Innovations

The Grief Process and Related Issues: A Case Study of a Family in Botswana

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Abstract:

Background*: There is extensive literature on grief, bereavement and its impact on individuals' mental health. Literature shows that grief is an individualised response to the loss of loved ones. This article is based on a case study of a family in Botswana during the COVID-19period. The global impact of COVID-19 was felt everywhere and some countries and families were affected more than others.* ***Objective****: This case study aimed to examine the grief process experiences, determine the physiological responses of those grieving and examine the myths surrounding the grief process.* ***Method:****The casestudy method engaged 4 members of 1 familywho lost their significant others, they were interviewed a year after the deaths.Data was collected qualitatively through interviews and was thematically analysed. Part of this study'sfindings were presented in a Radio Talk show to sensitise the public on the grieving process and effective coping strategies.* ***Results:****The findings revealed that individuals grieved differently.In this case study, the family lost 4members to COVID-19.Even though some family membersappeared to be coping,othersexpressed an inability to cope with the grief process due topersonal differences, perceptions of death and cultural influences.The study established4 common themes among grieving individuals encompassing the emotional, cognitive and physical responses. Financial, cultural and religious issues also impacted the respondents' grief process and exacerbated the inability tocope and common griefmyths were identified.* ***Conclusion:****Grief is experienced differently and elicits different cognitive, physical, emotional and behavioural responses. There is a need for empirical information to add to existing knowledge on the grief process to give insight into ways of processing grief-related mental health issues. This study is an impetus for knowledge-creation and development ofgrief counselling in Botswana.*

Keywords: *1. Bereavement, 2. Botswana, 3. COVID-19, 4. Death, 5. Grief,6.Responses.*

Introduction

This Case study is on the grief process of a family in Botswana focusing onrespondents' grief responses, challenges and grief coping strategies. Grief is the physiological response to loss; it is the mind, emotions and body's normal and natural response to a loss. This articlefocuseson the loss and emotional pain experienced when loved ones die. When going through grief,the body and mind try to cope and make sense of the griefprocess. Grief is on the inside whilst mourning is usually the outward expression of what individuals experience as grief on the inside.Though grief is universal, mourning differs from one culture to another and is as varied as the cultures and societies of the world. Mourning is the outward expression; the behavioural expression of the inner grief feelings. It is a complex phenomenon that is inevitable despite its complex impact on people that elicit varied responses.Individual's responses are unique due to cultural differences,varied personalities and related circumstances. Itaffects not only the emotions but also other areas of one's life. According to Bruce (2002, p.S28);"Grief is commonly defined as a state of deep mental anguish accompanied bymany emotions such as sorrow, heartache, pain, distress and sadness.

Method

The case study method was utilised and data was collected through a qualitative approach usinginterviews. Four familymembers were purposefullyselected and requested to participate in sharing their grief experiences in this single case study of one family from the Central district of Botswana.Respondents consented and voluntarily took part in the interviews by responding to open-ended questions.There was no monetary incentive, manipulation or risksto respondents' participation and respondents wereaware of their right to withdraw from the study if they so desired for whatever reasons without any negative consequences, and in that event, their data would be excluded from the study. Data coding was used to ensure confidentiality and privacy. Qualitative Thematic analysis was deployed and through the qualitativethematic text analysis and thematic mapping codes and major themes were developed.

Statement of the Problem

Death is a common phenomenon always accompanied by mourning and grief; however, very little research has gone into the grief phenomenon; its process and related responses in Botswana. The expectation from society is a uniform grief response pattern by those experiencing the grief, but grief is an individualised experience to which people react differently. Hence the problem investigated by this single case study was the grief process and related issues in Botswana.

Significance of the Study

The purpose of this case study was to explore the grief process and related issues in Botswana because, during the COVID-19 outbreak, many families were impacted andtried to cope with multiple deaths that led to emotional distress, and socio-economic challenges.Many expressed their grief differently;within a singlefamily,grief response was dynamic. Some families were psychosocially impacted more than others. Therefore, this studyqualitatively examinedindividuals' physiological responses, coping strategies,and myths surroundingthe grief process and related issues in Botswana. The study aimed to add to the knowledge resource, close the knowledge gap; inform Batswana on the common grief responses create awareness of the grief process and empower grief counsellors as often grief counselling and mental health issues are associated with stigma; as WHO(2003, p.3) opine; "Mental health has been hidden behind a curtain of stigma and discrimination for too long. It is time to bring it out into the open".

Objectives

To Determine the Grief Process of Family Members in Botswana
To Examine the Physiological Responses to Grief in Botswana
To Examine the Myths Related to Grief in Botswana

Research Questions

Q1. Whatare the grief process experiences in Botswana?
Q2. What are the physiological responses to grief in Botswana?
Q3. What are the Myths related to grief in Botswana?

Philosophical Paradigm

Literature shows that the qualitative method is anchoredby the interpretive constructivism underpinnings explicitly aimed at explaining the phenomenon from the subjective reasoning based on participants' experiential knowledge, subjective opinions, lived realities, meanings, attitudes and motivations behind their social behaviour (Wyllie,2024b; Wyllie& Muraina,2024). Therefore, this approach helped to provide insight into the grief phenomenon and thereby gave in-depth information and understanding from respondents' perspectives. According to Daniel (2016), qualitative research isunderpinnedbya qualitative process of inquiry aimed at gaining an understanding of a social phenomenon through conducting the research in a natural setting to get a holistic perspective from the participants' lived experience; hencethe respondents in this study were interviewed in their respective settings. It is upon this understanding that qualitative research is said to be primarily inductive in logic and subjective rather than objectively detached. Elkatawneh (2016), Golafshani (2003) and Neuman (2007) opine that interpretivismassumes that reality consists of people's subjective experiences and that reality is a socially constructed human better

understood by those who lived it. Therefore, the interpretivism assumption is that knowledge and meanings are based onthe researcher's interpretation of respondents' lived experiences from the inter views by the interpretive researcher. Therefore, in this Case study, for better exploration of the phenomenon, interviews using open-ended questions were deployed (Wyllie,2024b).

