

THE PSYCHOLOGICAL STRESSORS AND COPING STRATEGIES OF

CORPSE HANDLERS IN WINDHOEK STATE MORTUARIES:

A PHENOMENOLOGICAL STUDY

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Abstract

Corpse handlers in mortuaries are a distinct population, prone to the development of psychological challenges. Previous studies have linked their susceptibility to stressful work environments, characterized by recurrent confrontation with corpses. During the year 2016, 46 staff members at the state mortuary facility in Windhoek handled 4 347 human bodies, highlighting the frequency with which they make contact with human remains. Moreover, corpse handlers are frequently subjected to handling bodies that have suffered gruesome injuries and are often disfigured. Additionally, they often encounter the lifeless bodies of past acquaintances or family and friends. The above results from the Namibian law that prescribes that all the bodies of people who have died from unnatural (and often traumatic) circumstances as well as those deceased from mysterious causes are admitted to state facilities for autopsies.

Given the unique circumstances of Windhoek state corpse handlers, this study aimed to explore their experiences in order to identify their psychological stressors and coping strategies. Guided by a qualitative approach, a self-designed interview guide was used for data collection. Nine mortuary employees were asked to share their lived experiences. The purpose of the study was to obtain in-depth information about the personal perceptions of these workers relating to their psychological stressors and coping strategies. Interpretative Phenomenological Analysis (IPA) was adopted for data processing.

Corpse handlers were found to experience psychological stressors such as contact with human remains and stigma unique to their line of work. Furthermore, they were found to engage in coping strategies, including emotional coping, avoidance and escape, to negotiate the demands of those stressors.

The study results could be useful for advancing the development of coping and welfare promotion interventions for this population. Future research evaluating the effectiveness of coping strategies to promote the use of more effective strategies is necessary.

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List of Abbreviations and/ or Acronyms

IPA Interpretative Phenomenological Analysis

MDD Major Depressive Disorder

PTSD Post-Traumatic Stress Disorder

PEP Post Exposure Prophylaxis

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Dedication

In loving memory of G F K. You encouraged me right from the beginning Oom G.

Though gone, you have left me with enough inspiration to complete this.

MAY YOUR SOUL REST IN EVERLASTING PEACE.

1958 – 2016

Declarations

I, Leandré Kurz, hereby declare that this study is my own work and a true reflection of my research, and that this work or any part thereof has not been submitted for a degree at any other institution.

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Chapter 1: Introduction

Mortuaries are thought of as repulsive, sad, and mysterious places which many wish to avoid while they are alive. For mortuary workers, they resemble stressful environments, characterized by the recurrent confrontation with corpses whose deaths have often resulted from traumatic circumstances. Brysiewicz (2007) considered these workers to be vulnerable to the development of psychological challenges, while Nöthling, Ganasen and Seedat (2015) suggested that the nature of their work introduced susceptibility to the development of psychiatric disorders. Factors such as elevated stress, negative health perception, fear of injuries, the sight of deformity, and low psychological resilience have also been connected to mortuary work. In addition, Simone (2011) established that mortuary workers experienced a significant amount of stigma due to their involvement with human remains. At the same time, Simone (2011) reported that most forensic specialists who had dealt with corpses quite frequently, compared it to any other job. Further fuelling the controversy, Boeckers et al. (2010) found that the dissection-room-related psychological distress of novice medical students who were also frequently confronted with corpses, reduced significantly as they adopted coping methods.

The nature of their work and the frequency with which they face death and corpses make corpse handlers in mortuaries a distinctive professional group, faced with unique circumstances daily. Despite their interaction with the dead, mortuary corpse handlers remain human beings (Vivona, 2013), with lives and families outside of work. Thus their circumstances may present evenly or more stressful when compared to other individuals who are not regularly confronted with lifeless bodies.

1. 1 Background of the study

There is one combined state mortuary facility in the Windhoek district. The staff complement consists of employees from the Ministry of Health and Social Services (hospital), and the Ministry of Safety and Security (police). The facility is meant to serve a population of approximately 340 900 people (Pendleton, Crush, & Nickanor, 2014) living in the district. Several private funeral homes exist in Windhoek and other state mortuaries are found countrywide. However, the Inquests Act (1993) in Namibia and a lack of expertise in the country often necessitate the transfer of corpses from other regions to Windhoek for post-mortems. The above-mentioned legislature requires that all unnatural deaths be reported to the police, and that such corpses be stored at a state facility until an autopsy and investigation have been completed. Only after the latter two requirements have been met, is the respective burial or transfer to private mortuary of such bodies permitted.

