people about infectious disease control (Sikakulya et al. 2021: 2). They became advocates for the inclusion of the community in creating and implementing interventions that have sociocultural implications that can mitigate the spread of the infectious disease (Sikakulya et al. 2021: 2). Anthropology's contributions to controlling the spread of Ebola were remarkable, demonstrating that diseases cannot be understood solely from the perspective of biology; they must also be understood in relation to social and cultural contexts, as diseases are socially

intertwined with humans (Sikakulya et al. 2021: 2). To be able to combat any infectious disease outbreak in a region, decision-makers must understand the biological, socio-cultural, environmental, economic, and political elements, as well as how these elements impact prevention, cultural experiences, pathogen emergence, and treatment (Sikakulya et al. 2021: 2; Lee-Kwan et al., 2017: 27). It became crucially possible to develop culturally and psychologically sensitive responses that promote compliance and inflict less harm by including the community as respected leaders in the community.

The North Kivu funerary crises presented vital opportunities that demand assessments of cultural groups with deeply held beliefs in death, religion, and rituals in the event of a pandemic when public health mitigation responses do not take these beliefs into consideration. The majority of South Africans, known as the Zulu people, have the same worldview, ritualistic practices, and religious beliefs as the inhabitants of North Kivu. Zulu people also make up the bulk of the South African population and similar to the North Kivu inhabitants, they believe that the dead remain in liminality and cannot rest in peace if culturally prescribed rituals have not been carried out thus preventing the living from living in peace. In Zulu cosmology similarly to the North Kivu inhabitants the body of the deceased plays a significant role in funerary rituals. The body needs to be brought home before the burial however rituals differ according to the level of the person who has passed and the nature of the death. When there is a death within the family, it is also important to slaughter for the appeasement of ancestors. Vilakazi (1965:92) described the stages of mourning in Zulu culture in 1965. The first stage occurred before the burial, where the family slaughters a cow or a goat. The second stage included a ritual performance known as *ukuhlamba izandla* (hand washing) that occurred a week after the burial day and then followed by a performance of a ritual known as *zilela ofile* (mourning for the dead) which is performed a month later. The final stage occurs with a performance of *buyisa* (bring back), a year later. These rituals are still practiced contemporarily. According to Vilakazi (1965), failing to perform these rituals can have negative consequences such ill-health and misfortune for a family and further complicate bereavement processes (Makgahlela et al., 2021; Vilakazi, 1965).

Perceptions of negative consequences that come from an absence of performing funerary rituals shape behaviours and attitudes towards mitigation policies and compliance. Such insights are critical in knowing how to face death in times of distress when typical customary procedures are not available (Simpson, et al., 2021:1). The previous pandemic responses and experiences in South Africa can also serve as valuable insight of how

public health responses aimed at reducing biomedical harm can cause further harm by neglecting cultural and social experiences.

2.6. COVID-19 regulations are reminiscent of South Africa's long history of injustices

South Africa is no stranger to infectious diseases that lead to mass deaths and the use of safety protocols to promote division, discrimination and bigotry. The violently racially divided quarantine in British Colonial Cape Town in 1901 is a prime example. A plague pandemic in British Colonial Cape Town formed the template for township communities that now endure the architectural oppression in South Africa (Bantjez, 2020:1). When South Africa became a republic, the ruling government took over the pandemic response to the plague, laying the groundwork for the deadly new normal known as apartheid (Swanson, 1977:387, Strauss, 2019:137, Bantjez,2020:1). This demonstrates that when bigotry and stigma exist in regard to an illness, vengeful public health policies are implemented, such as the irrational prohibition of cigarettes during COVID-19 because of a stigma of zol sharing that exists towards Western Cape townships. Clio-epidemiology[5] is critical because pandemics and epidemics have historically been opportunistic domains of blame and discrimination against ethnic and oppressed populations (Bantjez, 2020:1). It is imperative to recognise the vulnerability of underprivileged groups to the COVID-19 disease beyond biomedical infections. It is of importance to recognise COVID-19 as a social phenomenon as much as it is recognised as a biomedical phenomenon.

Infectious diseases that have reached epidemic proportions, such as HIV and AIDS, Ebola, and COVID-19, are also social diseases. These epidemiological phenomena have produced issues that go far beyond biomedical interest and into political, social, legal, and ethical realms (Velimirovic, 1987: 541). In the context of death, Globalization, colonization, urbanization, and new technologies shifted how burials take place in South Africa (Lee & Vaughn, 2008: 355). Post-colonial South Africans re-mapped understandings and ways in which people exercised a sense of belonging when modernity mediated shifts in the management and meanings of death (Lee & Vaughn, 2008: 355). The migrant labour system that was developed during the apartheid era displaced black South African miners who died and were buried far from home which troubled African families, and raptured kinship and social relations (Lee & Vaughn, 2008: 355). Financial constraints and poverty meant families

[5] The study of past pandemics (Wilson et al. 2006: 6)

were unable to bring corpses back home thus affecting spiritual and psychological fulfilment, similarly to the current COVID-19 situation. COVID-19 protocols and preventative measures have caused similar displacements as the Migrant labour system.

Travel restrictions disrupted deeply significant cultural practices for many Black residents in Cape Town. Due to hurried funeral arrangements as per the public health measures, bereaved family members were unable to obtain the necessary travel authorizations to retrieve their loved ones' bodies and transport them to the land of their ancestors. A Xhosa man named Zinzile Mweli passed away in Cape Town, but because of the COVID-19 restrictions, his family's demand to bury him in the Eastern Cape with his ancestors was not granted. They discovered that he had already been buried in Cape Town during their absence, and they believe that because of this, his spirit is not at rest and the family will suffer from misfortune (Luhanga and de Greef, 2020:1). Funeral policies do not cover body exhumations (Luhanga and de Greef, 2020:1) thus causing similar displacements that were experienced during the migrant labour system further exposing Black South Africans to spiritual and psychological disruptions.

The introduction of armed security forces that have a tendency to aggressively enforce lockdown curfews is a COVID-19 management strategy that alters the dynamics of social interactions. The aggressive policing that occurred in South Africa during the pandemic in some respects resembles the measures taken during the colonial and apartheid periods thus causing further distress on apartheid victims and lowering levels of compliance (Reed and Xaso, 2021:1). The militarization of COVID-19 prevention strategies in South Africa causes anti-apartheid survivors who survived the pandemic to rehash old wounds. The state security apparatus has established such a close relationship with public health initiatives and has violently carried on apartheid's legacy (Reed and Xaso, 2021:1). In areas like the Duncan Village and Mdantsane, it was demonstrated that using state security to enforce violence as a way to persuade people to adhere to preventative measures results in negative local effects (Reed and Xaso, 2021:1). People who were tortured and terrorized by the apartheid police continue to suffer psychological effects from that time, and now they must deal with a fresh source of anxiety and fear on top of their fear of the COVID-19 disease and death (Reed and Xaso, 2021:1). This highlights the need for local communities to be involved in the creation of public health preventative measures and mitigating policies, so that measures that emphasize public health safety and harm reduction are implemented rather than measures that reproduce class and racial hierarchies (Reed and Xaso, 2021:1).

The dynamics of COVID-19 infection, the virus, immunity, and efforts to discover, revise, and improve medical therapies and interventions are all important parts of the COVID-19 pandemic's evolving story (MacGregor et al., 2020:1). There are also dynamics in people's social responses to COVID-19, as well as interactions between people and with the disease. COVID-19 is constantly exposing and strengthening new cultural and social relations, exposing fears, injustices, and discrimination while galvanizing collective action (MacGregor et al., 2020:1). Reactions to these layers of COVID-19 influence how the pandemic unfolds and changes in the epidemic curve. Medical anthropologists like Melissa Parker, who worked on the Ebola epidemic in West Africa, warn that we risk missing out on crucial social aspects of a pandemic like COVID-19 (MacGregor et al., 2020:1). Ignoring social dynamics simply undermines the assumptions behind present plans and procedures, causing policymakers, researchers, and health workers to miss out on critical possibilities that could lead to a positive impact. (MacGregor et al., 2020:1). Exploring spirituality as a coping strategy can reveal critical possibilities of finding meaning in public health rises and adversity.

2.7. Conclusion

When it comes to death, the conflict arises when the spiritual, symbolic, emotional, and social needs met by funerary practices like caring for a corpse are jeopardized by response policies and 'safe burials', This usually generates social resistance to outbreak public health responses and guidelines (Ripoll, 2020:7). Literature on the experiences of Zulu people in the context of COVID-19 funerary ritual transformations is lacking. This study offers insight that may be helpful in avoiding repeating the exclusionary and oppressive past with public health transformative responses. Funerary rituals are arenas of negotiation to adherence to state policies and they express controversy and conflict as much as they reflect relief and cohesion.

CHAPTER THREE: QUESTIONNAIRE RESULTS

3.1. Introduction

This chapter quantitatively displays the raw data collected from the surveys distributed through the various community social platforms serving the Midlands districts. The questionnaire sought to gain a comprehensive understanding of Zulu people's spiritual beliefs in the Midlands region, as well as their views and attitudes around death and funerals, as well as their experience and attitudes toward COVID-19's disruption of *amasiko okuzila nawokungcwaba* (funerary rituals).

3.2. Results

Table 1 outlines a cross-table representation of the overall demographic data and quantitative obtained from the questionnaire. To obtain these results, STATA version 17 was used. The survey cohort had 101 participants (n=101)

Table 1: Demographics of my participants

N=101

Variable	Category	Frequency (n)	Percentage (%)
Age group (years)	18-20	6	6%
	21-30	69	68%
	31-40	18	18%
	41-50	6	6%
	51-60	2	2%
Race	Black	96	95%
	Coloured	2	2%
	Indian	3	3%
Ethnicity	English	4	4%
	Hindu	1	1%
	Sotho	1	1%
	Xhosa	4	4%
	Zulu	91	90%
Religion	African Spirituality	47	47%
	Agnostic	3	3%
	Atheist	1	1%
	Christianity	49	49%
	Hinduism	1	1%
Municipality	Impendle	3	3%
	Mngeni	55	54%
	Mpofana	2	2%
	Msunduzi	34	34%
	Richmond	1	1%
	UMshwathi	3	3%

	Umngeni	2	2%
	Umngeni municipality	1	1%
Total		101	100%
Table 2: Funerary ritual performance			
Variable	Category	Frequency (n)	Percentage (%)
Do you believe in life after death?	No	8	8%
	Yes	74	73%
	Sometimes	19	19%
Do you perform rituals to continue bonds with those who are deceased?	No	20	20%
	Yes	68	67%
	Sometimes	13	13%
Do you think funerals are important?	No	2	2%
	Yes	96	95%
	Sometimes	3	3%
Do you think there is a wrong and right way of performing a funeral/burial?	No	35	35%
	Yes	61	61%
	Depends on one's beliefs/cultural practices	3	3%
	Other	1	1%
Do you think deceased loved ones can be honoured and buried with dignity under current health restrictions?	Yes	54	53%
	No	26	26%
	Maybe	21	21%
Do you feel you were negatively affected emotionally, mentally or spiritually by the lockdown proceedings of funerals and burials?	Yes	54	53%
	No	47	47%
Do you think religious, cultural and personal rituals positively affect your psychological, physical and emotional well-being?	Yes	81	80%
	Maybe	12	12%
	No	8	8%
Do you believe that the health measures put in place to curb COVID-19 such as vaccines and face masks are helpful/effective?	Yes	57	56%
	No	44	44%
How satisfied are you with how rituals took place during Level 5 to 3	Very dissatisfied	20	20%
	Dissatisfied	31	31%
	Neutral	32	32%
	Satisfied	14	14%
	Very satisfied	4	4%
Do you think enough resources have been provided to not only protect you from COVID-19 but also to sustain and protect your mental, emotional, social, and spiritual health during the pandemic?	Yes	14	14%
	No	66	67%
	Sometimes	19	19%
Have you lost a loved one during lockdown level 5-3	Yes	66	65%
	No	35	35%

The majority of my survey participants were between the ages of 21 and 30, regarded as the youth in South Africa (Stats SA, 2021:1) , demonstrating that the survey findings are primarily from Midlands youth based in urban areas. The high participation rate of young people compared to older age groups is most likely because the poll was released online, which may have constrained people without cell phones or social media. The majority of my participants are Black (95%) and are of Zulu (90%) ethnicity, and this is a reflection of the Midlands and KwaZulu-Natal demographic layout. Christianity (49%) and African Spirituality (47%) had the highest participation rates in this study, demonstrating that a sizable community believes in a higher power and the transcendental. Christianity and African Spirituality shape the worldviews that my participants use to develop and transmit meanings of death and the ritual acts they engage in. In South Africa, there is an ongoing debate about the significance of customary ritual ceremonies and the existence of ancestors (Bogope, 2010:3). This is due to the diverse belief systems that exist in South Africa and these diverse belief systems exist in three groups. The first group consists of Christians who do not believe in the presence of ancestors and thus see no reason to perform customary rituals (Bogope, 2010:3). The second group is made up of those who follow the path of African religion, who believe in the presence of ancestors and place a high value on customary rituals (Bogope, 2010:3). The third group includes those who practice Christianity and believe in the presence of ancestors (Bogope, 2010:3).

The majority of the cohort indicated having lost a loved one (65%) and the large majority of the survey cohort believes in life after death (73%), which means the majority of my participants believe in the continuation of life in another realm in some form or another. Literature has also emphasised that belief in the continuation of life plays a role in the performance of funerary rituals to ease end-of-life transitions and maintain bonds with the deceased, who, as ancestors, will bestow good fortune on the living (Bell, 2012: 1; Abramowitz, 2014: 1; Njilo and Tshikalanga, 2020:1; Simpson et al. 2021:1). Life after death, according to mainstream theology which states that people who are saved will live with God in an intermediate state before the Second Coming (The Spiritual Life, 2010:1). After the Second Coming, the dead will experience a physical resurrection and the recreation of a New Earth (The Spiritual Life, 2010:1). Life after death, according to African Spirituality, refers to when the deceased transition from the physical into the spiritual and they continue to live as ancestors (Asuquo, 2010: 173). Christianity and African Spirituality were the most frequent affiliations therefore these are the likely understandings held by the majority of this cohort.