According to Onwuegbuzie and Daniel (2016), the interpretive paradigm focuses on understanding the world as it is perceived and experienced by individuals, and researchers use meaning, patterns and themes rather than measurement methodologies to understand the phenomena through data derived throughobservations, and interviewing respondents rather than from the researcher's detached stance. Therefore, interpretive research does not predefine dependent and independent variables, it inductively focuses on the full complexity of the human experience rather than deductively (Wyllie & Muraina,2024; Wyllie,2024b).

Based on this paradigm, the interpretive inquiry in this case study was to gain an in-depth understanding of the grief process by applying the approach to real-life situations in Botswana (Pathak et. al., 2013; Wyllie,2024b). The study useda non-controlling, non-manipulative, and unobtrusive approach (Onwuegbuzie & Daniel, 2003), as Antwi and Hamza (2015, p.221) assert; qualitative research "uses a naturalistic approach that seeks to understand phenomena in context-specific settings". According to Wyllie (2024b), the significance of the qualitative approach is in gaining a deeper understanding of the research problem in its unique context from the humanistic subjective perspective rather than from the deductive and numeric approach. Given that understanding, open-ended interviews were used in this case studyto give respondents a voice and to facilitate the collection of narrative data on the grief process and related issues.

Background

Covid-19 came and the world was never the same again as it impacted all areas of human existence. Globally nothing was left untouched by COVID-19, in all countries; both large and small, developed and less developed,rich and poor, lives were lost, and death became a common phenomenon as grief clothed nations and families, affecting both the old and young, educated and uneducated, Christians and non-Christians alike. Fear gripped the worldand many grabbled with sanity and hopelessness became the norm.Countries saw the rate of suicide skyrocket like never experienced. But most grievously, some families were more impacted than others;when some families lost 1-2 individuals, others lost more family members, and yet there were still some worse-casescenarios. (Worldmeter Coronavirus,2020-2024; Republic of Botswana, 2024).

Botswana, a small land-lockedcountry with a small population of approximately 2.3mwas not just economically impacted, but overwhelmed by the grief brought

bythe COVID-19 death toll as indicated in the World MeterCoronavirusdata in Figure 1 below;

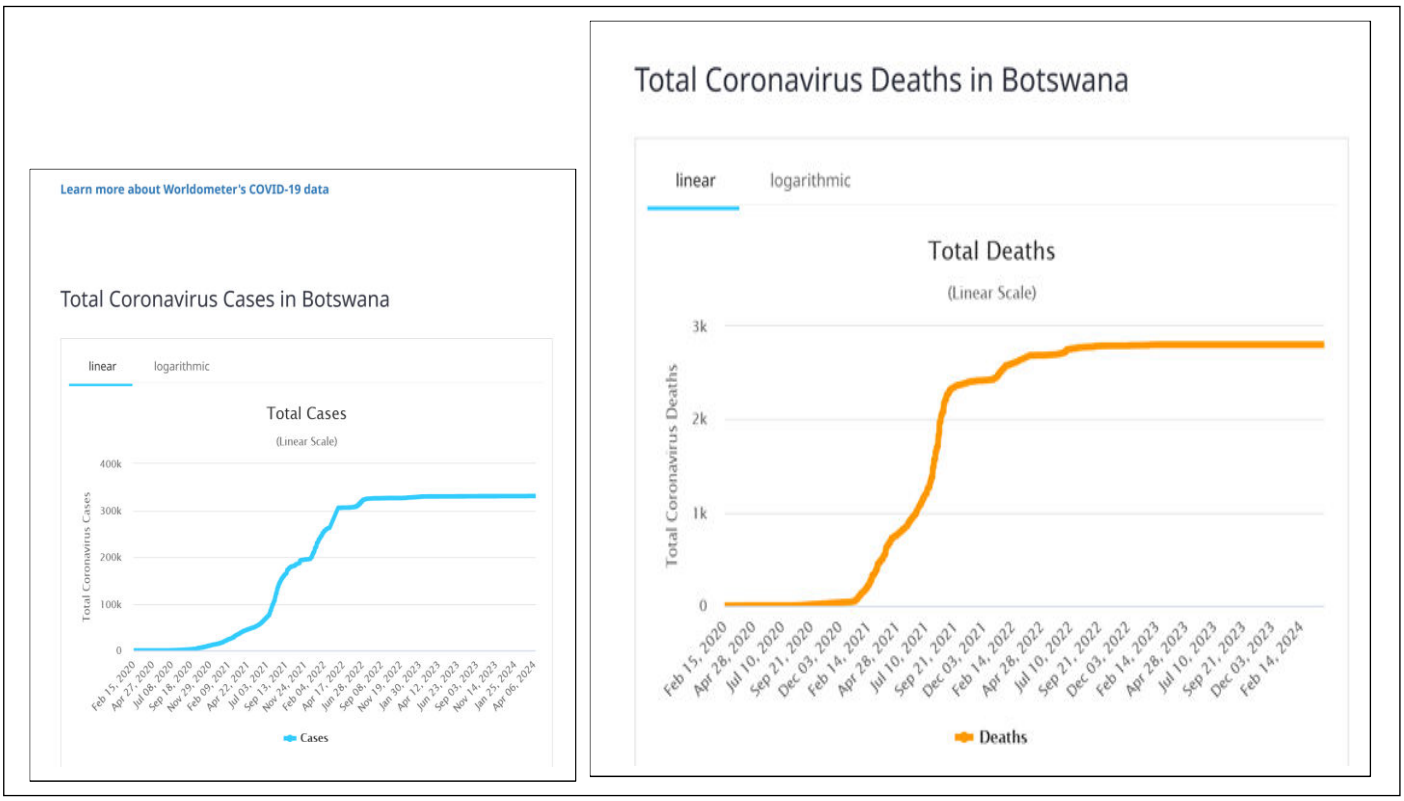

***Figure 1*. Botswana Coronavirus Cases and Reported Deaths from February 2020 to February 2024**

Respondent 1 was an 84-year-old individual who identified as female and had 8 adult children all married; 6 males and 2 females. Out of these 8, 3 males died of severe COVID-19 pneumonia within 6-week intervals, and the 4th was her son-in-law. She had never sought counselling and suffered memory loss following the third funeral. During the funeral of herson-in-law, she could hardly function, she could not remember people, and she could not stop crying. At the time of the interview, she was still forgetting which one of her sons had died. She isolated herself and the family reported that she had suffered severe memory loss as a result of thetrauma related to the deaths,and wasexperiencing cognitive decline daily.The memory loss seemed to have affected incidents after the deaths butshe remembered everything else that happened before COVID-19 and before the deaths and funerals.The interview was conducted in the local language a year after the series of deaths in observance of cultural practices of mourning. The family was concerned about her loss of appetite and memory, but she stated that she never felt any hunger, andwas eating because she was being forced by the family. She disclosed; *"I can't remember when last I ate something, but I am not hungry, I never feel hungry, most of the time, I can't tell what day or time of the day*