During 2016, 46 staff members responsible for handling human remains at the state mortuary collectively processed 4347 corpses (O. N. Shatipamba, personal communication, February 17, 2017; E. Paulus, personal communication, February 21, 2017). Given that each corpse was handled by a team of at least three staff members, it can be deduced that staff members had a high frequency of encounters with dead bodies.

In addition to the high frequency of contact with human remains, corpse handlers at the state mortuary often come into contact with corpses that died under traumatic circumstances or from highly infectious diseases. Consequently, complications in removing corpses from traumatic scenes, the sight of disfigurement, the stench of

decomposition (Brysiewicz, 2007), fear of contamination, dealing with bereaved families, and the unanticipated shock of learning that the body on the autopsy table might be that of an acquaintance, are all stressful possibilities in the average workday of a corpse handler. It is therefore no surprise that working in a mortuary has been described as a stressful experience.

There is growing recognition of the importance of careers in the corpse handling industry to society (Brysiewicz, 2007; Harrawood, White, & Benshoff, 2009; Patwary, 2010; Simone, 2011; Vivona, 2013). The need to appreciate the unique nature of corpse handler's daily work encounters has also received considerable critical attention (Brysiewicz, 2007; Harrawood, et al., 2009; Nyaberi, Kakai, Obenyo, & Othere, 2017; Szkil, 2016). A major research interest relates specifically to the well-being of individuals who have close contact with human remains on a regular basis (Boeckers, et al., 2010; Brysiewicz, 2007; Harrawood, 2009; Harrawood, et al., 2009; Nöthling et al., 2015; Szkil, 2016; Ward, Flisher, & Kepe, 2006). Nöthling et al. (2015), for example, considered mortuary workers as being at high risk of developing Major Depressive Disorder (MDD) due their daily encounters with corpses. An extensive number of studies have been published on the lived experiences of mortuary corpse handlers. Aspects explored in these studies have included emergency and disaster situations (McCarroll, Ursano, Wright, & Fullerton, 1993) as well as the use of humour for coping, perceived stigma, death anxiety, coping, stress, and spirituality in relation to corpse handling (Brysiewicz, 2007; Harrawood et al., 2009; Harrawood, 2009; Szkil, 2016; Simone, 2011).

1. 2 Statement of the problem

Contact with human corpses in the work context has controversially been implicated in major mental health consequences, with debilitating effects in some instances (Nöthling et al., 2015), while in other cases producing only short-term or no apparent negative effects (Harrawood, 2009). Thus, it is debatable whether or not corpse handlers truly experience, are consciously aware of, or express all stressors that may be related to their work encounters. Also in question is whether the indicated levels of stress are related to the actual work environment or are evidence of the adequacy of appropriate coping strategies used by previous research participants. This study has concentrated on describing both psychological stressors and coping strategies, in an attempt to lay the foundation for future research addressing the mentioned gap.

There is a paucity of studies that concentrate on the mortuary context, while no documentation could be found on research which investigated either a Namibian or Windhoek population. The lack of an in-depth understanding of the experiences of this population limits the identification of possible psychological areas of concern. Likewise, with no or limited information about their daily psychological stressors and current coping strategies, the development of preventative, curative or support devices to address their mental health vulnerabilities remains restricted. It is against this background that the current study aimed to explore and describe the psychological stressors and the accompanying coping strategies of corpse handlers in Windhoek.

1. 3 Research questions

The aim of this study was to collect qualitative information on the experiences of state mortuary corpse handlers in order to answer the following research questions:

1. What are the psychological stressors that state mortuary corpse handlers in Windhoek experience?
2. How do corpse handlers in the Windhoek state mortuary cope with their psychological stressors?

1. 4 Significance of the study

This study sought to contribute to the existing body of knowledge related to the human and behavioural sciences in Namibia. It aimed to achieve this by exploring and describing the psychological stressors and coping strategies of state corpse handlers in Windhoek.

Through the dialogue during interviews and feedback sessions, the study has created self-awareness amongst the corpse handlers themselves. The mentioned awareness related especially to their unique context and meaning-making processes. It may stimulate the same awareness amongst policy makers, who have shown keen interest in the research findings on being approached for permission to conduct the study.

Furthermore, the study has addressed gaps identified in the existing body of knowledge relating to mortuary workers. It has established the stressors specific to the sample of mortuary workers interviewed and describes the different coping strategies they use, which may lead to further studies of this population.

Conclusions drawn from the results highlight corpse handling in relation to other areas of study in psychology such as personality, early life experiences and choice of career, the effect of corpse handling as a job on family and peer relations, self-esteem, meaning and purpose, parenting and resilience (to mention just a few), as potential themes for further exploration. Such studies may be useful for generating effective interventions to strengthen the resilience and well-being of this essential career group. The findings of this study may be usefully integrated into preparatory programmes for careers of this nature.