80%, an overwhelming majority, of the survey cohort believe that religious, cultural, and personal rituals positively affect their psychological, physical and emotional well-being and 53% felt they were negatively affected emotionally, mentally, or spiritually by the lockdown proceedings of funerals and burials. This may explain why the majority indicated that they were neutral (32%), dissatisfied (31%), or very dissatisfied (20%) when asked the question “How satisfied are you with how rituals took place during Level 5 to 3?”. Some of my participants who indicated neutrality used the “other” box to state that their answer was because they did not lose a loved one during these proceedings. 67% of my participants felt that there has not been enough resources provided to not only protect them from COVID-19 but to also sustain and protect their mental, emotional, social and spiritual health during the pandemic.

Therefore, the questionnaire reflects that the majority of those surveyed are Zulu youth, residing in urban areas in the KZN Midlands and who have belief systems largely rooted in African Spirituality and Christianity. Both of these belief systems serve as a lens through which death and spirituality are viewed. Most survey my participants had to hold funerals during and under the conditions of Lockdown. As such, it may be argued that because the demographic believes in life after death and performs rituals to maintain bonds with those who have died, COVID-19 lockdown measures are a crisis that impedes on the performance of rituals associated with rites of passage, including funerary rituals. Lockdown restrictions on ritual performance harmed their emotional, spiritual, or psychological domains, leaving them dissatisfied with how rituals were carried out under lockdown Levels 5 to 3.

3.3. Conclusion

The demographic outcomes and general trends that are seen in the survey data aid in understanding my participants' positionality, as the demographics of the survey cohort likely underpin the narratives and socially constructed meanings that will be studied in depth using qualitative data. The demographics and opinions of the survey cohort mirror the interview cohort. There is an indication of a crisis in ritual performances and emotional, spiritual, and psychological impact as a result of funerary transformations, even with an indication of possible redress and innovation. This will be discussed in further detail in the chapters to follow.

CHAPTER FOUR: CUSTOMARY ZULU FUNERARY RITUAL PERFORMANCES

4.1. Introduction

This chapter outlines and explores experiences of funerary rituals pre-COVID-19 pandemic. Individuals can construct perceptual outcomes through experience that help them to efficiently cope with the world (Ribeiro, 2014: 560). To perceive something as safe or risky, as irrelevant or relevant has its roots in the cultural and natural worlds. Experience brings in significance and colours the world (Ribeiro, 2014: 560). This significance is always situated and this chapter aims to situate the significance of funerary rituals for the bereaved study of my participants. Experiences presented in this chapter are rooted in religion, culture and one's surname hence they were followed in various ways. This also speaks to the diversity within Zulu people. This chapter outlines and explores the funeral practices pre-COVID-19 and experiences of funerary ritual practices post-COVID-19

The ritual processes have been grouped into three categories: pre-funeral, during the funeral and post-funeral. The descriptions provided for these six rituals are without COVID-19 interruption.

4.2. Pre-funeral rituals

Pre-funeral rituals include *ukususwa kwe mpahla yasendlini* (house furniture removed, shifted or rearranged), *umlindelo* (a vigil), *ugezwa kwesidumbhu* (corpse washing), *ukulandwa ko moya* (the fetching of the spirit), *ukugezwa kwe khaya* (homestead cleansing) and *ukubuya komzimba* (the return of the corpse to the homestead).

4.2.1. Ukususwa kwempahla yasendlini: Shifting the furniture

The first ritual commences after the announcements and wailings from the bereaved family. Wailings are a performance in relation to funerary customs. Lamentations and tears shed during rituals associated with death should be seen as performatory gestures (Galvany, 2012:22). Loud cries during a period of bereavement are an action that define wailing (Galvany, 2012:22). Wailings have a set pattern, they convey a clear message that someone has died, and are supported by powerful moral affirmations (Galvany, 2012:22).

> *As soon as the news of a death is delivered, the family usually cries out loud to sort of let neighbours know there has been a death. After that or during the cries someone*

rearranges furniture to ensure that when the neighbours come they can automatically see that there has been a death. (Phumla, February 2022: IDI)

The furniture is removed from the sitting room to create space for the coffin and the wives of that family to put mattresses on the floor. They will sit and sleep on those mattresses, it's a symbol of mourning and they are there to welcome the neighbours. (Thamsanqa, February 2022, IDI)

The furniture shifting ritual in essence refers to the bereaved shifting furniture around to make room for a mattress where the ladies of the dead family sit to greet mourners and sleep there throughout the burial rituals. Depending on how they passed on, furniture rearranging also creates space for the deceased's clothing and a white candle to be spread out on the floor. A folded blanket or a straw mat is placed on the floor for the deceased's coffin to be placed when it arrives from the mortuary. This ritual represents the first act of separation by the bereaved, removing what is expected and creating space for what is to come. According to my participants, this ritual is also symbolic of bereavement; it indicates that the family has entered a state of bereavement and the deceased has left their physical home.

4.2.2. Umlindelo: The vigil

Another important ceremony is the vigil, it happens the night before the funeral. During the vigil we just take a moment to remember the deceased, share stories of our experiences with the deceased, sing, pray and say our final words to the deceased. (Thabani, February 2022, IDI)

The second ritual is the vigil. The experience of a vigil is transcendent because it is held amid death and darkness which are transcendent encounters themselves (Sabak, 2017: 345). A vigil according to my participants is a gathering of family, friends and the community at the deceased's hope the day before the funeral. The gathering serves to honour and commemorate the deceased. Before the vigil process begins, the bereaved family gets a chance to open the coffin and see the deceased. The embodied emotion of bereavement can then be understood to be interlinked to multiple senses, such as sight. The memory elicited by the sight of their deceased loved one leads to acceptance of loss. The acceptance is expressed through remembering and speaking of them in the past tense and beginning to share memories of them with others during the vigil.

In my community, on the days leading up to the funeral or on the day of a vigil, we do what we call ***ikhandlela****, where one woman in the area collects 50 Rands from us as the women in the area and gives it to the mourning family. We do this to give them some light in their state of darkness by contributing something that could be helpful. We also give* ***isipheko*** *a gift, usually food items like rice, as a symbol of support and empathy. We all gather and walk together to give our condolences and support to the family in mourning* (Margret, February 2022, IDI).

65-year-old Margret from peri-urban Mpophomeni also spoke of a group ritual in her neighbourhood during vigils. The local women in her area band together and raise funds to help the family with funeral arrangements. They refer to this ritual as "i*khandlela*" or the candle, because it symbolises the light they are trying to give the family by lessening their financial burden. In order to give consolation and assistance, they also collect mealie meals, flour, rice and trays of coke beverages for the grieving family. The women then form a group and proceed in unison to the bereavement home to give them these gifts that the family can use to serve mourners during the funerary processes.

The vigil is held over a few hours, typically on a Friday evening and, as noted by my participants, serves to hold remembrance of a loved one, and to offer religious and spiritual relief to the bereaved in their time of need.

A vigil is comforting, having family and friends there to support you before you see your loved one get buried the next day is comforting. In that moment I really do need comforting, they give me the strength to face what's to come the following day. (Phumla, February 2022, IDI)

My participants stated that having family and friends attend provided the comfort and support that was needed emotionally, spiritually, and mentally during the time of bereavement.

4.2.3. Ukugezwa kwesizidumbhu: corpse washing

The third ritual is the corpse washing ritual, which takes place after or during the vigil. This ritual is performed on all corpses irrespective of cause of death. The corpses must be washed by two elderly women in the family at the mortuary. The corpse is washed and dressed

in the deceased's favourite attire and usually, traditional medicine (*Intelezi*)[6] is used to wash the corpse so it cannot be used for witchcraft. Nokwethemba and Zothile emphasised that this washing with traditional medicine is vital in cases of murder, so the spirit of the deceased can avenge itself on the murderer. Margret affirmed the vital symbolism of love, closeness and intimacy embedded in interactions with a corpse by speaking of the maternal nurture expressed in the corpse-washing ritual; She states that washing one's deceased body mirrors how a mother or a grandmother washes a newborn. The senses and the points of the body are the areas where matter becomes subjected to conveying or representing a meaning (Seremetakis, 2008: 4). The production of meaning becomes inseparable from the interpersonal exchange (Seremetakis, 2008: 4).

> *The last way the deceased's mother or grandmother can physically express their love is by washing the corpse. They cannot hug nor kiss the deceased, so we endearingly wash them, talk to them as we wash them, and prepare them for their final resting place by dressing them in their favourite outfit, like they did when you first arrived on earth, mothers (mother and aunts) and grandmothers gave you, your first earth home bath* (Margret, February 1 2022, IDI).

The corpse-washing ritual qualifies as a performance if it entails the conversion of matter into sensation. By stroking and washing the corpse in a manner reminiscent of how they did the deceased when they were babies, the women demonstrate their nurturing and caring for it.

4.2.4. Ukugezwa kwekhaya: the house cleanse

The fourth ritual is the house cleansing ritual. This ritual is the first act of purification, and it occurs concurrently with the corpse washing ritual. The cleansing has to take place before the arrival of the corpse at the homestead. The oldest man in the family administers this ritual. The homestead is thoroughly cleaned by the young adults of the family and cleansed through traditional indigenous medicine (*intelezi*) by the male elder to ensure that the corpse enters into a clean environment, physically and spiritually.

> *The male elder in the family takes water, mixes it with herbs, prays over the mix and sprinkles the mixture around the homestead and outside the gate as he pleads with God*

[6] The Zebra plant: Haworthiopsis attenuata

and ancestors to purify the home. The space has to be purified and the corpse can enter a spiritually clean environment especially if there was foul play. (Nokwethemba, February 2022, IDI)

Nokwethemba revealed that this purification ritual is carried out in her family by praying and spraying water infused with traditional herbs. The purpose of this ritual is to purge the homestead of any evil spirits, and as a mark of respect, there is silence both during the ritual and when the corpse enters the gate.

The deceased clothes are packed and hidden until they are cleansed during the family cleansing. This is important because the deceased could still have attachments to those clothes that can lead to whoever wears them getting harmed or sick. It is also to make sure that if it was foul play, the potential witchcraft placed over the deceased's belongings is cleansed away. (Thamsanqa, February 2022, IDI).

During this time, the deceased's clothing are packed into plastic bags or into suitcases and hidden away. They can only be retrieved after the final ritual of cleansing because they will also be cleansed to detach the deceased from their clothes since they are believed to sometimes be possessive over their possessions.

4.2.5. Ukulandwa ko moya: fetching the spirit

The fifth ritual is fetching the spirit, which occurs after the homestead cleansing ritual. Depending on the family, this ritual can take place a few hours after the homestead cleanse or the next day which would be the funeral. This ritual integrates the deceased's spirit into the world of ancestors and then reintegrated into the world of the living to be a guide, protector and a source of good fortune for their family. An elderly man of the family uses what is known as "*ihlahla*", a twig from a particular tree known as *umhlahlankosi* in Zulu or *Ziziphus mucronata* scientifically, to transport the spirit back to the homestead (*ukulandwa*), to the location of the burial, and then back to the homestead for *ihlahla* to be placed in a sacred altar. This ritual is vital for the spirit to transition into the spiritual realm and not wander and cause havoc in the lives of others and their families. It is believed that on roads where people passed on and their families did not fetch their spirits, the wandering spirits living on those roads are causing more accidents and more deaths. My participants spoke of the Peter Brown Drive in Pietermaritzburg, a city in the Midlands area and stated that it is a high accident road due to the many spirits that were not fetched from accident scenes.

26-year-old Thabani from the rural areas of Mpendle beautifully captures the significance of this ritual by using the idiom "misery loves company".

> *Wandering spirits are unhappy, so they add misery by calling others into death; you know misery loves company, so if there was an accident and someone passed on a specific road, their spirit must be fetched with ihlahla; otherwise, we will see more and more accidents and deaths on that road for example that Peter Brown road. My neighbour once told us of the ghosts people who are spiritually exposed see at midnight when the spiritual veil between the physical and spiritual realms is thin; those ghosts are people who were not fetched and taken home, so they wander and cause havoc.* (Thabani, February 4 2022, IDI).

26-year-old Thabani from the rural areas of Mpendle beautifully captures the significance of this ritual and dangers addressed by this ritual by using the idiom "misery loves company". These results are consistent with Chinese beliefs that unclaimed dead bodies have roaming souls that wreak havoc (Marshall, 2021:106).

4.2.6. Ukungena komzimba: the corpse entering

> *When my brother passed from fatal stabbings in 2019, his body did enter the home, but before it entered, a sangoma had to come in and do a few rituals to ensure deaths in this manner do not happen again in our family. Unnatural deaths do not enter the home because they carry "**umkhokha**" or a generational curse of similar untimely, painful and unnatural deaths back into the home, "**ukushona ngesihlungu**"* (Ntokozo, February 2 2022, reflective journal notes)

Lastly, the sixth ritual is the corpse entering the home ritual that is only performed for people who died of natural causes. This ritual takes place before the vigil to allow family members to view the deceased. For other families the corpse viewings take place the morning of the funeral. The ritual of the corpse entering the domestic dwellings happens side to side with the fetching of the spirit ritual. The corpse is placed in the sitting room where furniture has been rearranged, next to a lit-up candle. The corpse is required to stay overnight. Corpses of stillborn children and unnatural deaths are not brought into the home because it is believed that bringing them into the homestead means bringing in a generational curse of unnatural deaths known as *umkhokha*. Corpses of unnatural deaths are taken straight to the funeral service, which could be the grounds, a community hall or the church.

25-year-old Zothile from peri-urban Mpophomeni Township spoke on this ritual and *umkhokha* by stating that:

> *The corpse then comes back home in a coffin and is placed in the specific corner with candles the day before the funeral, but with unnatural deaths like car accidents, it does not enter the home to avoid bringing that bad omen into the yard. This is also the case for stillborn babies and miscarriages. Such incidents are umkhokha, generational curses that will keep occurring within our lineage and families if not dealt with properly. For deceased individuals who were stabbed, a ritual over knives has to be performed, and when their corpses arrive home from the morgue, no tears are allowed. Those who commit suicide have to be beaten up in the place where they committed suicide before their bodies are removed and taken to the mortuary. When my cousin hanged himself, we had to whip him before untying him, whipped for bringing spirits of untimely death to the family, and to ensure this does not happen in my lineage again.* (Zothile, February 2 2022, IDI)

The day before the burial, it is crucial that the deceased's body enter the house and spend the night there. This is significant because it would be the last time for the deceased's spirit and body to rest with their family in their home. The coffin is closed at this time and is placed in an empty sitting room, which has been devoid of furnishings.