*it is".*The 84-year-old went on to say that she prefers being by herself as it allows her to cry, but she keeps being told;*"be strong, your crying will make the young ones cry too"*, she further said,*"They don't understand, they haven't lost 3 children".*

*Respondent2*was a 49-year-old female who lost her husband. A well-educated individual who worked in a high school as a teacher could respond to the interview in either English or the local language. She had accessed counselling, and she said it was difficult trying to move forward, she dreamt of her deceased husband constantly, cried a lot when triggered, and found it difficult to concentrate oraccept the loss, but feels better when at work, she forgets the loss.She said that she found herself mostly in a state of disbelief, in shock and like she would wake up and it would all be just a dream, but seeing a few people coming to check on her though theyobservedsocial distancing due to COVID protocols, made her realise that the death of her husband was real. Sometimes she thinks and expects to see her deceased husband. She said she was trying to make sense of what happened, she blamed herself for not doing more to save him, yet she had taken him to medical facilities. She also blamed the doctors and accused them ofhaving delayed the treatment thatcould have saved her husband fromCOVID-19. At the same time, the respondent stated; "At least he is now resting and no longer in pain, watching him suffer was torture……" "I can't get the images out of my head".She stated that she didn't understand why everybody kept sayingthat it had been a year and she should be healed by now because time heals. "but it still hurts as if it happened yesterday". Her grief appeared to be complicated by financial issues; outstanding debts and family business responsibilities and demands. She said she had 5 children who have been drastically impacted and she has to be strong for them. She complained of chronic headaches, loss of appetite and cultural rituals and expectations for her to stay for months in seclusion and on a mattress on the floor which she said caused her severe backache.

Respondent 3 was a 39-year-old who identified as a female and also lost her husband. She stated that her religious beliefs helped her cope with the situation. However, she finds herselfhaving to force herself to cry throughout the night because she believes that people think that since she does not cry it means she was not hurting, not in pain and therefore was not grieving. She further said that she must get over the grief to sort out the family's financial situation otherwise banks will repossess their home. She said that she cannot cry in the presence of her children as they are still young. She believes the kids are worse than she is. She said shefelt lethargic, finds no meaning in life, and finds it difficult to get to work; She said "*I wish I didn't have to go to work, I am constantly tired"*. She doubted her ability to bounce back and look after her children.She complained of sleeplessness and body pains.She reported that she managed to get counselling from church.

Respondent 4 was a 55-year-old female who lost 3 brothers and a brother-in-law. She reported being numb, and in a state of shock, but cognitively she said she was aware of the deaths, but emotionally she stated being unable to feel:*"I am like a walking robot, I don't know how I feel, I can't cry but am sad, tears won't come out no matter how hard I try*". She went on to say, *"Something must be wrong with me, I feel sad for my mum and my younger sisters, I feel helpless".* She blamed the hospitals where her brothers died of COVID-19. She said she wondered if God was watching and, at the same time doubted God had anything to do with it; she said *"God is not a murderer, he loves us, there must be another explanation to the whole thing."*She expressed having difficulty sleeping and feeling guilty about allowing herself to be happy when her siblings died and that she gets told that pain will ease up and the shell will feel better if she focuses on her work and ignore the emotions.

Observations and Conceptualization

Due to the tragic deaths within a short periodexperiencedby these family members, there were several grief responses expressed that could be categorized into cognitive, emotional and physical. To prevent creating emotional contagion, respondents were interviewed individually on different occasions at different sites and they lived in differentlocations. Two were in rural areas and the other two were stationed in the city. At the time of the interviews, the respondents could still be triggered and allowed themselves to cry. The interviews were conducted by a professional counsellor trained in grief and trauma counselling;hence, the interviewsalso provided some form of critical incident debriefing and respondents expressed feeling better after telling their stories.

The interview used open-ended questions but focused on specific variables: thoughts/cognition, feelings/ emotions, behaviour/actions,triggers, coping strategies, myths and cultural issues surrounding grief. Only two stationed in the city had initiated individual grief counselling which they said was challenging due to their financial difficulties. Through the interviews,certain barriers to grieving were unearthed such as growing up being taught that crying was a sign of weakness and that it was important for them to be strong for their children. During the interviews, they still questioned how the people who loved God and served him were the ones who died. An observation made was that the family members never had family group grief support intervention, nor any community grief support services provided. Due to COVID-19 restrictions, their mourning and grieving processeswere equally restricted and according to the respondents, it complicated their grief as families and friends who normally provided supportcould not due to restricted movement and lockdowns.

Given this background, this article discusses thegrief process, physiological responses, common grief responses, common myths associated with grief, and coping strategies and gives recommendations.Literature shows that

there are common stagesin grief responsesand reactions often experienced by grieving individuals (Kubler-Ross,2011), however, group or community grief is also possible (American Cancer Society ([ACS],2018; CDC, 2023).

Study Results

Qualitative Thematic Analysis

According to Kuckartz (2019), qualitative text analysis is a systematic approach that facilitates effective qualitative content analysis of data gathered through interview techniques; hence it was utilised in this study and enabled the development of a thematic matrix in Table 2-4 and the results were anchored on the research questions.

Q1. What are the grief process experiences in Botswana?

This research question sought to determine the respondents' grief process experiences, this was derived from their narrative data and thematically analysed in various forms, word clouds, verbatim and in tables.The thematic analysis started with establishing codes and this was done by generating a word cloud in Figure 2 below by using Wordclouds.comby uploading the respondents' intercepts into the platform.