While one previous study has focused on designing interventions for corpse handlers who work in mortuaries (Brysiewicz, 2007), the same study did not go to great lengths to identify the context-specific experiences of corpse handlers. One of the strengths of the current study is that the results have been put to the transferability test of trustworthiness (Shenton, 2004). Its results can therefore provide clear and context-tailored guidelines for the prevention and management of stressors specific to corpse handlers, thus helping to improve their quality of life.

An unpredicted yet positive outcome, resulted from the manner in which research ethics related to human subjects were upheld. Since data were collected by a psychological professional who was able to offer appropriate debriefing and referral information afterwards, the study created an emotionally supportive environment in which corpse handlers who participated in the study could reflect on their daily experiences. This was especially significant because numerous participants expressed reluctance in seeking professional assistance and social support to help them process their daily experiences.

The qualitative research methodology as described by Creswell (2014) specifically an

Interpretative Phenomenological Analysis (IPA) approach (Smith & Osborn, 2015) was adopted to achieve the aim of the study. This was to collect in-depth information on the psychological stressors and coping strategies of corpse handlers. This approach was particularly useful in eliciting the essence of their subjective realities. Moreover, self-designed demographic questionnaires and open-ended interview guides were used to collect data from a purposive sample of nine voluntary participants.

1. 5 Definition of key terms

This section will operationalize the key terms in order to create an understanding of each within the context of the study.

Stressors create strain and result in physical or emotional reactions (Mazzola, Schonveld, & Spector, 2011). They are often related to major life responsibilities such as work and may involve a lack of control, an unmanageable workload and incompatibility with other social roles. Psychological stressors signify the chronic and daily hassles that collectively affect the psychological well-being of individuals (Serido, Almeida, & Wethington, 2004).

Coping strategies are active approach or avoidance actions taken to solve problems, regulate emotions and achieve relief in response to stressful situations (Allen & Leary, 2010). These may include thoughts used to handle the demands of difficult situations (Ito & Matsushima, 2016). Moreover, these strategies (are meant to) promote well-being and foster healthy psychological functioning.

Corpse handlers are required by their job descriptions to have direct contact with corpses

and thus collect, transport, dissect, clean, examine, or touch human remains in other ways as part of their daily duties. Corpse handlers include police officers (forensic pathology technicians), mortuary workhands, mortuary assistants and forensic medical officers (O. N. Shatipamba, personal communication, February 17, 2017).

State mortuaries refers to one combined facility in Windhoek that shares premises and equipment and has a staff complement consisting of employees from the hospital and police. Here, human corpses are stored in refrigerators, autopsies are carried out and families identify their deceased relatives before burial or cremation.

1. 6 Chapter summary

This chapter introduced the reader to the background to the study, the statement of the problem, the research questions, and significance of the study, the definition of key concepts.

Chapter two comprises the literature review. Chapter three outlines the methods adopted, while chapter four presents a discussion of the research findings. In the fifth and final chapter, a conclusive summary of the strengths, key findings and limitations of the study, as well as a brief reflexivity statement, a list of references and the appendices are presented.

Chapter 2: Literature review

2.1 Chapter introduction

A substantial number of publications have revealed keen interest in corpse handlers as a research population. Studies concerned with this group have considered phenomena such as death anxiety (Harrawood et al., 2009), humour (Vivona, 2013), the management of bereaved families (Brysiewicz, 2007), compassion fatigue, training and self-care (McCormack, 2015), stigma (Simone, 2011) as well as corpse handlers and occupational risks such as infection (de Oliveira Cardoso & Vieira, 2016; Nyaberi et al., 2017).

Together with others, the studies described above have provided important insights into this unique group of people. The literature related to this study will be presented systematically in order to show the reader what has already been discovered. Four main themes will be considered, namely;

1. Stressors and coping strategies related to corpse handlers
2. Specific mental health outcomes in corpse handlers
3. Risks involved in mortuary work, and
4. General occupational stressors not specifically related to mortuary work.