4.3. During-the-funeral rituals

After this set of funerary rituals, two funerary rituals take place, including *umngcwabo* (the funeral service) and *ukufihlwa ko mzimba* or *ukubekwa endlini yokugcina* (the burial).

4.3.1. Umngcwabo: the funeral

The funeral service (*umngcwabo*) occurs the same day as the burial (*ukubekwa endlini yokugcina*). The church with which the family is affiliated holds this service; it is usually with a priest holding a sermon and holding a prayer. The presence of a pastor is required because he blesses the service, prays, and requests repentance for the deceased's soul. In addition to customary rites and rituals, the presence of church members singing and praying provides comfort to families.

> *In order for the departed to transition comfortably and not feel unhappy with their fate, we tell them to travel well and reassure them that we will take care of their loved ones during the service. We want them to go be at ease and not come here worrying about*

their kids, for instance. We speak because we know their spirit is there through ***ihlahla*** *that is usually placed next to the coffin.* (Margret, February 2022, IDI)

During the service, loved ones can speak about their loved ones and speak positive affirmations to them so they can transition smoothly. Margret mentioned that during the funeral service, which is church-based and theological in some ways, there are still funerary rituals performed that are similar to Zulu traditions, such as the use of incense to pray over a body but are religious and performed for religious reasons. As a Catholic Church member, Margret's preacher burns incense, prays over the coffin, and occasionally administers Holy Communion[7] during the funeral service.

In the morning the men slaughter a cow or a goat, the family takes the important parts of the animal that will be placed in sacred alter like the horns, the skin, a piece of fatty tissue and bile. The rest of the animal is cooked and served to the attendees. (Abonga, February 2022, IDI)

The funeral service also begins with the slaughtering of a cow or a goat. This ritual is mainly to obtain bile that will be used for the family cleansing after the funeral, to appease ancestors so they welcome the deceased and the slaughtered animal will become meat that will be served to the attendees.

4.3.2. Ukufihlwa ko mzimba: the burial

The burial (*ukufihlwa ko mzimba*) takes place in the cemetery or the family yard, depending on location. Abonga stated that traditional healers are not allowed in the cemetery, so she does not go. The burial is where a shallow six feet grave is dug and the corpse is placed. It is not immediately buried, but another service led by a pastor is held; the coffin is placed above the grave for the duration of the sermon, and it slowly gets pulled down. During this time, the family pours a handful of soil from a spade used to dig out the grave back into the grave.

[7] Holy Communion, sometimes referred to as the Lord's Supper, is a sacrament, which is a visible and material manifestation of God's mercy that was established by Jesus Christ (Anglican Church of South Africa, 2012:1)

4.4. Post-funeral rituals

Post-funeral rituals include the *ukugeza izandla* (handwashing ritual), *Inhlambuluko* (the family cleansing ritual) and *ukumbhulwa kwetshe* (the tombstone unveiling).

4.4.1. Ukugeza izandla: the handwashing

The handwashing ritual is when people who went to the burial sites, "*emangcwabeni*", come back to the deceased's home after the funeral to eat. Before one enters the homestead, a line and two basins are usually placed by the gate. The two basins are filled with water and traditional herbs for cleansing.

> *When the community returns from the gravesite they have to wash their hands in water mixed with* ***intelezi*** *and sometimes bile so they can wash off the spirit of death before they enter the bereaved homestead and their own homesteads.* (Ayanda, February, 2022)

This ritual ensures that people do not carry the wandering spirits ready to attack unknowing people as they seek their own families or the spirit of death back into the household and into their homes. This ritual includes the participation of community members.

4.4.2. Inhlambuluko: the family cleansing

The family cleansing ritual occurs the evening after the burial, the following day or a month to six months or even a year after the burial. The period before the cleanings, the family is considered to be in mourning and is expected to abstain from sex and meaningless outings. This cleanses consists of an animal sacrifice and the physical bath of family members in water that consists of animal by-products and traditional herbs. This is to avoid misfortune and rid the family members of the lingering spirits of death, ensuring that the deceased's spirit does not attach itself to a family member. These spirits are believed to disrupt the lives of the people they linger around. This cleansing can occur at home or by a moving river, a traditional healer can initiate the process, or the family can do it themselves.

The times this cleansing takes place differ according to familial beliefs; it can occur in the morning, evening, or midnight hours. After the performance of this ritual, the deceased's clothes are taken from a place of hiding and shared amongst the family, this is when widows are given a chance to remove their mourning attire, and the family is free to engage in sexual activities. The word "*inhlambuluko*" is derived from the word "*ukuhlambuluka*," which means "to change or repent." It signifies that the bereaved have reached a point where they have

adopted new roles and are no longer surrounded by dark shades of death, "*amathunzi okufa*", allowing them to reintegrate into society. Nokwethemba raised an interesting point of "*ukudlula*" passing, which regulates people's behaviours before this ritual has taken place

> *We also say that a person's uzodlula (will pass), which means that their actions in mourning will continue even if they have no intention of doing so or no longer enjoy doing so. For example, if I gossip during a period of mourning, I will continue to gossip even if there is no reason. It happened to me; I honestly cannot stop going out and partying for days, leaving my son and grandmother angry and disappointed. I cannot stop; something always pulls me there every single weekend. It does nothing for me but hurt my family and destroy my plans for my life, yet I do it regardless* (Nokwethemba, February 2022, IDI).

4.4.3. Ukumbulwa kwetshe: the unveiling of a tombstone

The final ritual is the unveiling of a tombstone. The unveiling ceremony occurs up to a year after burial. This is usually determined by when a family can afford to perform the ritual because it is a large communal gathering that includes a tombstone, locally known as *itshe*, and a cow, both of which are expensive materials. The unveiling ceremony is performed to remember and honour the deceased and to reveal a tombstone to the community that has been placed on a grave. It is usually frowned upon when a family takes more than a year to place a tombstone over an elder's grave. A grave must be remembered, especially if future rituals will necessitate visiting the grave. Some families visit the gravesite to communicate with their loved ones who have passed away; they *phahla* or pray near their graves. This, once again, is dependent on one's family and ancestors. The gravesite should be cleaned and appear well-maintained; a tombstone can help with this.

> *The grave needs to be identifiable so it can be cleaned every now and then. The tombstone helps us identify the grave.* (Sbu, February 2022, IDI).

It can be inferred that funerals are not a single event; hence funerals lacking these particular rituals are simply the disposing of a corpse with no significance or meaning and undignified. Similar conclusions made through observations of similar African societies state that death is not a single event, and it has to be accompanied by rites and ritual performances that ensure the continuity of bonds between the dead and the living as well as communal bonds (Drewal, 1988:22, Eze, 2021:1).

Funerals have developed over the years into significant institutions that serve various essential functions, such as giving bereaved families and the larger community a chance to pay respect to the dead while supporting and consoling the bereaved. According to the narratives provided by my participants concerning customary funerary rituals, death is not the final stage of living, there is an afterlife where the deceased transition to as spirits. Funerary ritual practices such as fetching the spirit ensure a smooth transition for the deceased by communicating every process with the deceased so that they are aware of what is happening thus easing them of transitioning anxieties. When loved ones speak during the funeral service they assure the deceased that they will be okay and the deceased should have a safe journey to the afterlife.

4.5. My own experiences with death and bereavement under COVID-19 restrictions

My aunt's death at the peak of COVID-19, where I had to watch her funeral on Facebook due to COVID-19 lockdown restrictions on attendance, set my participants and me on a path through bereavement and the absence of funerary rituals in the Midlands area, Kwa-Zulu Natal. Usually, the common expression used when announcing a death is "*usedlulile emhlabeni*"; they have passed on from this world with connotations that they have moved from this physical world and beginning their journey into a new world or "*useshonile*" they have set, like how the sun sets. This is the cultural lens through which I see death as a Zulu speaking woman, the deceased passes from the physical realm in which they exist in the flesh into a different realm where they exist in spirit, or they set like the sun and will rise in a different realm. This belief then requires the bereaved to perform significant rituals that will assist the deceased in transitioning into a spiritual realm and the deceased transition into living without the deceased. Loud wailings in my family are death announcements; these are expressions of pain, and they usually alert our surrounding neighbours that something heart-breaking has occurred. Extended family and surrounding communities drop everything they are doing to rush into our home to offer consolation and assistance following a death announcement. Through previous loss, gatherings of community and family, all of us crying and expressing sadness before the burial, allowed me to grieve comfortably and genuinely express my sadness and hurt. The comfort that comes from knowing that my loved one would live on even after death and that they will always be by my side, protecting me, guiding m, praying for me, and blessing me came through the performance of funerary rituals. However, COVID-19 lockdown restrictions altered these fundamental rituals and trends, leaving me emotionally and spiritually

confused and unsure how to react in the absence of dramatic wailings and the presence of community and family.

When I heard the news of my aunt's passing away at that time felt restricting and confusing, I was unsure of the appropriate time and place to express my emotions and grief. I decided not to go to her funeral as I was unsure if my flu was just flu or a COVID-19 infection, but I felt terrible. There was no prescribed space for me to grieve, mainly because I was isolated where everything was standard, no removed furniture, the television was still playing, no crying, no cousins, no coffin and no priest, so the death did not feel real. I did not feel how I expected to feel after a death or how I had felt after previous losses because there were no social cues that generally elicited the grief and profound emotions of loss in me. I watched the funeral on Facebook, feeling detached from her passing. After her funeral, I felt terrible overwhelming guilt for not being there and not feeling what I should have felt, and instant anguish because she is my family, and I love her.

My family is not affectionate and does not display intense emotions of pain unless there is a death. I was not present at the funeral, so I will not have another opportunity to cry about her death to my family. It would be awkward because everyone had moved on from tears and performances of pain, and my crying would hinder her transition because I would be blocking her way to the new world with tears, so it would no longer be appropriate. The family would not hold that space for me. I realised I did not react appropriately to her death because I was so used to structured grief processes with rituals as my guides, forcing me to acknowledge the loss, be present and experience the death in real-time. This time, I was a bystander watching from a distance, with no one approaching me to express their sorrow or witnessing her casket in real time; it was not fiction, but it felt that way when watching from a phone. What was I expected to do without the shifting of furniture, the silence with occasional sobbing, the crowded home of family and neighbours, and tight "*qina ntombi*" strong girl hugs that made death feel real and ushered me into grief? I felt disconnected from the experience of death and family. Her death took on a different meaning for me due to the disconnect that I felt from the process. It was meaningless, an insignificant loss of a life that left a permanent rupture in my life with no way of resoluteness.

Bureaucratically-imposed funerals exclude a big chunk of what characterises and makes a funeral meaningful in my experience. COVID-19 restrictions that encourage solitude disrupted my bereavement processes. The bereavement period under COVID-19 restrictions

was confusing for me since I lacked the socially built markers that generally indicate when mourning starts and when it ends. I also went through delayed bereavement; as there were no funeral rituals, it took me some time to mentally adjust to the loss. I felt bad for how I reacted to my aunt's death because I didn't cry or feel heartbroken, even though I should have cried and felt immense emotions of distraught given how much I cared for her.

4.6. The effects of COVID-19 Restrictions on Funerary Rituals And Performances

Although there are shared factors between my experience and most of the study my participants, I also have to emphasise factors that are different. Not all experiences of bureaucratically-imposed funerals victimised my participants; my participants gained power through adapting, resulting in positive experiences of bureaucratically-imposed funerals. Ayanda and Phumla demonstrate innovation and adopt ways to adapt. This chapter outlines how people were affected by funerary ritual transformations. This chapter will foreground ethnographic narratives by Zothile and Sbu. Although these ethnographic stories of our experience are unique to our social and cultural contexts, they are emblematic and encapsulate cases that illustrate bereavement processes without specific ritual performances.

My participants such as Ayanda and Phumla refashioned themselves without the normal pre-COVID funerary ritual practices. Refashioning of the self, according to Moore (2011; 1) is the use of embodied experience to exceed or refuse social constraints and subjugation. The making of the self involves "being oneself and being beside oneself in opening spaces for possibility" (Henderson, 2018: 175). Phumla and Ayanda use the embodied experience to exceed or refuse social constraint and subjugation and give meaningful meanings to the funerals of their loved ones.

> *My Aunt's funeral went pretty well, mostly because my support system in the form of siblings, friends and my partner, was present virtually and physically. That's all I ever need in moments of loss, my partner, friends and my siblings. The online funeral was a great idea, my brother streamed the funeral for those who could not attend and then we had close family and friends that could not attend on video. Seeing them was comforting but it would have been better if they were present physically however it's better than nothing.* (Ayanda, February 2022:1)

When Ayanda's aunt passed on due to cancer during level 4 lockdown restrictions, her family turned to online funerals. They had her funeral live-streamed and sent the streaming link to his aunt's friends and family who could not attend so they could experience her funeral.

Ayanda felt like this adaptation gave him all the benefits that he got from pre-COVID funerary ritual practices. Even though it was online, support was available which made coping with loss easier. Ayanda's family also resorted to having one person from each extended family household there, as well as one person from each near neighbour household present, in order to have a good amount of family and community present while still conforming to bureaucratically-imposed funeral protocol.

> *I was saddened by how small my father's funeral was and his favourite pastor could not be present. He always said he wanted that pastor to officiate his funeral, his last wishes were not possible due to COVID-19. However, there was one good thing out of it, through cremation my father's relics were present at his funeral in place of a coffin with a corpse and I get to physically have a part of my father forever.* (Phumla February 2022, IDI)

When Phumla's father passed away under harsh restrictions of COVID-19, her family opted for a cremation so that his ashes could be present at his funeral since the body could not be. Phumla claims that having a relic of her father at the funeral and now in her home was consoling. She added that she now favours cremation because it allows her to physically carry her father rather than burying his remains, which would be an additional loss. It is clear that my participants were not victims of COVID-19 restrictions lacking innovation and adaptability. My participants indicated that rituals that could be performed such as the furniture rearrangement ritual, were performed. Zothile and Abonga also stated that they communicated with their ancestors about the restrictions preventing them from performing rituals appropriately. They stated that ancestors understand that sometimes there are circumstances beyond their control preventing the appropriate performance of funerary rituals, however, they were required to perform the necessary rituals once restrictions were lifted.