Figure 2. **Word Cloud Generated from the Respondents' Intercepts (**www.wordclouds.com)

This Study revealed codes and themes from the narratives of the four respondents who experienced significant loss due to COVID-19 deaths. This was a category-based analysis by major variables, the text content analysis focused on codes and key themes across the respondents' responses;this analysis highlights the complex interplay of emotional, physical, cognitive, and social factors in the respondents' experiences of grief, Table 1 below shows the codes that formed themes.

Table 1

Respondents Repeatedly Expressed Words in theInterviews

1. Death related	2. Emotional Expressions	3. Family-Relations	4. Physical & Emotional Health
Death	Crying	Children	Appetite
Died	Disbelief	Brothers	Headaches
Funeral	Grief	Family	Hunger
Loss	Numb	Husband	Memory loss
	Pain	Son-in-law	Sleeplessness
	Sad		Tired
	Shock		

These words were central to the narratives provided by the respondents, reflecting their experiences of loss, and emotional and psychological distress, and the impact on their physical and mental health was evident.The data revealed several common themes and patterns across the narratives; therefore, though there are some differences they were insignificant, but there were more significant shared commonalitiesin the respondents'grief responses.

Q2. What are the physiological responses to grief in Botswana?
Grief and Loss

All respondents have experienced significant loss due to COVID-19, including the deaths of close family members such as sons, husbands, and brothers, therefore theiremotional responses to these losses were significant and expressed through crying, sadness, numbness, and disbelief.

Emotional and Cognitive Impact
Respondents reported severe emotional distress; and emotional dysregulation including feelings of shock, numbness, and an inability to process the deaths and reach acceptance. Cognitive issues such as memory loss and difficulty concentrating were also mentioned, particularly by Respondent 1.

Physical Health Issues
Physical symptoms related to grief and stress were common, including loss of appetite, chronic headaches, backache, body pains, and sleeplessness. Hence, literature reveals the link between mental health and health and the fact that there could be no health without mental health, the two are intertwined and one influences the other (World Health Organization([WHO],2003, [WHO],2022; University of Texas ([Utexas],2021).

Coping Mechanisms
Different coping strategies were employed by respondents, such as seeking counselling for example in the case of *Respondent 2 and Respondent 3's* reliance

on religious beliefs receiving religious spiritual intervention from church as well as the attempt and belief that it was important to try and stay strong for the family, especially the children. Some respondents expressed feelings of guilt and self-blame, as well as blaming medical facilities for the deaths. This was probably their way of making sense of and coping with displacement.

Family and Social Support

The importance of family support is highlighted, with respondents discussing their responsibilities towards their children and other family members.Social interactions were limited due to COVID-19 protocols and thus impacted family support and the grieving process. There were feelings that, had it not been for COVID-19, the family support systems would have made the grieving process easier.

Cultural and Religious Context

Cultural practices and rituals related to mourning are significant andin this Case study, somewhat influenced how respondents coped with their grief process. While religious beliefs played a significant role in providing comfort and understanding of the events for one, the cultural rituals appeared to have caused the other respondent more grief in the form of a physical backachefrom being expected to stay in seclusion lying down all the time with limited interaction with people.

Financial and Practical Concerns

From the study results, financial issues and responsibilities added to the stress, respondents mentioned debts, business responsibilities, and the need to work to maintain their homes and expressed fears of losing their homes or other assets.These themes illustrated the multifaceted impact of COVID-19-related losses and the grief on individuals, encompassing emotional, cognitive, physical, social, cultural, and financial dimensions.

Common Themes and Patterns Form Categories

Based on the common themes and patterns of responses, categories were developed that included*; Grief and Emotional Responses*encompassingcrying, sadness, disbelief, emotional pain, numbness and shock. *Cognitive and Memory Issues*included memory loss, difficulty concentrating and forgetfulness. *Physical Health Symptoms* experienced includedloss of appetite, Chronic headaches, Backache, Body pains, Sleeplessness and lethargy.These were expressed as part of thephysical health issues experienced during the grief process.

Coping Mechanisms included seeking counselling, religious beliefs, self-blame and blaming medical facilities. *Family and Social Support* had issues around responsibilities towards children, family support and limited social interactions due to COVID-19 protocols, in *Cultural and Religious Contexts* were some cultural mourning practices, religious beliefs and rituals, some of which were perceived

negatively. Other issues were within the category related to*Financial and Practical Concerns* such asfinancial difficulties; debts, business responsibilities and ways to hold on to family homes and maintaining the homes.These categories helped to organize the various aspects of the respondents' experiences and provided a clearer understanding of their grief process andthe impact of their losses as captured using thematic mapping in Figure 3-5 and qualitative thematic matrix in Tables 2- 4 for visual data presentation.

Table 2

Thematic Matrix of Grief Emotional Responses by Family Members (N=4)

Respondent	**Grief Emotional Responses**					
	Crying	**Sadness**	**Numbness**	**Disbelief**	**Shock**	**Pain**
1	Could not stop crying during the funeral	Expressed deep sadness	Not expressed	Not expressed	Not expressed	Not expressed
2	Cried constantly	Expressed deep sadness	Not expressed	In a state of disbelief, expecting to wake up from a dream	Not expressed	Not expressed
3	Forced herself to cry at night	Expressed deep sadness	Not expressed	Not expressed	Not expressed	Felt pain but could not cry, so forced herself to cry to show it
4	Not Expressed	Expressed deep sadness	Felt numb and like a "walking robot."	Not expressed	In a state of shock	Not expressed

Table 2 above shows the grief emotional responses from the four (4) respondentsfrom crying, sadness, numbness, disbelief, shock and pain. All Four (n=4,100%) expressed the sadness felt, only (n=1,25%) expressed being in a state of shock, whilst 1 (respondent 3)said she forcedherself to cry.Respondents 1 and 2 (n=2,50%) found it easy to cry, Respondent 2 experienced a state of disbelief while 3 (n=3,75%) could not express it. Therefore, it can be concluded that the significant grief emotional response was ‘‘sadness’’.