2.2 Stressors and coping strategies related to corpse handlers

Some of the studies that related specifically to the stressors of corpse handlers were carried out by Brysiewicz (2007), Goldenhar et al., (2001), and McCarroll et al., (1993). Their findings indicated that corpse handlers experienced stressors at three stages: during the preparation, process, and aftermath of handling human remains (McCarroll et al., 1993). The anticipated reaction to the dead and a lack of information on the causes of death were particularly stressful before the physical handling of corpses, while multi-sensory stimulation (including sights, smells, sounds and tactile stimuli) was found to be disturbing during exposure. Fatigue, and a need to transition back to the realities that rescue workers actually lived in, were found to be amongst the stressful experiences during the aftermath of handling corpses. Other stressors identified by Goldenhar et al. (2001) included shift work, finding the balance between work and family life, social isolation, discrimination, counselling bereaved families, and working with human remains. Brysiewicz (2007) found that secondary trauma resulting from encounters with bereaved families, dehumanization, as well as delays from other healthcare professionals were also significant stressors faced by corpse handlers.

While all the mentioned studies highlight important stressors faced by corpse handlers, some differences were evident in their findings and approaches. Two of the studies adopted a qualitative approach and the other a quantitative approach. In addition to identifying that stressors occurred at different stages, the first study found that corpse handlers employed coping strategies at the various stages of their stressful encounters (McCarroll et al., 1993). For example, social and professional support as well as practice

drills were identified as coping tools used prior to encountering human remains, while alternative strategies including drinking coffee, cognitive reframing and professionalizing of tasks were often used during the process of handling corpses to tolerate the disturbing effects. Debriefing, the expression of gratitude from bereaved families for the services rendered to them and social support seemingly aid in coping during the aftermath of contact with human remains (McCarrol et al., 1993).

The data collected from emergency and rescue staff by McCarrol et al. (1993) provided in-depth information on their subjective experiences. Moreover, the stressors and coping strategies identified in the three studies alerted the current research to stressors that may be experienced by the corpse handlers in this study. Unfortunately, available research remains largely restricted to rescue workers in general, while information on mortuary staff is scant. In addition, handling the corpses that died a violent death in three major disasters is vastly different from a corpse handler's daily work routine of collecting, storing, examining and releasing of corpses, and distinct psychological stressors and coping strategies for the two types of situations are thus to be expected.

The phenomenological study by Brysiewicz (2007) was similar to the current study in that it investigated the same population, but was conducted in a different context. The former study focused on the general experiences of mortuary workers. Moreover, Brysiewicz, (2007) was mostly interested in stressors and did not simultaneously address both coping and stressors, as has been done in the current study.

While Goldenhar et al. (2001) made a valuable contribution to the body of knowledge about corpse handler stressors, the structured data collection tools used on female funeral

service providers may have overlooked certain stressors experienced by both male and female corpse handlers.

Compounding the stressors identified in the three studies mentioned above, Simone's (2011) qualitative study observed another stressor relating to corpse handlers, namely stigma. Following her exploration of the realities faced by deathcare workers, Simone (2011) explained that stigma was the discounting of an individual on account of a particular trait they possessed. Stigma could thus cause significant distress in such a person because it often leads to social impression management (Simone, 2011). In other words, corpse handlers are burdened with making non-death care workers think less negatively of their work, which involves handling and disposing of often decaying human bodies. The individuals' experience of stigma was seemingly influenced by the frequency of their contact with corpses, others' level of understanding of what they did and the recognition they received for duties performed. Those who had more frequent contact with corpses reported higher levels of perceived stigma. Workers who felt that others fully understood what they did seemed to feel less stigma than those who felt others had limited information about the nature of their work. Finally, the more recognition corpse handlers received, the less they perceived themselves as stigmatized (Simone, 2011). Since the study focused on only stigma as a stressor, other major stressors may have gone unnoticed, while it would also have been interesting had the study explored how the consequences of stigma were mediated.

A number of other studies of the coping strategies employed by corpse handlers are available (Boeckers et al., 2010; Mc Cormack, 2015; Patwary, 2010; Sándor, Birkás, &

Györfy, 2015; Szkil, 2016; Vivona, 2013; Ward et al., 2006). These will be briefly summarised below.

Patwary (2010) was among the early researchers to observe mortuary workers in Dhaka, Bangladesh. The documented work-related stressors experienced by these mortuary workers were likely compounded by the pressures of their social class and poverty. The findings suggested that they were able to cope with the stress of handling human remains because they established relationships with the dead bodies, enjoyed emotional rewards from comforting grieved families and, in some cases, used alcohol. Though this study highlighted significant coping strategies, the stressors that gave rise to the need for coping received little elaboration and the overall findings are most likely to be specific to this particular society in which social class and poverty play a significant role.