Regardless of their beliefs, eight out of the nine my participants adhered to the regulations and adapted to change without resistance. My participants in the general Midlands survey who had lost loved ones amidst the pandemic and adhered to the prescribed regulations expressed that they were extremely sad about how their loved ones were buried. Survey my participants used words such as "broken", "extremely hurt", and "not at peace". One participant in the general survey described the lack of corpse viewings as their loved ones being discarded like animals.

I am emotionally affected by the restrictions because we cannot see our deceased family members say our last goodbyes. They cover them with these plastics like he/she is an animal (participant 1, QRE.).

The second participant emphasised how bureaucratically-imposed funerals failed to honour and provide their father with the funeral he deserved, with all his loved ones.

I buried my dad without dignity, a tent, mourning, or comfort. He passed away two days before the lockdown and was buried two days after the lockdown. My dad was famous, but most people could not bury him the way he deserved; I then lost my grandfather in July 2020, well known for his preaching. Many people could not attend the way we expected if he did not die during Covid 19 restrictions, and some still wonder when they hear of his passing (Participant 2, QRE.).

COVID-19 funerals under level 4 and 5 lockdown restrictions were given time constraints thus making them rushed and lacking the successful completion of necessary rituals, thus making such funerals improper and undignified. The regulations reduce loved ones into objects of risk that need to be quickly discarded. The deceased becomes a biological object instead of a living spirit that is still important to their family and community. Feelings of indignity are bound to be exasperated, causing distress and prolonged bereavement (Richardson et al., 2021:92).

During our discussion on funerary ritual transformations as a result of COVID-19, Margret stressed the importance of understanding that a deceased person is not necessarily discarded; instead, they are reburied in the soil from which humans evolved, thus the "ashes to ashes, dust to dust" adage.

During the burial, we are not discarding the body there, so we do not just drop the coffin, bury it with the soil and leave no. We place it there; the pastor delivers another sermon and prayer, and family members take turns picking up soil from a spade used to dig the grave and pour it back with their hands (Margret, February 2022, IDI).

Margret's remarks, which convey the idea of care and concern through handling a corpse and how it is buried, are compassionate and tender. These narratives imply that end-of-life rituals continue dualism rather than the separation of the body and the spirit after death. It can then be concluded that personhood is multi-layered but does not exist in dichotomies

because even if the body is buried and ceases to function physically, it still belongs to a person whose spirit will continue to live.

Margret lost her daughter who was a nurse under COVID-19 restrictions. Margret expressed that burying her daughter under COVID-19 restriction reminded her of the significance in the mundane things that she often took for granted. She often criticised elaborate funerals as a waste of money until her own daughter passed away and a majority of her community was not present. Her daughter's funeral was empty and she felt she was going through the loss alone because everyone was so far apart wearing masks in accordance to COVID-19 restrictions. Margret could not see attendees' expressions therefore she felt like she was hurting alone and everybody else was just there to witness her pain. Due to the fear of contagion, there were no hugs of comfort and support.

> *She was not just a bug with no significance, she existed and she mattered. I wanted to see that. I know it's wrong to want to see people hurt but my daughter was significant and losing her is devastating.* (Margret, February 2022, IDI)

Margret lost a child and could not get comfort from her community in the ways that she needed it. She needed an embrace and to see that everyone is impacted by the loss of her daughter. Now Margret recognises the significance of presence during loss, especially the presence of community. Margret stated that if she could she would have spent thousands of Rands on her daughters funeral and have the entire community attend because her daughter mattered and her funeral should reflect that.

The issue of presence was discussed again but from a different perspective. From the perspective of the bereaved feeling disconnected because they could not be present symbolically as their loved ones transition. Zothile's story navigates this presence. *Sangoma* initiate Zothile lost his sister to COVID-19, making him bereaved at a time when performing funerary rituals was not possible. Zothile related his personal story of loss under lockdown regulations as we walked through the streets of Mpophomeni Township on our way to the shopping centre.

Zothile begins his story by sharing that his sister was only two years older than him and suffered an unexpected and untimely death as she succumbed to COVID-19 complications. His sister, Lusanda, contracted COVID-19 from the hospital where she worked as a nurse. While receiving news about her passing, he was at home set to begin his initiation journey as a traditional healer after COVID-19 restrictions had eased. Zothile never expected that in his

family, there would ever be a funeral where specific ritual performances would be prohibited. He shared an embodied memory of his father's funeral through which he based his funeral expectations from. His father was a well-respected teacher around the community; even well before the funeral, when news of his passing broke out, people from around KwaZulu-Natal and Gauteng poured in every day to offer their condolences. This large gathering in his home daily before and during the funeral showed Zothile and his siblings that their dad mattered, and the stories people shared about their father made them proud of their father.

When we finally sat down at the mall, enjoying KFC, Zothile remembered a kinship ritual that brought the family together, the body viewing of his deceased father. When Zothile's uncle opened the coffin for viewing, they all humbly formed a line and walked in a single file to view him for the final time. This was important because it had been a long time since Zothile saw his father. After all, he was hospitalised, and as kids, they were not given many opportunities to visit sick people. After the viewing, Zothile and his siblings talked about how much they looked like their father. This experience was not the case following Lusanda's passing.

Lusanda's funeral took place by the burial framework provided by the South African government as a way to mitigate transmission risks. This meant the funeral was downsized, there were no viewings of the corpse, strangers were assigned to carry the corpse into a dug-out grave, and the corpse had to be buried quickly as the family watched from a distance.

> *I never paid attention to the significance of carrying the coffin in and out of the funeral service. I always thought random available men carried it because it is heavy. This was until Zothile's story* (Ntokozo, 24, February 2 2022, reflective journal notes)

Zothile expressed feelings of disconnect and that having strangers hold his sister's coffin took away his dignity as a brother, "*kwehlisa isthunzi*", and in some ways, he felt he had abandoned his sister in her final transition.

> *She has five brothers, yet her coffin was carried by unknown individuals wearing plastic. Like every other important life-changing transition, death is as significant for the deceased and us as her family. We want to be a part of it like we did with her coming-of-age ceremony. I held her hand during that transition but could not be there for her final one. We had to observe it from a distance. Imagine that.* (Zothile, February 2 2022, IDI)

I did imagine it. I have lost two siblings myself, and I imagine that it must be painful when a sibling passes away and is unable to be physically present for them in every way for the last time. To see strangers with no regard for her participate in a ritual that represents accompanying the deceased to their final resting place must be heart-wrenching since he will not ever again have the chance to accompany his sister during a transition.

Feelings of disconnect further disrupted bereavement as the restricted funerary rituals made Zothile an onlooker and a passive participant in his sister's funeral. The funerary performance does not reflect their close bond as siblings, and embodied expressions of love and remembrance were disrupted. The President of the Native Women's Association of Canada describes this experience as a second layer of loss where bereaved families go through another bereavement period that extends beyond losing a loved one (Watts, 2021:1).

Leong's (2004: 11-18) quantitative study 2004 found that during the SARS pandemic, families and patients felt great uncertainty because their bereavement processes had been disrupted due to the inability to perform religious and cultural rituals that satisfy their spiritual needs (Leong et al., 2004:12). My participants in this study expressed similar patterns of uncertainty. The inability to view the corpse created uncertainty about whether or not they had buried the right person.

> *Do you remember those stories of people who buried the wrong bodies because of these COVID-19 rules, it still scares me until this day because how can we be sure we buried the right person? Imagine my sister's poor soul wandering, confused, buried in a foreign land. I wanted to see her in that coffin.* (Zothile, February 2 2022, IDI)

Sbu's ethnographic story as a composite narrative also illuminates the experiences of uncertainty and indignity due to COVID-19 regulations. 26-year-old Sbu and I met through Google Meets on a Saturday morning, where he shared his feelings towards his cousin's passing, feeling like an unfinished task. Sbu's cousin, Mfundo, died of suicide amidst the level 4 COVID-19 lockdown regulations. Typically, Sbu's family holds a vigil on a Friday, the night before the burial. During the vigil, the coffin is opened for the family to view the body before it is taken away for burial. However, body viewings were cut off because there was no vigil, and the funerary processes were rushed to fit the two hours stipulated by COVID-19 restrictions. Sbu had not seen Mfundo for a few months, and they only communicated over the phone. Mfundo's passing was a shock. Initially, Sbu thought he would believe it, and it would

all set in once he saw his cousin in a coffin; however, that did not happen, so he got stuck with feelings of uncertainty and unmet expectations.

It took Sbu some time to come to grips with the reality that his cousin had passed away, and it was the first time he had been prevented from seeing a loved one's body. He stated it felt surreal that his Mfundo had passed away and that being unable to see Sbu's body harmed him. He struggled with denial and frequently asked himself whether it was really him in the coffin, and occasionally thought there must have been a mistake. Sbu hoped Mfundo would show up and mock them for believing he had passed away. The fear of getting infected with COVID-19, transportation restrictions, funerary ritual restriction and prolonged acceptance all weighed heavy on Sbu, and he is not satisfied with how his loved one was sent off.

> *From August 2021, I assumed he would return and inform us that we were mistaken or that this was a cruel prank. He was so loved, and people were prevented from showing him that; it breaks my heart that in life and death, we could not show him how much he is loved and he matters; COVID-19 robbed him of that. His funeral being so sparse and hurried, still does not sit well with me; it feels undignified and does not reflect the importance he held in people's lives. I am still having a hard time dealing with his passing and funeral; right now, because I cannot undo his funeral, all I am hoping for is a stable job so that his unveiling can be amazing and crowded with people who loved him. He deserves that* (Sbu, February 4 2022, IDI).

The COVID-19 public health lockdown restrictions that prohibited rituals requiring a corpse, such as the corpse entering ritual, the vigil that permits body viewings, and the symbolic action of significant male figures to the deceased holding the coffin and ushering it out of the place where a funeral service is held to the burial site, changed the meanings of funerary rituals from structures of succour, purification, and the reincorporation to undignified events that enforce a separation between living and dying, living and their community, and living and the dead. Under COVID-19, funeral rituals constitute sources of emotional pain.

Aside from the intrinsic pressures of COVID-19 as an infectious virus, mass deaths, restricted burial customs, and confinements of lockdown orders are relatively novel to my participants, and reactions to confinements and restrictions are individual and collective. A psychiatric evaluation of a sample of people subjected to COVID-19 restrictions found that emotional reactions to COVID-19 restrictions such as despair, fear, rage, perplexity, and frustration lingered even after the restrictions and confinements were lifted (Pfefferbaum and

North, 2020:511). Similar patterns of emotional distress emerged in the data due to funerary rites disruptions.

CHAPTER FIVE: EMOTIONAL DISTRESS

5.1. Introduction

COVID-19 lockdown restrictions have resulted in previously unknown and unexpected socio-cultural conditions (Margetić et al., 2021:1). Collective and prolonged stress as a result of such conditions in conjunction with economic insecurity evoke psychological reactions from a significant proportion of a population, known as emotional distress (Shanahan et al., 2020:1). Emotional distress ranges from fear and regret to depression and anxiety (Rubonis & Bickman, 1991:385). Nokwethemba, Abonga and Zothile indicated experiences of anxiety using terms such as "uvalo" and "ngikhathazekile" which in Zulu refer to an anxious state. Abonga was diagnosed with anxiety prior to COVID-19 however she maintains her experiences of death in COVID-19 exasperated her anxiety. Even if a person does not match the requirements for a psychological disorder, they can nonetheless feel emotional distress (Cassell and Kandola, 2020:1). In this chapter, I explore expressions of emotional distress rooted in regret.

> *I regret not being there because we were so close, we grew up like brothers, so maybe if I were not stuck in Mpumalanga, I would have been with him, and maybe he would not have committed suicide. He was lonely* (Sbu, February 4 2022, IDI).

Just like Sbu, there is shared regret amongst my participants about their loved ones possibly feeling lonely, scared and dying in solitude. My participants also expressed regret in not being able to physically be present and support their loved ones, see them, pray for them and touch them for the last time before they transition. Five out of the seven of my participants' loved ones did not pass away due to COVID-19 infections, so they thought they would be able to see their loved ones in a hospital even if they would be required to be draped in protective gear. The three people whose family members died due to COVID-19 said their loved ones had moderate symptoms and went to the hospital as a precaution, assuming they would recover. Things did not go as planned for all my participants; instead, they had to deal with the news of their deaths before they could visit or see them, causing emotional distress.

5.2. Dying in solitude

All interviewed my participants of this study expressed a sense of guilt and regret for being unable to be present during the final moments. Zothile's ethnography emphasised the value of being present and how presence during all major transitions strengthens family ties. In discussions about the last moments before dying, the present subject came up again, but feelings of regret rather than indignity accompanied it. All my participants lost their loved ones

during the strict quarantine rules and the harshest restrictions of lockdown levels 5 and 4; most passed away in a hospital where family members were not allowed to visit during their hospitalisation. People were already isolated because of preventative measures before they died; the additional isolation in hospitals may make death's brutal finality even more isolating. My participants expressed regret for this possible brutal finality their loved ones may have experienced whilst isolated in a hospital without their families.

> *I will not lie if I knew that he would go to Northdale Hospital, be alone, scared and pass on, I would have pushed for him to be treated at home so he could at least spend his final days in his comfortable home and surrounded by love and care* (Phumla, February 5 2022, IDI).

Whilst immediate reactions to COVID-19 calls for drastic measures to be put in place in, that should not be the end and that social scientists have an important role to play to ensure that psychosocial and spiritual needs of patients are met after the initial shock and desperation to curb the spread of disease wears off. This should have happened and solutions could have been found to the dilemma of disease spread through funeral rites; for example, family members who would carry the coffin of the deceased could have been provided with the same preventative clothing that the burial teams had and follow the same protocols and this would have kept them safe but also provided the closure that comes with carrying the coffin to its final resting place.