Table 3

Thematic Matrix of Grief Cognitive and Physical Responses by Family Members (N=4)

Respondent	Cognitive and Memory Issues			Physical Health Symptoms				
	Memory Loss	Difficulty Concentrating	Forgetfulness	Loss of Appetite	Sleeplessness & Lethargy	Chronic Headaches	Backache	Body Pains
1	Severe memory loss, after the deaths	Not Expressed	Forgot which son had died	No hunger, eating only because forced.	Not Expressed	Not Expressed	Not Expressed	Not Expressed
2	Not Expressed	Found it difficult to concentrate.	Not Expressed	No appetite	Not Expressed	Complained with chronic headaches	Severe backache due to cultural rituals	Not Expressed
3	Not Expressed	Not Expressed	Not Expressed	Not Expressed	Difficulty sleeping& Lethargic, constantly tired.	Not Expressed	Not Expressed	Complained of body pains.
4	Not Expressed	Not Expressed	Not Expressed	Not Expressed	Difficulty sleeping	Not Expressed	Not Expressed	Not Expressed

Table 3 shows cognitive and memory issues and physical health-related symptoms as grief responses.Only one family member 84-year-old female (Respondent 1) experienced memory loss and forgetfulness and her main physical health concern was the inability to eat and not feeling hungry (loss of appetite). The other 3 did not experience memory loss, 1 (respondent 2) aged 49 had difficulty concentrating, and her physical healthsymptoms included chronic headaches and severe backache. Respondent 3 appeared not to be experiencing

any cognitive-related issues, but her physical health-related symptoms included difficulty sleeping, lethargy, constant tiredness and body pains. Respondent 4 on the other hand did not report any cognitive issues but reported only 1 physical health-related issue of difficulty in sleeping. It can be concluded based on this data that there are varied cognitive and physical responses to grief. As literature reveals, grief is an individualised experience.

From these thematic Matrices in Table 2-3 derived from the narrative data, visual thematic mapping was done to portray the major grief responsesin Figures 3 and 4 below.

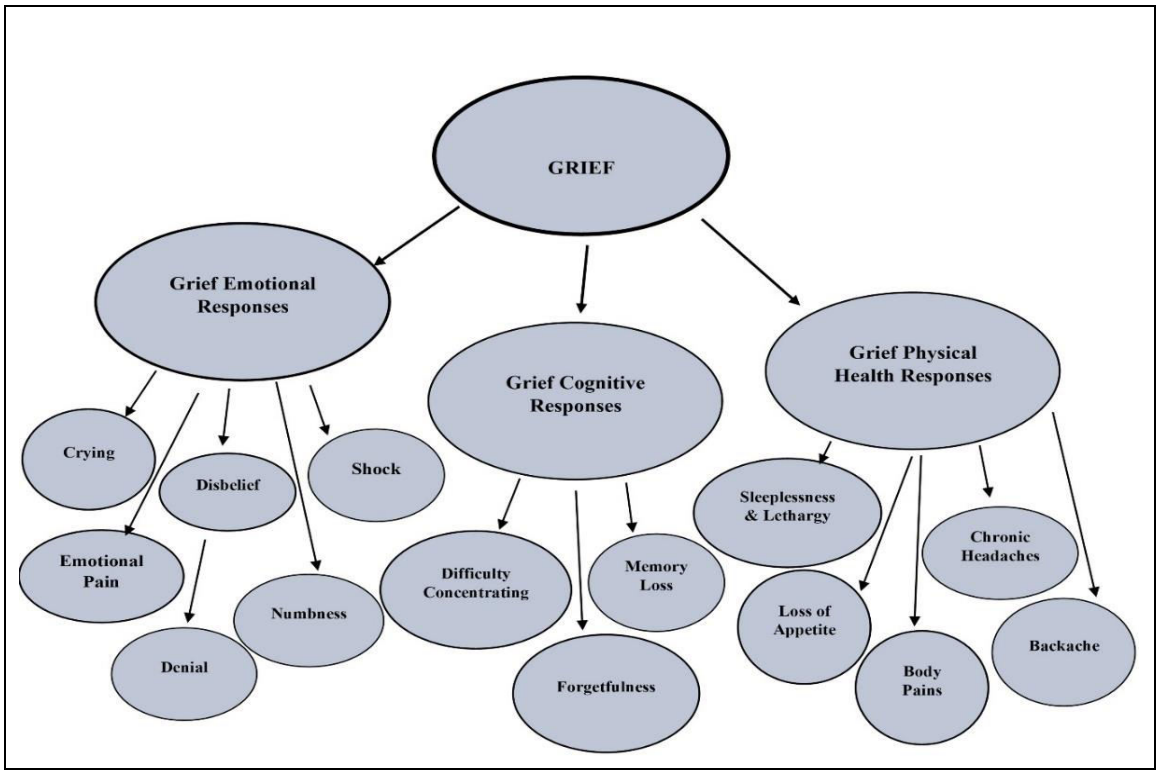

***Figure* 3. The Initial Thematic Map Showing Multiple Themes**

These multiple themes were developed from the data derived from the semi-structured interviews of the 4 family members and reflect the physiological responses to grief and derived from issues that could be categorised into Emotional, cognitive and physical responses to grief and sub-themes.