COVID-19 response measures have also prevented people with conditions other than COVID from typical processes of care that are provided in hospitals. There are usually teams of medical professionals assigned to care for a patient using a shared decision-making process that considers the patient's comfort, pain management, mental health, religion, and spiritual requirements (Hallenbeck, 2005: 2267; Richardson, 2014). This enables medical professionals to promote cultural sensitivity, support traditional values, and maintain open lines of communication with patients and their families. The presence of families in hospitals as a part of holistic care for those in palliative care is therapeutic (Leong et al., 2004:13; Galbadage et al., 2020:2). However, due to COVID-19 restrictions, these care strategies were not made possible (Kokou-Kpolou et al., 2020: S94). Abonga's ethnographic story of losing her brother Max amid COVID-19 restrictions captures patients' experiences of regret. Abonga's case represents the failure to provide for patients' and families' spiritual and psychological needs due to COVID-19 restrictions. Abonga's narrative encompasses all the concerns of dying in

solitude and regrets expressed by the my participants; thus, it will be used emblematically as a composite narrative about the emotional distress experienced by all my participants.

> *It is sad to think that he spent his last days on earth alone in a place he hates the most, and I was just as cut off from him as he was from me, so I could not make it any easier or more pleasant for him. I regret suggesting that he should go to the hospital. I hate what things unfolded because of those restrictions* (Abonga, February 2022, IDI)

Pandemic control measures restricting access to hospitals and funerals have prevented patients with conditions other than COVID-19 from undergoing a normal dying process. Abonga, a 21-year-old Sangoma, invited me to hang out with her after her client consultations on a Thursday afternoon where she shared her experience of loss and death in the midst of COVID-19. Abonga's narratives expressed exasperated feelings of sadness that can be attributed to a depressed state and feelings of regret leading to anger towards the COVID-19 restrictive measures. Abonga's brother, Max, passed away due to tuberculosis (TB) during the peak of the COVID-19 pandemic, and his funeral was held during level-five lockdown restrictions. Abonga explains that Max left their family home two years before his death to live with his son's mother. Abonga's family was unaware that her brother was ill; he hid that fact from them, which is why he stayed away for months. Max had been living with HIV and TB, and because Abonga was unaware, she could not support him.

Max's health presents a juxtaposition and interplay of three rampant infectious pandemics in KwaZulu-Natal. A 6-month interruption caused by COVID-19 prevention programs in the antiretroviral therapy (ART) supply to 50% of people living with HIV in sub-Saharan Africa could lead to an increase in HIV-related deaths, resulting in 296,000 more deaths than if there were no interruptions (Jewell et al., 2020: 631). An increase in malaria, TB, and HIV mortality could come from the disruption of various healthcare services brought on by COVID-19 preventative measures, treatment, testing, and care (Eisinger et al., 2021:1455). The COVID-19 pandemic does not exist in a vacuum; instead, it interacts with already existing health crises and further hurts medically vulnerable populations (Donga et al., 2021:2).

In January 2020, Max returned to their home, appearing very sickly and had lost a significant amount of weight. He told the family he had the ongoing flu and was scared people from where he lived would judge his weight loss, so he decided to return home. Max's family, including Abonga, took care of him and nursed him back to health until April 2020, when his health worsened, so she suggested that her brother be taken to a hospital despite his hatred for

hospitals. Despite his resistance, the family decided that he should go to the hospital, and he was eventually persuaded and escorted to the nearest hospital.

Elders from her family informed Abonga that Max had TB and was defaulting on his HIV medicine, It is not yet clear why but Abonga assumes it was probably due to denial and embarrassment. Abonga's brother was hospitalised for a week before passing away. He spent a week alone in a place he despises the most, and Abonga believes her brother spent his final minutes in the hospital afraid, imprisoned, unsure, and ashamed. According to Leong's (2004) research on palliative care patients in the hospital during the SARS epidemic, hospitalised SARS patients felt confined and lost their sense of connectivity, autonomy, and self-worth; therefore, Abonga's feelings could be an accurate description of her brother's experience.

Abonga believes that if his family had been present, they would have surrounded Max with love and acceptance, prayed for mercy over his soul and for peace to flood his heart. She reckons that maybe if they had shown Max his son, his pride and joy, that would have healed him, but hospital regulations did not allow visitors at that time, especially children. Abonga believes that Max's isolation, shame, and sadness at the hospital exacerbated his condition and hampered his recovery. Abonga regrets not being physically present, but more importantly, she regrets suggesting and fighting so hard for him to go to the hospital. She believes he spent his final moments alone in a cold hospital room possibly with other people dying around him, he was surrounded by death when he could have been at his warm home experiencing the tactile warmth of being surrounded by people who love him.

According to a study conducted by Torges et al. (2008), people who have unresolved regrets about particular life experiences have poorer levels of well-being. Regret and a sense of guilt impede healing and prolong sadness after a loss. During an outbreak they tend to feel cut off from them because they cannot interact physically with them while in the hospital (Leong et al., 2004:12). As a result, the patients and their families experience heightened feelings of uncertainty, anger, anxiety and depression (Leong et al., 2004:12). This is true for Abonga, who feels annoyed and frustrated by COVID-19 restrictions. Abonga expressed frustration over the rules that took away moments that could have possibly healed her brother. She gets overwhelming feelings of sadness that make her heart physically sore. Abonga has been finding it hard to come to terms with the fact that her brother died alone in an environment he hated without the tactile warmth and physical support from her and her family.

5.3. Conclusion

A lack of closure and experiencing a loved one die in solitude created feelings of regret that became prolonged sadness and anger towards bureaucratically-imposed regulations. Prolonged sadness and frustration characterise emotional distress (Galbadage et al., 2020:2) Holistic care allows for the performance of religious customs unique to a particular belief system that is beneficial for both the patient and their family members. Religion and spirituality are often integrated into care strategies that help those in palliative care and their families cope with their illness and possibilities of dying (Leong et al., 2004:13; Galbadage et al., 2020:2).

CHAPTER SIX: SPIRITUAL CHALLENGES AND LOCKDOWN REGULATIONS

6.1. Introduction

My participants expressed emotional distress, including fear, anger, sadness, misalignment, and suffering, which are signs of poor spiritual health (Ebrahimi, 2021: 136). According to notions expressed by my participants, emotional distress weakens the three expressed domains of spiritual health, which makes it easier to experience spiritual difficulties. This chapter establishes spirituality and examines the perceived and experienced spiritual difficulties brought on by weakened connections due to the interaction between novel COVID-19 restrictive procedures and burial rituals, one of the critical facets of spirituality.

6.2. Establishing Spirituality

My participants of this study provided their understanding and interpretation of spirituality, rooted in "*umoya*", the spirit. Phumla stated that spirituality is best understood through the lens of Christianity and went on to express how she perceives spirituality;

> *Spirituality for me is Christianity, The belief in God and the connection to God through the word of the bible. Faith and belief in God are essential elements in spirituality, and to be spiritually healthy, one has to have freedom from fear. This freedom does not come from the mind but from the soul or spirit. Faith keeps me spiritually healthy when I can rest easy in times of turmoil, knowing that God will always prevail, and even when it feels like his will is working against me because I am hurt, his will is to prosper me. He sees beyond what I can see so that I will be okay. Without faith which is the essential element of a connection with God* (Phumla, February 4 2022, IDI).

Sbu's definition of spirituality is devoid of religiosity and Zulu traditional beliefs. Instead, his definition of spirituality is the well-being of the spirit. He states that it is a personal experience outside religion and Zulu culture's organisational rituals and doctrines. He stated that when he is writing poetry, meditating, listening to music or with his friends, he feels spiritually healthy because that is what lifts up his spirits.

> *I do rituals like meditation and journaling outside the constraints of Zulu tradition or religion. I am culturally Zulu and Christian because I was brought up in the surrounding community, but I do not personally partake in religion or Zulu traditional practices. I will dabble in astrology from time to time. For me, spirituality is the well-*

being of one's spirit. The Zulu and Christian religions do not positively serve my spirit, but singing my favourite songs, meditating, writing and socialise with my friends. That is what transcends me into another world, my fictional world that helps me escape my chaotic life (Sbu, February 1 2022, IDI).

The vast majority of my participants who adhere to African Spirituality or African Indigenous Religion (AIR), which includes belief in the existence of a God and ancestors, stated that human beings live within two realities. The curtain between the two realms of reality is thin and allows the two realms of reality to interact and influence one another. Thabani presented an AIR-based spirituality description. He defines spirituality as being aware of two modes of being, physical and spiritual, and having a strong connection between one's physical and spiritual selves. He claims that evidence of this vital connection is the ability to effectively communicate with spirits in the spiritual realm through dreams. When he experiences transparent dreams, it implies he is on the right track spiritually since he is in constant connection with his ancestors, "*abaphansi*", indicating that he is doing something right.

Margret provided a definition that incorporates Christianity as well as AIR. She defined spirituality as a link and relationship with God, Jesus, and the spiritual guidance assigned to her ancestors by God. She said that spirituality allows her to live in justice, peace and abundance, knowing that she belongs to God and that her ancestors are watching over her.

I know God is with me. My spirit becomes at rest when I feel his presence and am reminded that I have a whole spiritual army guarding and protecting me from all evil and things that weigh heavy on my heart. I have spiritual guides like Mary, Jesus and Abraham and cultural guides like my ancestors, which are all a part of my lineage in a way, so when I am grounded in those connections, I am healthy spiritually (Margret, February 1 2022, IDI).

Although their expressions of spirituality and spiritual health differ according to religious and non-religious worldviews, they all share a common theme of a sense of connectedness. Spirituality can thus be concluded to be a sense of connectedness with one's ancestors and God (transcendental), oneself (personal), and communities (communal) and Spiritual health can thus be defined as having positive connections and outcomes from interactions within the four domains. This finding supports the spiritual health definition by Fisher (2011:17), which refers to a dynamic state of being expressed through the extent to

which people live in harmoniously within relationships in four domains; personal, communal, environmental, and transcendental (Fisher, 2011: 17).

Spirituality concerns awareness of the existence and the inner emotions and beliefs that give life meaning, value and purpose. Living in harmony with oneself, a higher power within or outside the context of organised religion, neighbours, and the environment, is made possible through spirituality. Using twigs from the *umlahlankosi* or Ziziphus mucronata tree, known as & '*ihlahla*', as a means of communicating with one's ancestors is suggestive of a strong relationship between the natural environment and the Zulu culture. However, this study's participants did not specifically mention relationships with the environment. Spirituality is inextricably linked to the experiences of a transcendent reality (Fisher, 1998: 25, Møller et al., 2023:4). Rites and rituals, as well as the use of sacred spaces such as *umsamo* (A sacred alter), are aspects of spirituality that are used to create a connection between the living visible and the living invisible. That connection and its outcomes influence experienced reality.

According to my participants, engaging in diverse customary rituals that facilitate connectedness with God, ancestors, kin, community, and oneself promotes spiritual health and general well-being. Improper funerals with an absence of funerary rituals and emotional distress elicited from feelings of regret weaken connectedness with ancestors and God, family and community. Spiritual difficulties arise when there is a lack of connection or when the rites and rituals that foster connections are disrupted (Ebrahimi, 2021: 136)

> *Traditional beliefs are a path of spirituality; spirituality is every path that feeds your spirit, sense of belonging etc. Beliefs in tradition, religion or whatever are all considered a part of spirituality because it feeds the spirit. Spirituality has context and is practised differently* (Abonga, February 1 2022, IDI).

Traditional healer Abonga beautifully explained the connection between customary rituals and spirituality to me, vocalising what I had been struggling to put into words. At the end of our interview, she also joked that spirituality is not a group project. This perfectly illustrated the differences in what the study's interlocutors expressed as spirituality and what it means to be spiritually healthy regardless of their shared Zulu identity.

Spirituality generates routine through rituals in societies and provides routines that provide reassurance in the face of uncertainty and life-changing crises (Watts, 2021:1). Following a death, people feel obligated to do what is right, which is to follow religious and cultural traditions (Watss, 2021:1). Yet, COVID-19 restrictive measures such as social

isolation and bureaucratically-imposed funerals have entirely opposed the my participants' perspectives on what is right. Some traditional burial practices have been identified as hazards and contributors to infection spread (Shah, 2015:3). Funerary rites are the primary source of contention between victims' families and healthcare providers. All ceremonies that entail direct physical contact with a corpse may expose people to the virus (Shah, 2015:3).

> *Our customary funerary rituals are necessary for our communities to be anarchic and spiritually stable. Funerary rituals play a significant role in helping our communities heal their minds, bodies, and spirits, assist them in aligning spiritually, and establish a connection to their ancestors. Each ritual serves a purpose in the overall scheme of things* (Abonga, February 6 2022, IDI).

Spirituality through funerary rituals assist communities in keeping social order. In times of stress and crises people tend to turn to their faith system for support and solace (Paragament, 2013:1). This then would mean that in times of emotional distress, my participants turn to their spirituality frameworks to find solace. People dealing with major life stressors such as illness and loss find spirituality helpful in coping, especially in situations where they are facing an uncontrollable stressor with few resources (Paragament, 2013:1). For my participants, spirituality is connectedness to oneself, the transcendent, and to others. Since funerary ritual performances are significant in achieving connectedness with oneself, the transcendent and with others, the inability to perform funerary rituals as a result of COVID-19 made it hard for my participants to turn to spirituality because spirituality had been disturbed. Instead, funerary ritual transformations presented spiritual challenges for the bereaved through the fear of spiritual difficulties that may result from the inability to perform funerary rituals.

6.3. The fear of spiritual difficulties

People's anxiety around perceived spiritual difficulties emphasises the significance of spiritual difficulties emerging from improper funerary rituals and emotional distress as a result of COVID-19 restrictions. Spiritual difficulties that result from not performing funerary rituals are so intense that some people risk getting infected with COVID-19, infecting others with COVID-19 and getting arrested and fined by legal authorities who enforce COVID-19 restrictions.

> *We were not too concerned about COVID-19, and all the necessary rituals were performed. We could not compromise our beliefs and bring more gloom to their family.*

I am glad we did that because my father was buried with dignity (Thabani, February 2022, IDI).

The concern of infection and transmission dangers is outweighed by the fear of the repercussions of not performing rituals. My participants of this study maintain that the failure to perform funerary rituals that promote a smooth transition for the deceased and, as a result, for the living is thought to have catastrophic effects that could be life-threatening. This fear resulted in instances of resistance around COVID-19 restrictions. Thabani and his family feared the catastrophic effects of not performing necessary rituals more than the potential of contracting COVID-19. As a result, they avoided bureaucratically-imposed funerals in favour of traditional Zulu burials with elaborate rituals. Similar resistance patterns against bureaucratically-imposed funerals resulted from customary beliefs during the Ebola epidemic were identified in Liberia. Families would bribe healthcare staff to change the cause of death on Ebola victims' death certificates so that they may interact with their loved one's corpse during customary funerary rituals (Vogt, 2014:1; Shah, 2015:3). A significant number of Liberian families resorted to performing secret burials as a way to avoid bureaucratically-imposed burials, resulting in a disparity in Liberia's death toll estimates. Fishermen would transfer dead bodies to a vulnerable region or the island of Daka in the middle of the night so that families could conduct appropriate Liberian burials (Hinshaw, 2014:1; Shah, 2015:3). The grave consequences of failing to conduct all funerary rituals include having a deceased loved one in a liminal condition where they are neither in the afterlife nor human life. As a result, the spirit becomes trapped in the liminal area, wreaking havoc on the lives of the living. Therefore, failure to conduct these funerary rituals generates significant anxiety for the living (Shah, 2015:3).

Other participants who followed the COVID-19 bureaucratically-imposed funerary rituals had a less-than-joyous experience and expressed concern about the perceived spiritual impact of the absence of certain funerary rituals such as the hand washing ritual, the corpse washing ritual and the family cleansing ritual. Nokwethemba's story exemplifies the issue of spiritual difficulties stated by my participants. Nokwethemba’s brother Njabulo, was tragically murdered during lockdown level 4, which meant she and her family had to follow bureaucratically-imposed burial procedures, and mortuaries were not allowing certain rituals due to the mass deaths and COVID-19 infection risk. It is customary for rituals to be performed over the corpses of people who died of unnatural causes to prevent *umkhokha* (generational curse) of the same fate happening to other family members. Certain rituals had to be skipped

or done in shortcuts due to the quick pace of COVID-19 funerals and mortuaries' specified requirements that served as COVID-19 preventative measures. This was the situation for Nokwethemba and her family, who could not carry out essential funerary rituals known as *ukucupha* or 'the trap' over Njabulo's body.

> *It is frightening and unpleasant to think that another family member could be tragically stabbed because rituals were not done effectively and properly, turning the stabbing and untimely death into* ***umkhokha*** *for our family* (Nokwethemba, 7 February 2022, IDI).

These rituals are vital not just for preventing *umkhokha* but also for seeking justice and ensuring the bereaved that perpetrators will be trapped into facing the same fate of murder. Her family's profound unfairness grieves Nokwethemba because Njabulo's case with the police has not yet been resolved. Njabulo's murderer is still not apprehended by the law. Nokwethemba maintains that without the customary "trap" ritual over Njabulo's body, her family cannot get justice and closure. Their chance to find this resolution and a sense of justice was the corpse "trap" ritual.

> *One of my friend's brothers was fatally stabbed, and they had a traditional healer work on the corpse so that those who murdered him died on the anniversary of his death, and the following year, on the anniversary of his death, his murderer was killed...on the exact day, we did not get the chance to do this, the murderer is still not apprehended, and we have no closure, there is no justice for my family* (Nokwethemba, 7 February 2022, IDI).

Zothile also shared his experience with *umkhokha* and expressed that without customary rituals accompanying significant rites of passage, there would be a continuation of devastating generational curses.

> *We would still be plagued with many untimely deaths, unemployment, drug use, teenage pregnancy and every other destruction that blocks my family from prosperity and abundance. Curses were placed to place us in lack and sorrow, which can no longer be the trajectory. I need funerary rituals and all other necessary rituals to change the trajectory* (Zothile. February 2022, IDI).

Zothile also shared that the rise in traditional healers and divine callings we are witnessing currently amongst the youth is a result of past mistakes and the lack of rituals done

previously due to Christianity conversions and apartheid laws. He believes the mass callings are ancestors trying to get the youth to fix past mistakes and learn so that future generations have essential genealogical knowledge and are aligned spiritually and connected to their ancestors so they can be empowered and prosper.

> *It is a beautiful gift but a difficult journey. I accepted it because my parents did not, and it fell onto me, but when I had a daughter, I had to take it so my child does not have to endure the challenges I endured, and they could enjoy the fruits of my spiritual labour* (Zothile February 2022, IDI).

The assignment of his child and his nieces and nephews to become family liberators spiritually, healing the lineage, and resolving outstanding essential rituals that may otherwise result in the family's dissolution was Zothile's top concern. The inability to conduct certain rituals due to COVID-19 restrictions made him worried that once restrictions are lifted, his family will go back to their everyday lives and be immersed in their jobs and school, that they will neglect these rituals. The missing funerary rituals may hurt his children and grandchildren that will and force them into the challenging journey of initiation so they can fix what they failed to do. The challenging journey that comes with traditional healing is not something he would like for his child.

> *Like I am doing today, it will be up to our children to settle any unfinished family rituals and protect coming generations. This would be because all these rituals we skipped and missed may not have instant repercussions, but I and most initiates and traditional healers are living proof that these become problems that must be healed. It takes time to heal an entire lineage; it is a huge task and responsibility. I fear that skipping these rituals will cause issues in our children's and their offspring's lives. I chose to accept my calling that my parents ran away from and passed away running away in order to spare my daughter, nieces, nephews, and the generation following them from having to do the same. It is a difficult path that involves trauma, struggles, and the need for strength. Instead of being* ***ephehlweni*** *(indigenous Initiation School)* (Zothile. February 2022, IDI).

Nokwethemba and Zothile's discourses reinforce the view that the spiritual and physical realms interact and affect one another. The challenges posed by not performing rituals not only affect them and their families in present times, but they also threaten the futures of future generations. Spiritual challenges also manifest as societal dysfunction. According to Mayland

et al. (2020:35), denying families the right to grieve using their spiritual frameworks may result in a long-term societal breakdown.

Abonga shared her experience of how spiritual implications became societal implications due to the absence and restriction of funerary ritual practices. Her ancestors chose Abonga to be the custodian of healing in their family. As a traditional healer, she has been chosen to heal her entire lineage and uplift her family, align them, liberate them from generational curses and lead them to prosperity. At the time of her brother's passing at the start of the pandemic, Abonga was still in initiation school (*ephehlweni*) to become a traditional healer. The pandemic affected her graduating progress and her family's ability to bring her back from initiation school as a fully trained and initiated traditional healer. This impediment to her progress and the loss of her brother misaligned her immensely. According to Abonga, the funerary proceedings of her brother affected her whole family mentally, emotionally and spiritually. She could not lead, heal or liberate her family because she was discouraged and could not access areas she needed to be uplifted again due to COVID-19 restrictions.

> *My family looks to me as the spiritual leader. At the time of my brother's passing, I was in the process of initiation, which is a difficult journey in and of itself. I was angry with my ancestors and God for his death, which caused me to be spiritually disconnected and made my spiritual journey ten times harder for me. There were restrictions, so I could not access places like the sea and waterfalls that activate me, rejuvenate me, heal me and give me power, so I was weak, and as a result, my family was weak* (Abonga, February 2022, IDI).

According to Abonga, her family members cannot be good members of society, given their high levels of misalignment, uncertainty, and unprocessed bereavement. By participating in and leading protests in her community, they upended society as she had thought they would. Her siblings and cousins had mounting frustrations towards a lack of resources like electricity and outlets for their grief in the absence of funerary ritual acts. She imagines they saw her helpless and most likely felt just as frustrated and angry with their ancestors as she did. Abonga's siblings and cousins were at the forefront of several protests that emerged in her community. She believes the people involved in those protests were in similar predicaments of being spiritually unstable, frustrated, and dealing with several losses from death.

> *Frustration and several layers of loss led to the Zuma looting incident and the latest rebellion against the municipality. If you lose your career, lose loved ones, are socially*

isolated, are not given a way to vent your concerns, and are subjected to uncomfortable and ineffective change during important events like funerals, you are bound to lose it at some point. The eruption brought about more devastation and commotion in our society. People lost jobs as a result, and the infrastructure we all use was severely damaged, but I cannot say I blame them because the protests and rebellions were inevitable. Traditional healers like me were likewise stuck, disheartened, and attempting to make sense of life while, according to rules, people could not even turn to us for help. It was frightening to see how society was in disarray and falling apart (Abonga, February 6 2022, IDI).

It is evident from Abonga's narrative that it is not only liminal spirits that become chaotic; bereaved people stuck in liminality due to the absence of funerary rituals also become chaotic. Lackner et al. (2021) state that the unprecedented consequences of COVID-19 are the driving force of the increased social unrest in the United States of America. From 2021, South Africa has also experienced a surge in social unrest through socio-political protests. In using Richard Schechner's concept of performance, Taylor (1997: 184) argues that the Plaza de Mayo demonstrations served several purposes, and for some women, demonstrations offered them a way of coping with their grief and channelling it to protest action; therefore, the demonstration embodies the sensory experience of grief.

6.4. Conclusion

My participants did not separate the performance of funerary rituals and the pursuit of spirituality. The absence of funerary rituals posed the possibilities for spiritual challenges. Fear of perceived spiritual challenges resulted in resistance to bureaucratically imposed restrictions on funerals. The performance of bureaucratically imposed funerals raised concerns of increased *sangoma* callings requiring the youth to embark on a challenging spiritual journey of becoming traditional healers, the fear of generational curses and injustice as well as a chaotic society characterised by protest action.

The COVID-19 public health lockdown restrictions that prohibited rituals requiring a corpse, such as the corpse entering ritual, the vigil that permits body viewings, and the symbolic action of significant male figures to the deceased holding the coffin changed the meanings of funerary rituals from structures of succour, purification, and the reincorporation to undignified events that enforce disconnection between living and dying, living and their community, and living and the dead. Under COVID-19, funeral rituals constitute sources of emotional pain.

Connections are what constitutes spirituality for my participants and they indicated that spirituality cannot be separated from the performance of funerary rituals. A rupture in connections caused by funerary ritual absence and restrictions posed the possibilities for spiritual challenges instead of coping strategies. The narratives examined in these analysis chapters confirm the necessity of performing funerary rituals for the individual's psycho-social-spiritual-mental well-being. Spirituality, which is well established as a technique for coping with severe life stressors, is also challenged by the emotional distress caused by social modifications in funeral rituals, creating another crisis and making COVID-19 a multi-crisis phenomenon in the Midlands.

CHAPTER SEVEN: DISCUSSION OF THE FINDINGS AND CONTRIBUTIONS OF THE STUDY

7.1. Introduction

The funerary rituals practices discussed in chapter four are gender and age sensitive. The women are positioned as nurtures as illustrated Margret who stated that elderly women wash the bodies of the deceased as the last form of transmitting physical care, as a form of nurturing the body for the last time whereas men are positioned as leaders as illustrated by participants that it is the elder man who leads and speaks to the deceased's spirit via *ihlahla* when bring the spirit back home. Young women also play a role in cooking, cleaning and welcoming mourners while young men go to dig the grave and slaughter cows when necessary. Before the body arrives from the mortuary, children are frequently charged with cleaning up the yard. Cleaning, running errands, informing people of a loss, and reading the obituary are all part of my duty as a young lady in the funerals that take place in my home. In my family, reading the obituary is dependent on fluency, which might be linked to privilege and class. All of these functions and their intersections are critical to the structure and operation of funerary rituals.

Funerals are social drama, death causes a social rupture in normal functioning. Societies have created a series of funerary rituals to address the social ruptures caused by death. These funerary rituals offer solutions to the social rupture, in this study through purifying society and transitioning both the bereaved and the deceased into their new roles and back into society. These transitions move the bereaved and the deceased from liminal states characterised by the notion of between and betwixt, neither here nor there. COVID-19 restrictions have disrupted the performance of funerary rituals, presenting another social drama in liminality.

COVID-19 funerals can then be deemed as liminal phases since the required and obligated ritual acts have not been completed, preventing social order from being restored and the surviving from returning to their normal life (Bloch and Parry, 1982), making reintegration into society difficult. The limits and changes to obligated funerary rituals may result in the bereaved being socially trapped in states where it is not apparent when the mourning period ends and the end of this period is also not communicated to others thus leaving the bereaved in a liminal state (Njilo & Tshikalanga, 2020:1). Experiences of COVID-19 funerals as expressed by my participants indicated bad death as customary funerary rituals were restricted and

transformed as a result of COVID-19 restrictions. Experiences of death whilst in liminality caused emotional distress and posed potential spiritual challenges for the bereaved.

7.2. Discussion of the data

The survey cohort indicated a crisis in funerary ritual transformations as a result of COVID-19 restrictive measures with negative emotional, spiritual and psychological impact as a result. My participants in the interview cohort correlated this finding through recalled experiences of funerary ritual performance during lockdown level 5 to 3. These findings are a clear demonstration of what Turner (974:37) refers to as the liminal aspects of social drama. Social drama can be divided into four acts. The first act is a breach or rupture in social relations; COVID-19 caused a rapture in social dynamics by significantly changing how funerary rituals are performed. The second act is a crisis that cannot be handled using traditional strategies; usually, my participants turn to spirituality to cope with significant life stressors however, funerary rituals are a critical part of spirituality, the absence of funerary rituals weakens spirituality and thus it cannot be used as a coping strategy. The third act is a solution to the initial problem and the re-establishment of social relations; my participants indicated that there were not enough resources provided to address the spiritual disruptions caused by funerary ritual transformations and provide spiritual support which means the final act of reintegration into the status quo, was not completed thus leaving my participants in liminality (Turner 1980:149). The liminality in this study lies in the inability to perform funerary rituals thus delaying processes of re-establishment of social relations and reintegration into status quo.