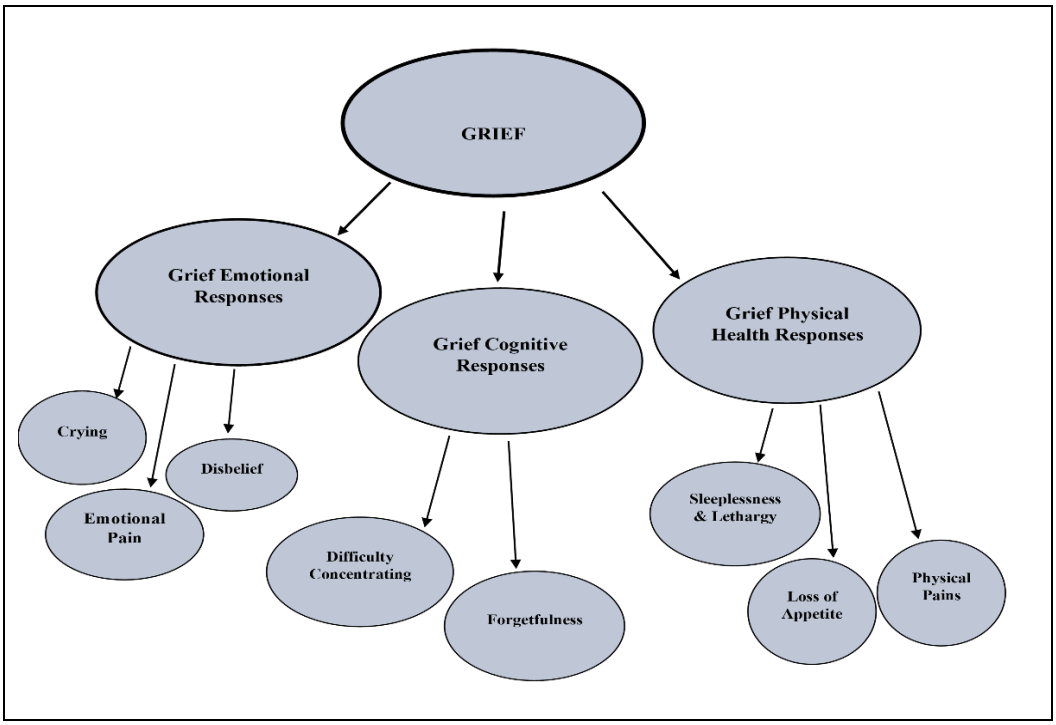

***Figure 4.*Thematic Map showing Major Themes and Sub-themes**

There were also challenges experienced by each family member which are presented in Table 4 below.

Table 4

Thematic Matrix of Challenges and Coping Strategies

Respondent	**Challenges**			**Family and Social Support**	**Coping Mechanisms**			
	Limited Social Interactions	**Cultural and Religious Context**	**Financial and Practical Concerns**	**Responsibilities Towards Children**	**Sought Counselling**	**Religious Beliefs**	**Self-Blame**	**Blaming Medical Facilities**
1	Not expressed	Interviewswere conducted a year after	Not disclosed	The family forced her to eat.	No	Not disclosed	Not expressed	No

		deaths due to cultural practices .						
2	Few people visited due to COVID-19 protocols	Cultural mourning rituals required seclusion and laying on a mattress	Grief complicated by financial issues& family business responsibilities added to the stress	Had to be strong for her 5 children	Yes, accessed counselling	Not disclosed	Blamed herself for not doing more	Blamed doctors for delayed treatment.
3	Not expressed	Religious beliefs helped her cope.	Concerned about the financial situation and potential home repossession	Concerned about her young children	Yes from Church	relied on religious belief	Not expressed	No
4	Not expressed	Questioned God's role in the deaths	Not disclosed	No	No		Blamed hospitals for the deaths	No

This thematic matrix organizes the respondents' experiences into clear categories, highlighting the multifaceted impact of their losses from the Cultural Mourning Practices, religious beliefs and mourning rituals, to financial Issues; personal and business debts and responsibilities and how to maintain their family homes. Similarly, there were challenges encountered during the grieving process, and in this case study the family members deployed different coping strategies as indicated on the thematic map below. Some of the coping strategieswere positive such as seeking counselling, whilst others were negative such as self-blame and blaming others, especially medical facilities. However, those were ways the bereaved were trying to make sense of their situations and eventually reach acceptance.

The thematic map in Figure 5 mirrors the data in Tale 4 above showing the major challenges and coping strategies adopted by respondents.

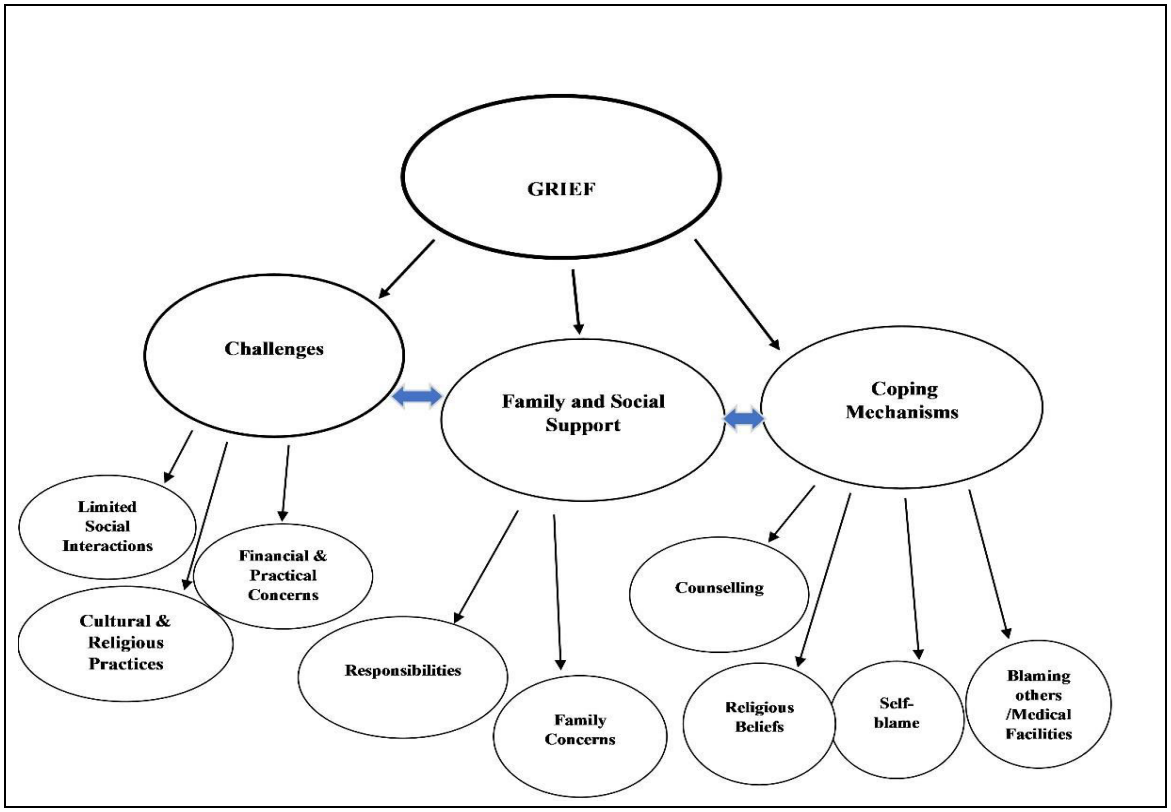

Figure 5. **Thematic Map Showing Grief Challenges and Coping Strategies**

Family and social support could have been a positive coping mechanism, however, due to COVID-19 restrictions and protocols, it was impactedand, in some cases, depending on the family dynamics, instead of being a positive coping support system, it became a challenge that impacted the respondents'grief process.