There were also outlying experiences that contradict the previous findings. A tiny percentage of people also stated that they do not value funerals and do not believe in life after death. They stated that they considered health restrictions beneficial, and that their loved ones could still be buried with dignity under the COVID-19 restriction. Two of my interview participants, Ayanda and Sbu, are not affiliated with any religion, yet it does not exclude them from dealing with bereavement. Sbu copes by writing poems and creating music, whilst Ayanda copes by spending time with his friends and loved ones. They trusted me enough to share that they do not care for certain funerary practices practiced in Zulu culture because they are rooted in religion or a relationship with a supernatural entity. If it were up to them, certain rituals would be skipped but they do not hold that power, as they are unmarried and young men; however, they appreciate the gathering of family during funerals, and Sbu appreciates the opportunity to view the deceased as it gives him closure. Although Sbu and Ayanda were unaffected by the disruption of ritual performance in relation to religious symbolic

connotations, Sbu was affected because he could not view his cousin's body which hindered getting closure and delayed his healing.

The anthropology of performance, as proposed by Victor Turner, developed the basis of how liminality in social drama has been applied as an analysis paradigm in this thesis. Taylor (2003; 1) states that performance is applied as an act of transferring and transmitting memory, social knowledge and a sense of identity through repeated behaviour. My participants in the interview cohort recalled how death was approached prior to COVID-19 and their expressions of how death was approached position funerary ritual acts as a performance in a sense. Death had to be accompanied with behaviours through funerary rituals that reflect the knowledge of what death is and the significance of those acts. This knowledge is based on their Zulu identity and the repeated behaviour through funerary rituals following a death reaffirms their Zulu identity and their beliefs surrounding death. Although there is variability within the Zulu ethnicity, there are similar conceptualisations of death and death rites drawn from Zulu culture knowledge; nevertheless, the performance of those ceremonies varies depending on one's surname and religious views. The social drama concept assisted in examining how my participants produce structure and meaning through ritual performance and how these processes of meaning are communicated in the presence of a social crisis by examining ritual experiences as they occur in conjunction with what should happen and what usually happens.

The understandings, beliefs and meanings of death and funerals are embedded in the funerary ritual performances prior to COVID-19. The normal way of approaching death for my participants included customary purification and transition funerary rituals. Purification rituals include the identified rituals such as corpse washing, homestead cleansing, handwashing ritual and the family cleansing ritual that provide cleansing from misfortune, impurities and further death. Transition rituals assist the deceased as they transition from one state of being to another state of being in a spiritual realm. These rituals were identified to include; the house furniture removal or rearrangement, the vigil, the fetching of the spirit, homestead cleansing and the return of the corpse to the homestead, the funeral service, the burial and the tombstone unveiling. The performance of all these rituals also assists the bereaved in feeling secured and at peace with death thus governing liminal states and providing structure for the final journey but introduced bureaucratically-imposed funerals as a response to the COVID-19 pandemic were not sufficient to banish the unfamiliar from the participant's experience leading to emotional distress and spiritual challenges.

The symbolic causes of funerary ritual performances prior to COVID-19 restrictions are portrayed to produce real effects. Death is symbolic of pollution and produces real effects of possible contamination and misfortune without purification and transitioning rituals. An example of this is *umkhokha* as expressed by Nokwethemba's narrative. *Umkhokha* which is a generational curse comes as a result of an unnatural death that has not been accompanied by proper funerary rituals that ensure the family does not suffer the same fate of unnatural deaths. *Umkhokha* is the result of pollution that emanates from death and causes physical consequences that can manifest for generations. Death is also a critical rite of passage that ensures the deceased transition into the spiritual world smoothly so they do not return to the physical world spiritually to cause harm. An example of this is wandering spirits. My participants shared that spirits that were not fetched by their families so they can transition properly, dwell in their places of death and cause more deaths around that place. They used the Pietermaritzburg Pieter Brown road as an example of such a place where wandering spirits of those who passed away as a result of car accidents in that area still dwell in that area which is why there are frequent accidents that take lives around that area.

The experiences of the transformation of funerary rituals has created and revealed new meanings to death and funerals. Bureaucratically-imposed funerals which encompass funerary ritual transformation are described using terms such as improper and undignified, as a result death is perceived as a meaningless way of discarding the body. The disruption in the typical order of funerals is fraught with emotional and spiritual insecurity as demonstrated by narratives of emotional distress, improper funerals and spiritual challenges.

In some ways, the bereaved adopt institutionalized beliefs and derive value from their understandings of the spirit. Narratives of improper funerals and spiritual challenges reveal a certain degree of fear of the ancestors' retaliatory wrath on the bereaved and feelings of being exposed to spiritual pathologies as a result of the inability or limited capacity to perform funerary rituals. These understanding of death and funerals are directly linked to meanings of spirituality. Spirituality is understood as connectedness with oneself, the community, the transcendent and the environment. Funerary rituals that are embedded in understandings of death and funerals are how connectedness is achieved in the midst of a social crisis such death. Therefore, the non-performance of funerary rituals also disrupts the experiences of spirituality thus spirituality cannot be used as a tool to cope with funerary transformations, this in itself is a crisis. The inability to pay one's final respects in a manner that one felt was honourable and suitable for the departed slowed emotional healing and heightened sentiments of indignations.

Spiritual insecurity comes during crises in interpretive authority, when those claiming to represent the truth about how the universe works, in this case, bureaucratic and biomedical authorities, appear to lose their persuasiveness (Ashforth, 2005: S136). Despite the government's and health institutes' numerous efforts to emphasize the importance of downsizing funerals and implementing preventative health measures to prevent the spread of COVID-19, Thabani and his family were in a crisis because they were forced to choose between cultural authority adherence and bureaucratic authority adherence, and they chose cultural authority adherence due to bureaucratic mistrust and fear of spiritual implications.

The performance of traditional and religious funerary rituals is like an umbilical cord; it connects people to their spirituality, which is important for one's health because it plays a big part in maintaining a healthy connection with oneself, the transcendent, community and the environment. The placenta and the baby are joined by the umbilical cord. The placenta is vital for the baby's health since it plays a significant role in transferring blood, nutrients, and antibodies to the fetus (Basta and Lipsett, 2022: 1). For the sake of illustration, I will refer to this connection as a spiritual umbilical cord. The purification, connection and transition rituals are all matters that make up the spiritual umbilical cord that is necessary for healthy connections and adaptations to change. Spirituality has been identified as playing a significant role in an individual's health.

The absence of funerary rituals or improper funerals weaken the spiritual umbilical cord thus leading to emotional distress and spiritual challenges that shape one's COVID-19 experience. This indicates that funerary rituals are also social dramas. I delineated the above arguments across four ethnographic chapters.

Chapter 4: *customary Zulu funerary ritual performances* explored the broad processes of funerary rituals prior to COVID-19 and the meanings attached to death. This chapter revealed the underlying meanings of death embedded in funerary rituals and their symbolic effects. For example purification rituals such as the hand washing ritual portray death as pollution that requires the bereaved to be purified in order to avoid misfortunes attached to death. Transition rituals such as fetching of the spirit show death as a critical rite of passage that holds great power and influence over the bereaved and their lived reality. Death is not a single event, it is a multi-layered event that requires elaborate rites and rituals and threatens to harm not only the bereaved but also society as a whole. Death without accompanying funerary rituals is understood to be an undignified process of simply discarding the body, dishonouring

and dangerous. These findings correlate with findings from studies by Omonisi (2020), Hidalgo (2021) and Lubega et al. (2022) who found that funerary ritual performances are critical to death processes and the prevention of misfortunes in African societies. Similarly to the findings of this study, Marshall (2021) concluded that neglected rites and rituals are dangerous as they could anger ancestral spirits and harm the bereaved and the entire community.

Chapter 4: *The indignity of COVID-19 funerals* explored the lived experiences of navigating bereavement processes in the absence of certain ritual performances. This chapter explores the beginning act of a social drama. COVID-19 restrictions disrupted and transformed funerary ritual performance caused significant disruptions to the socially constructed meanings of death and experiences of death. Zothile's narrative underlies how the change in funerary transformations introduces a new layer of loss aside from losing a loved one. A new layer of loss includes the loss of experiences that define identity, a loss of experiences with no possible opportunity of redo and a loss in dignity. Zothile was devastated by the inability to hold his sister's coffin, the inability to hold her coffin and usher her to her final resting place took away his dignity as a brother. Holding his sister's coffin and carrying it to its place of burial is a moment he cannot redo and this has hampered his healing. These findings are similar to the experiences that caused controversy in the rural Eastern Cape in a study by Bank and Sharpley (2020). Funerary ritual transformations change the meaning of death from death as pollution that can be managed to pollution that cannot be managed thus making the whole process of funerals pointless.

Chapter 5: *Emotional distress* explored expressions of emotional distress rooted in social transformations as a result of COVID-19. This chapter characterises act two. Feelings of distress that would normally be addressed by funerary rituals are prolonged due to the absence of funerary rituals. There is no solution to the emotional distress expressed by my participants because funerals and hospital experiences cannot be undone or redone. Regret was the main emotion that frequently emerged. Experiences explored in this chapter indicate that emotional distress occurred before, after and during death as a result of social transformations brought by COVID-19 and disrupted connections. Abonga expressed regret in the inability to be present in hospital before her brother passed away as a result of the absence of holistic care in accordance with COVID-19 restrictions. Phumla and several other my participants regret sending their loved ones to get treatment in hospital because of the significant isolation their loved ones experienced and their inability to be present and supportive. These findings are similar to the findings concluded in a Study in Spain by Fernández and González-González,

2021). According to Atia and Davis (2010: 184) nostalgia operates as a negotiation between continuity and discontinuity. This memory of isolation is attached to regret and that can potentially influence adherence to treatment in the face of a deadly infectious disease.

The chapter 6: *Spiritual challenges and lockdown regulations* explores the inability of spirituality to become a positive coping mechanism in the face of emotional distress and reduce spiritual challenges. This chapter characterises act three and four. The performance of funerary rituals is central to spirituality. This means that my participants were unable to rely on their spirituality as a coping mechanism because funerary rituals were disrupted by COVID-19 restrictions. At this point, my participants experienced a rupture in meaning, healing and in spirituality which is usually a strategy to cope with social ruptures in situations where there are no tools that resolve the rupture. This leaves the bereaved in liminality, in a space unlike where they have been and unlike where they are going. In liminality there are perceived dangers such as *umkhokha*. This chapter examines the effects of liminality, which occur from the lack of spirituality that was previously employed to deal with death.

My participants did not separate the performance of rituals and the pursuit of spirituality. Spirituality represents connectedness and performance rituals are the vehicle to connectedness. Spiritual challenges refer to the outcomes of severed connections, severed connections between oneself can lead to chaos and protest action. Severed connection as a result of funerary ritual absence can lead to a rise of the youth having *sangoma* callings which are described as a difficult journey. Severed connections with funerary rituals themselves can lead to generational curses and feelings of injustice. The fear of spiritual challenges is a barrier to adherence to COVID-19 funerary measures. This is seen through Thabani whose family weighed the risk of spiritual challenges to be more severe than that of COVID-19 infections thus leading to non-compliance. The risk assessment is based on embodied past experiences and beliefs which then influence continuity to behaviours considered dangerous by public health stakeholders. If funerary performance is so embedded in spirituality and poses challenges in spirituality then it cannot be an effective tool for coping with funerary transformations that require the absence of significant funerary rituals. These findings are similar to those concluded in the Eastern Cape by Bank and Sharpley (2020) and go against Haider et al. (2020) whose findings concluded that spirituality is a tool in which crises from COVID-19 can be addressed.

7.3. Study Conclusions

As outlined in the introductory chapter, the research question is as follows:

- What are the experiences of funerary ritual transformations as a result of COVID-19 restrictive measures in the Midlands, and can spirituality be utilised as a coping strategy?

This study aimed to explore the ways in which bereaved individuals navigate, accept or contest funerary change based on their held meanings of death and identify whether spirituality can be used as a tool of coping as used before in other transformations such as apartheid transformations. This exploration was done through the lens of social drama and liminality which are concepts rooted in Interpretative Phenomenology. Interpretive phenomenology allows for the binaries of researcher and subject to be dismantled so social crises and phenomena of complex states such as bereavement can be properly investigated.

Through investigation the study concludes that experiences of funerary ritual transformations indicate liminality as a result of restricted or absent funerary rituals cannot be overlooked and poses danger to bereavement processes as a result of COVID-19 restrictions lead to emotional distress. Although spirituality has been found as one of the aspects that can enable the transformation of loss, even devastating loss, into a process of growth (Prieto-Ursua & Jodar, 2020:1; Koening, 2020:1), in this study, the inability to perform funerary rituals impeded on spirituality thus spirituality could not be used to gain positive outcomes for the bereaved instead funerary ritual transformations presented further challenges in the form of spiritual challenges for the bereaved. This particular crisis requires the adaptation of COVID-19 restrictive measures to incorporate alternative understandings of death held by the Zulu bereaved as did in North Kivu. This holds the potential of adherence to bureaucratically-imposed protocol and thus reducing transmissions without posing further challenges and harm.

7.4. How do the findings of this study contribute to knowledge?

This study exposes the multi-layered crises that exist in the Midlands for the bereaved as a result of COVID-19 restrictive measures. There is a crisis in funerary ritual transformation due to the inability to perform necessary funerary rituals that embody the meanings of death and funerals and a crisis in the inability of spirituality to mediate the first crises because the first crises is the reason for the spiritual crises. This has not been explored yet in literature this study can be used as a basis through which similar studies with bigger sample sizes can develop from when addressing the funerary ritual transformation crises, spirituality and bereavement in

South Africa. Spirituality may not be applicable in this instance as an approach for coping with crises, other approaches are to be investigated so they can be amplified by stakeholders in the promotion of wellbeing in instances where the inclusion of the community in creating and implementing interventions that have sociocultural implications that can mitigate the spread of the infectious disease cannot be adapted as done in North Kivu during the Ebola epidemic.

They became advocates for the inclusion of the community in creating and implementing interventions that have sociocultural implications that can mitigate the spread of the infectious disease (Sikakulya et al. 2021: 2). Anthropology's contributions to controlling the spread of Ebola were remarkable, demonstrating that diseases cannot be understood solely from the perspective of biology; they must also be understood in relation to social and cultural contexts, as diseases are socially intertwined with humans (Sikakulya et al. 2021: 2). To be able to combat any infectious disease outbreak in a region, decision-makers must understand the biological, socio-cultural, environmental, economic, and political elements, as well as how these elements impact prevention, cultural experiences, pathogen emergence, and treatment (Sikakulya et al. 2021: 2; Lee-Kwan et al., 2017: 27).