Q3. What are the Myths related to grief in Botswana?

The interviews revealed the following myths related to cultural and religious beliefs and the discomfort those around the grievers have about emotions and grief itself, for example, Respondent 1 stated that she kept being told; *"be strong, your crying will make the young ones cry too"*, and Respondent 2 feeling that she needed to force herself to cry throughthe night because she believed that people didn't think she was hurting and that she believes that she should not cry in the presence of her children as they were still young. Hence Table 5 shows some of the common myths that emerged during the interviews.

Table 5
Myths Related to Grief

Common Myths About Grief	**The Reality**
1.Be "strong, don't cry in front of the children you will make them cry too"	Feeling Sad, fearful, angry, empty or lonely is a normal reaction to loss. Generally, People seem to be uncomfortable being around those who cry or express emotional pain. The tendency is to tell people not to cry but to be strong,however, crying is not a sign of weakness as perceived by manybut astrengththat facilitates the healing process and shows that one is human. Often people feel the needto "protect" the family by putting on a brave outer façade when hurting. Allowing oneself to be vulnerable and to grief may help the familyto reflect, relate andequally process their grief.
2. "The pain will go away if you ignore it and focus on work; staying busy helps"	Trying to ignore the pain or suppressing the feelings can only delay the grieving process as emotions are bottled up and suppressed.Therapeutic emotional healing occurs whenemotionsare confronted, expressed experienced and accepted.
3. "Grief should last a year and you should be feeling better by now because time heals"	There is no specific set time frame for grieving;how long it takes can differ from one person to another depending on different circumstances. In complicatedgrief, people may take much longer, butgrief recovery is achievable and healing is possible.
4. "If you don't cry, it means you are not sad; you are not hurting if you don't cry".	Crying is a normal response to sadness and pain, but it is not the only form of expressing grief. Though others may not outwardly express their grief through crying, they may be feeling as equally grieved as others butusing other ways of expressing it. For some, it may be difficult to express grief if experiencing shock, numbness and denial or related differently to the person who died.

Adopted from Smith et al. (2024)

Table 5 shows the respondets' expressed myths that seemed to impact their belief systems and their grieving process.

Discussion

The study revealed three main themes; *Emotional response, Cognitive response and physical response,* under which related issues also emerged such as the *grief challenges* and *grief coping* strategies and related issues that were evident across the respondents' narratives. These indicated that the grief process is not just an emotional issue, it has other dynamics.

Physical

The study indicates that respondents experienced varied physical responses or reactions to grief such asnausea, headaches, backache, muscle weakness, knotted body muscles, body pains, upset stomach, weight loss, lethargy, fatigue, loss of appetite, sensitivity to noise and inability to keep track of time. Some experienced a sense of the presence of the deceased, hearing the deceased's voice or perceiving them visually and sometimes calling out the deceased name when trying to call someone else who is alive and present. There were also reported sleeplessness,and self-isolation (which in Botswana is demanded and expected of widows to self-isolate for a stipulated periodwhilst in mourning). Some observations included sighing, searching for special items belonging to the deceased, crying, restlessness, vagueness as if someone was in a trance/daze, and some avoided seeing items, constant reminders and people closely associated with the deceased as ways of avoiding beingtriggered.For those who consume alcohol, there was anincreased intake used as an escape or coping strategy (Wyllie, 2024a).

Emotional

Grieving individuals experienced multiple emotions ranging from anger, despair, anxiety, sadness, loneliness, depression, depersonalisation, disbelief, self-reproach, panic, anxiety, listlessness and apathy, shock, numbness, anger, denial, trying to blame someone else such as doctors, hospitals for negligence and so on. But sometimes depending on the circumstancesthose who watched their loved ones suffer had a sense of relief stating that "at least the person was now resting and no longer in pain….". This expressionwasa way of making sense of the pain, dialoguing to be able to reach an acceptance state the best way the individual could.

Cognitive

There were cognitiveimpairments experienced by some accompanied by experiences ofdistorted thinking,memory loss, denial, confusion, difficulty concentrating or remembering things, difficulty taking action or planning for funeral arrangements, losing track of where one was and loss of time,shock,

wondering what happened, being mentally dazed, lacking awareness of what day, time or month it was and often failure to care for oneself as well as difficulties imagining a life without the deceased and imagining having seen the deceased and constant dreams about the deceased.

Ways of Processing Grief-related Anxiety

It is normal to experience different physiological responses ranging from shock, denial, numbness, anger, guilt, bargaining, depression, hopelessness, blaming others, loss of appetite, sleeplessness, self-blame and blaming God before one can reach acceptance and return to normalcy when going through the grieving process.Literature reveals that grief is an individualised experience and despite the popular stages of grief mostly grounded on Kubler-Ross's model of the stages of grief in individuals anticipating death and dying, grieving individuals do not always follow the purported stages (Bruce,2002; Hall,2014; Kessler,2023; Kubler-Ross,2011;Wyllie,2024a).

Cognitive processing of death, lossand pain can be challenging for those experiencing complex physiological responses to grief. Literature (Hall,2014; Kessler,2023; Math,2021; Martin& Elder,2020; Utexas,2021)shows that loss leads to grief and that grief has to be perceived as a normal response to loss.Hence, Bruce (2002) opined that ''grief is a natural process of adjustment to a new state of affairs in a person's life initiated by loss''. Suffice it to say that grief is a process that symbolises a transition through death and back to regaining the will, strength and desire to live life again without loved ones.

Responding and Normalising Grief-related Anxiety

People experiencing grief go through different emotions of anxiety, it is okay for them to feel whatever emotions they may be feeling under the circumstances. A range of emotions may be experienced; they may feel empty, physically drained,helpless, breathless, trouble sleeping, irritable, disbelief, cry ordream about the deceased (ACS,2018; Hall 2014; Martin& Elder,2020; Math,2021; Utexas,2021).

They need help to realise that it is okayfor them to talk about the deceased,share both positive and negative memories and tell their story. In this study, the respondents had a safe environment to express their situations without feeling judged or inhibited in any way. The narratives allowed the normalization of the grief process.