The study revealed that despite adaptation to bureaucratically-imposed funerals and seeking medical care during the COVID-19 pandemic, my participants expressed regret in doing so posing risk for future adherence during a pandemic and this might affect transmission rates. This information could be used by stakeholders to take head of the extent of the impact of COVID-19 funerary rituals and possibly provide pandemic responses that offer alternatives to ritual performances as done in North Kivu during the Ebola epidemic (Sikakulya et al. 2021: 2, so the bereaved can have their personal, cultural and spiritual needs fulfilled.

This study also offers an anthropological contribution to the study of death and COVID-19 in South Africa since the majority of the studies are based on epidemiological models that assess the frequency of death amongst a population. Other social science studies in South Africa overlook bereavement in the context of funerary ritual transformation and the dangers in liminality, this study brings those issues into light. Public health responses to combat COVID-19 in South Africa should take a compassionate approach that recognises the significance of customary funerary rituals in the presence of mass deaths. As a corrective method to exclusionary approaches and theoretical frameworks that have limited focus on funerary rituals, death has to be positioned as a significant rite of passage with an accumulation of personal bereavement, practices and beliefs that reflect understandings of life itself.

Religious beliefs on states of liminality cannot be overlooked and poses danger to bereavement processes.

7.5. Limitations

Ethnographic research is a never-ending journey that requires continuous engagement with my participants because meanings change overtime through different contexts. I was unable to deeply explore the innovative adaptations to COVID-19 funerary ritual transformations since my participants' experiences of death and funerals under lockdown restrictions. With more time I would have explored this aspect as it shows that my participants are not victims to funerary ritual transformations. My family and I performed some of the rituals that could not be performed such as family cleansings once the restrictions eased and this eased my perceived spiritual challenges.

This study had a small sample size with the aim of gathering in-depth data and in-depth understandings from a few individuals therefore the findings are not representative of all experiences of funerary transformations in lieu with COVID-19 restrictions in South Africa and in the Midlands. The findings of this study cannot be generalised to the entire Midlands and South African population.

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ANNEXURE A: QUESTIONNAIRE

Dear Midlands citizens

Our country has recently joined many countries in the world in facing a state of lockdown. With limitations imposed on various practices and the uncertainty that South Africans face daily, your voice matters and I am interested in your experiences. Spiritual struggle is a key indicator of negative medical outcomes. Your experiences and perspectives are important in developing a definition of spiritual health that would have practical value for the Midlands community at a time where researchers cannot agree on a definition. This could be useful for health sciences approaches aimed at optimizing health in a KZN context.

The purpose of this study is to explore the relationship between the transformation of funerary rituals and the related factors of spiritual well-being among Zulu people of KZN, Midlands. Spiritual beliefs and practices have been shown to affect the way people understand health and strategies they use to cope with illness, their resilience, resources and sense of support and overall health outcomes. A combination of logistical issues, conflicts with healthcare providers, and native burial traditions led to great difficulty in preventing the spread of Ebola in West Africa therefore it is important that we collect and use this information for better preparedness, and to reduce the impact of the ongoing efforts by government and communities to stem the spread and provide the best information and social support to all citizens.

No personal information will be recorded and your response is COMPLETELY ANONYMOUS. Should you wish, you may provide your contact number if you want me to contact you. You are however, in no way required to do so.

If you agree to participate in this survey, please respond to the questions and statements that will follow. If you do not wish to participate, we may stop now and no information will be recorded.

It should take you no more than 25-30 minutes to complete the survey. Only residents of South Africa, reside in KwaZulu-Natal, identify as Zulu, 18 years and older are eligible to respond.

Who to contact if you have been harmed or have any concerns

This research has been approved by the Rhodes University Human Ethics Committee (RU-HEC). If you have any complaints about ethical aspects of the research or feel that you have been harmed in any way by participating in this study, please contact the Human Ethics REC Chairperson: a.webb@ru.ac.za.

Important contacts

Contact	Tel.	Website / Email
Coronavirus Hotline	0800 029 999	https://sacoronavirus.co.za (Data Free)
National Department of Health		https://www.health.gov.za
National Institute of Communicable Diseases		https://www.nicd.ac.za
World Health Organization		https://www.who.int
GBV Command Centre	0800 428 428 OR *120*7867# from any cell phone	
Women Abuse Helpline	0800 150 150	
Child Line	0800 055 555	
Life Line	0861 322 322	
SAPS Crime Stop	0860 10111 OR SMS Crime Line: 32211	
GBVF-related service complaints	(SAPS) 0800 333 177	complaintsnodalpoint@saps.gov.za
National AIDS Helpline	0800 012 322	
National Human Trafficking Helpline	0800 222 777	

Suicide Helpline	0800 567 567 Persons with disabilities SMS 'help' to 31531	
South African Depression and Anxiety Group	011 234 4837	www.sadag.org

Your answers will only be used for research purposes and you will remain anonymous. This survey is available in both English and IsiZulu, if you consent to participating click yes and proceed to survey.

1. please select your age range
2. area that you are located in
3. what is your ethnicity
4. what is your religion
5. do you believe in a higher power?
6. do you think funerals are important?
7. why?
8. how do you feel about the imposed funerary limitations?
9. what do you think about online funerals?
10. which funeral home do you or your family use?
11. I have lost a loved one during the pandemic Yes, no
12. my faith gives me a feeling of security Yes, no
13. I view the future post covid-19 with optimism Yes, no, indifferent
14. I believe that the health measures put in place to curb covid-19 are helpful so I adhere to them:Yes, no, indifferent
15. I was not able to fully perform burial rites or attend a funeral of a loved one: Yes, no, indifferent
16. this affected me emotionally Yes, no, indifferent
17. I am content with the funeral/s and rites that took place. I feel the deceased was honoured: Yes, no, indifferent
18. I believe there is life after death: Yes, no, indifferent
19. I perform rituals to continue bonds with the deceased: Yes, no, indifferent
20. I found innovative ways to deal with grief during this time: Yes, no, indifferent

21. I feel supported by my community and family through my grief: Yes, no, indifferent
22. how satisfied are you by the support received from friends and family?: Very dissatisfied, dissatisfied, neither dissatisfied nor satisfied, satisfied, very satisfied
23. lockdown restrictions have denied me the space to reinforce the reality of my loss: Yes, no, indifferent
24. I have experienced spiritual disruptions due to funerary/ burial rites limitations: Yes, no, indifferent
25. how satisfied are you with your life: Very dissatisfied, dissatisfied, neither dissatisfied nor satisfied, satisfied, very satisfied.
26. how satisfied are you with your ability to support others?: Very dissatisfied, dissatisfied, neither dissatisfied nor satisfied, satisfied, very satisfied
27. If you would like me to contact you for further discussion on this topic please leave your contact here

Thank you for participating!

ANNEXURE B: INTERVIEW SCHEDULE

Interview Schedule

Researcher: Ntokozo Sibisi, g16s4853@ru.ac.za

Supervisor: Shabnam Shaik, s.shaik@ru.ac.za

Dear South Africans,

Our country has recently joined many countries in the world in facing a state of lockdown. With limitations imposed on various practices and the uncertainty that South Africans face daily, I would like to ask you your views on the impact of the lockdown due to the Covid-19 emergency and we could work together to possibly develop a definition for spiritual health that is effective for KZN at a time where researchers cannot agree on a definition.

The purpose of this study is to explore the relationship between the transformation of funerary rituals and the related factors of spiritual well-being among Zulu people of KZN. Spiritual beliefs and practices have been shown to affect the way people understand health and strategies they use to cope with illness, their resilience, resources and sense of support and overall health outcomes. A combination of logistical issues, conflicts with healthcare providers, and native burial traditions led to great difficulty in preventing the spread of Ebola in West Africa therefore it is important that we collect and use this information for better preparedness, and to reduce the impact of the ongoing efforts by government and communities to stem the spread and provide the best information and social support to all citizens.

No personal information will be recorded and your response is COMPLETELY ANONYMOUS. Should you wish, you may provide your contact number if you want me to contact you. You are however, in no way required to do so.

If you agree to participate in this interview, please respond to the questions and statements that will follow. If you do not wish to participate, we may stop now and no information will be recorded.

Focus area	Example of questions and probes
Study and participant introduction	Please tell me about yourself What do you understand this study to be about
Spiritual Health	Please tell me about your faith and belief systems. Do you engage in any spiritual practices when there a loved one has been deceased? What are these practices? With the covid restrictions, were you able to find innovative ways to practice your spiritual practices, tell me more about that. Did lockdown restrictions affect your process of grief? Did the restrictions impede on your spiritual beliefs? What are your beliefs or attitude towards the suggested health administrative measures. What does spiritual health mean for you? Do you think the restriction on rituals has affected your spiritual health or Your relationship with your community?
Funeral rites	Please tell me the funerary and burial rites you and your family engage on, how have these changed over the years, why? What impacts do funerary transformations have in your life? Are there any benefits in how funerary rites have been regulated?
future perceptions	Do you think there will be future implications for you and/or your family culturally and spiritually due to the inability to perform certain rites for the deceased?

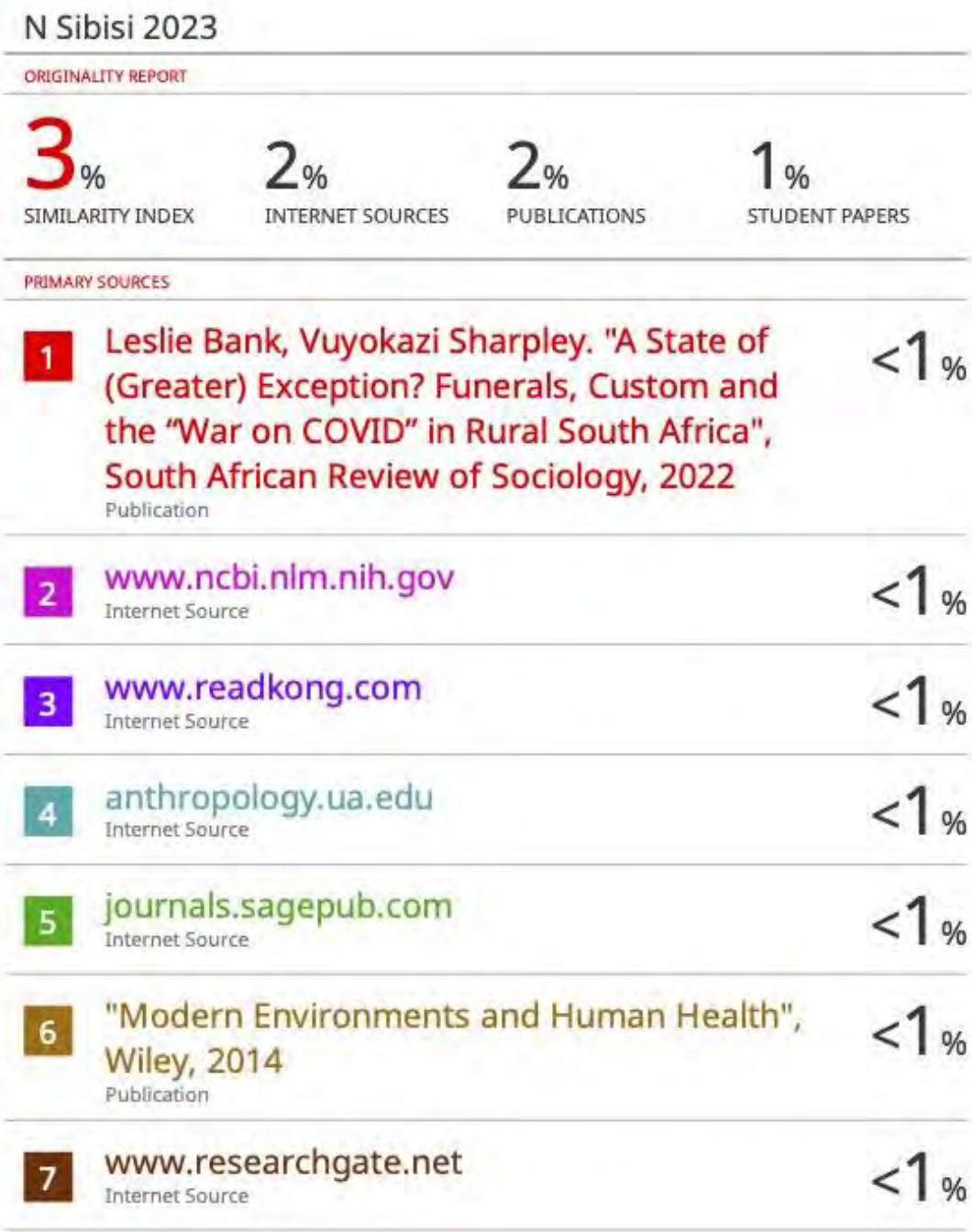
Important contacts

Contact	**Tel.**	**Website / Email**
Coronavirus Hotline	0800 029 999	https://sacoronavirus.co.za (Data Free)
National Department of Health		https://www.health.gov.za

National Institute of Communicable Diseases		https://www.nicd.ac.za
World Health Organization		https://www.who.int
GBV Command Centre	0800 428 428 OR *120*7867# from any cell phone	
Women Abuse Helpline	0800 150 150	
Child Line	0800 055 555	
Life Line	0861 322 322	
SAPS Crime Stop	0860 10111 OR SMS Crime Line: 32211	
GBVF-related service complaints	(SAPS) 0800 333 177	complaintsnodalpoint@saps.gov.za
National AIDS Helpline	0800 012 322	
National Human Trafficking Helpline	0800 222 777	
Suicide Helpline	0800 567 567 Persons with disabilities SMS 'help' to 31531	

South African Depression and Anxiety Group	011 234 4837	www.sadag.org

ANNEXURE C: TURNITIN REPORT



N Sibisi 2023

ORIGINALITY REPORT

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SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	Leslie Bank, Vuyokazi Sharpley. "A State of (Greater) Exception? Funerals, Custom and the "War on COVID" in Rural South Africa", South African Review of Sociology, 2022 Publication	<1%
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