Working through the Feelings of Anxiety, Anger, and Guilt

Respondents expressed deeper feelings, described theiremotions, identified the emotions, admittedthe feelings to themselves regardless of whether it was anger, self-blame, blaming others, guilt or fear and interrogated the emotion as to whom it was directed;whetherto oneself, to the deceased, any other person, an organization or God and so on. During the interview, respondents found a safe

environment to freely acknowledge their anxieties, anger, guilt and any other emotion (ACS,2018; Bruce,2022, Robinson & Smith,2024; Smith et al., 2024). Hence, one said that she believed that her loved one would have survived had the doctors not delayed with treatment, and that other's self-blame that maybe she could have acted sooner in taking the deceased to the hospital.

Cultivating Self-compassion and Resilience

The study indicated thatdeveloping self-compassionwas a difficult thing to achieve for grieving individuals as evidenced by their self-blame statements. Helping them copethrough accepting each day, telling their story, validating their feelings, recognising the "baby steps" and efforts made towards seeking counselling, talking about the loss and agreeing to participate in the study were strengthsdeserving recognition and efforts to self-compassion as the beginning in their walk towards coping with grief (CDC,2023; Utexas,2021;Wyllie,2024a).

Utilizing Mindfulness and Meditation

In wrapping up every interview, mindfulness and meditation were incorporated which involved respondents developing positive "checking out" (debriefing) to use in the future. These included: Perceiving, Thinking and Behaving.Paying attention to their environment, body scanning for knotted tension areas that may have been triggered by the interview process, mindful breathing, mindful body stretching exercises and allowing themselves to feel their emotions. Grounding was encouraged for them toeach identify andcount 5 things they could SEE in their environment, 4 things they could TOUCH (focusing on the texture), 3 things they could HEAR (they were allowed to close their eyes and focus on any sounds they could identify and hear, 2 things they could TASTE (they were offered a choice between a mint gum and sweet and asked to focus on the taste) and lastly checking out by identifying 1 thing they could SMELL, where none existed, scented vanilla or Lavender candle was brought into the room and they were toidentify and focus on the scent (Wyllie, 2024a). Normalizing and terminating the interview session was agreed on and concluded.This was alternated withcounting from 1 to 10, breathing in and out gradually and visualizing an imaginary or existing calming and peaceful place they know such as; the ocean, beach, farm, cattle post, waterfall, village, beautiful garden or anything or favouriteplace that brought calming effect.The religious or spiritual onescould use their favourite calming, soothing gospel music or meditate on scriptures that gave them strength and meaning (Math,2021; Nortje,2020;Wyllie,2024a).

Grief is a Process

According to Kessler (2023), grief is a process, the pain does not disappear overnight,telling the story, talking to someone about the lossand surrounding oneself with people who care may help, but at times one may feel that they need to be alone; it is also okay as long as it does not turn into prolonged social-self

isolation that may trigger an increase in sadness and possible depression.Noticing triggers such as birthdays, anniversaries, people, events, food types, memorabilia, sounds and many others is important (Jen,2020; Wyllie,2024a).

Limitations

1. Grief is a challenging phenomenon, to investigate it at a time when people are still grieving can be perceived as insensitive, however, having allowed 12 months to elapse following the losses before the interviews may have led to respondents forgetting some of the critical information.
2. The grieving of social connections, relationships, and support systems that were experienced due to COVID-19 restrictions were not probed further, otherwise the study could have probably yielded different results.
3. Interviews are susceptible to research biases as respondents control the amount of information to share. Therefore, the use of mixed methods would probably have yielded different results. Hence, future studies could consider a mixed-method approach to explore the phenomenon.
4. The small single case study with a sample of 4 respondents from 1 family may have impacted the findings. Future research should consider a large and gender-balanced sample, triangulation of methods and the use of focus group discussions (FGD).

Recommendations

It is evident from the literature and the interview responses that death is inevitable and hence grief is equally unavoidable. Similarly, grief is an individualised phenomenon.Given this understanding, the following are the recommendations.

1.*Grief Psychoeducation and mental health awareness* to help peopleunderstand that people grieve differently and sometimes just being present for those experiencing grief may be all that one can do for them. People do not get over grief, they go through it and the only cure for grief is to allow the grief to run its course and embrace the reality of a future without loved ones, hard as it may sound and appear to be impossible, healing is possible.

2. *Evidence-based Grief Support*: individualised and group grief support interventions are a gap needing attention. Given the COVID-19 experiences, the significance of technology in grief support cannot be overemphasized for individuals, families,groupsand communities,as well as the significance of rituals in the grieving process. COVID-19 protocols restricted most rituals which may have complicated the grieving process for many.

3.*Future Research*: there is a need for further research using mixed methods and focus group discussionsas an impetus for development and improved knowledge resources in this field in Botswana, specifically investigating the cultural perspective of grief and its impact on families.

4. *Telementalhealth Services*: One of the lessons learnt from COVID-19 is the significance of Telementalhealth services for grief support which is equally critical in mental health research, not just for Botswana, but other parts of Africa where telecommunication is still underdeveloped, this is an area for scientific investigation.

Conclusion

The Kubler–Ross (2011)stages of grief are not prescriptive as not every individual experiences grief and loss in stages or phases. Grief is personal andeveryone grieves in their own unique way, while some may be expressive in emotionsothers may not. If there is anything learnt from the COVID-19 experiences is that death cannot be avoided. The respondents revealed a pattern of themes in their unique responses to grief; cognitively, physically, emotionally and behaviourally,hence, the conclusionis that grief is not only about emotions; there are other ways through which people express their grief and the grief period differs from one individual to another. Some of the grief coping strategies may have positive effects whilst others may not be effective. Regardless of the study's limitations, this is an immense empirical contribution to mental health in Botswana;specifically, to those specialising in grief counselling,the study gives recommendations on grief coping strategiesandfuture research areas.

Disclosure:

The authors report that there are no competing interests to declare.

Research Permission: ethical review and approval were waived and the study was exempted from institutional review. The COVID-19 data was derived from the public domain and the study used de-identified data accessible to the public. **Informed Consent** was obtained from research participants for interview participation and there were no risks to respondents.

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