Ward et al. (2006) piloted an intervention to prevent negative mental health consequences related to mortuary work. Emphasis was placed on testing the effectiveness of certain coping strategies. Information from previous studies on successful coping mechanisms in mortuary workers guided the design of an opinion leader training programme in a mortuary setting. Trauma education, empowerment for better use of social support as well as cognitive and physiological strategies for handling the effects of stress were the focal competencies desired to promote effective coping. Broadened leisure activities, better use of problem solving skills and more frequent experiences of positive states of mind became evident toward the end of this study (Ward et al. 2006). This study demonstrated potential coping strategies for employees in mortuaries but did not ascertain permanent positive effects. In addition it could not ascertain that employees would maintain the coping

behaviours they had learned. Also, interventions were targetted at the stressors and areas requiring coping suggested by previous studies. By implication, the study did not specifically cater for the needs of the particular population. It may thus have been too elaborate by providing coping for stressors that did not apply to this context , while at the same time overlooking other key areas.

Boeckers et al. (2010) used a qualitative approach to investigate the phenomenon of mental stress in students that were exposed to the process of dissecting corpses. The results pointed to psychological support prior to dissection exposure, detached concern, gradual and prepared exposure to the process, and role-modelling of sensitivity toward possible mental distress and careful negotiation of this sensitive experience as possible coping aids for the experiences associated with the confrontations with human remains that took place in dissection room. Furthermore, fear and disgust were found to diminish with most medical students as their dissection experiences increased. The results from this study have provided a solid framework to prevent potential coping strategies from going undetected.

Vivona's (2013) study investigated the use of humour as a coping mechanism in situations that were not funny as they involved working with human remains quite frequently. The context of the above study population, was characterised by tragedy, trauma and death. The findings confirmed humour as an effective coping technique which fostered group cohesion and promoted the socialization of new members on work teams. It was further found to relieve stress and tension. At the same time, it created a buffer for unavoidable unpleasantries and facilitated meaning making processes (Vivona, 2013). The study also

helped identify internal coping aids such as personal beliefs and spirituality, which made these death workers feel that they had the right to crack jokes. While this study provided insight into a coping strategy used in the context of death work, it did not place specific emphasis on corpse handlers in a mortuary setting. It was also limited to observing only one particular coping strategy without examining its relationship to any specific stressors.

Research carried out by Sándor et al. (2015) studied the dissection room experiences of a group of Hungarian medical students. The said study took a quantitative approach and determined that the emotional reactions to working with dead bodies, were best dealt with through acceptance and understanding as opposed to repression, by at least half of the sample. Cognitive coping strategies such as rationalisation and intellectualization were further found to aid coping, while females were found to employ a higher degree of emotional coping than their male counterparts (Sándor et al., 2015). Objectification was another form of coping identified by this study. The coping strategies discussed in this study are rather limited as they were responses to a range of stressors related specifically to medical students.

An investigation of compassion fatigue - which was thought to significantly affect a professional's quality of life - and the impact of certain variables in funeral service workers was carried out by Mc Cormack (2015). It was found that self-care strategies such as humour, reading, participating in religious activities, traveling, healthy eating, etc, as well as social support and training in areas such as bereavement and personal care, were useful coping alternatives (Mc Cormack, 2015). While this study observed specific coping

strategies, it focused on their role in mitigating compassion fatigue and not the full spectrum of stressors encountered by corpse handlers.

Finally, Szkil (2016) studied the strategies used to maintain professionalism in emotional situations. The specific context of the above study involved working with the remains of individuals who had gone missing during a war. The study clearly identified emotional attachment, engagement and disengagement as sterling coping strategies for the demands of these situations. While closely related to the current study, Szkil's (2016) study did not fully address the research questions pertaining to stressors and coping strategies of this population.

2.3 Specific mental health outcomes and negative mental health consequences

Mental health outcomes under investigation in this study included post traumatic stress, death anxiety, and depression.

Following the September 11, 2001 terrorist attacks on the Twin Towers in New York City in the USA, Fullerton, Ursano and Wang (2004) launched a study of the impacts of trauma on disaster workers. Although this study examined rescue workers in general, mortuary workers were found to experience high levels of Post Traumatic Stress Disorder (PTSD) and somatisation symptoms. The study provided a quantitative description of possible mental health outcomes resulting from being confronted with death and trauma. At the same time, the study left ample room for the explanation of stressors that result in these mental health outcomes, possibly by means of a qualitative research study.

Also looking into a mental health outcomes, Yang-Sook, Ok-Hee, Kyeong-Sook, and Yun-Jeong (2013) wanted a more in-depth understanding of the factors potentially contributed to the development of post traumatic stress in Korean forensic science investigators who like many mentioned populations, were often in contact with human remains. Their study made use of quantitative methods and concluded that the factors contributing to post traumatic stress amongst others included death anxiety, career length, fatigue, and personality types (Yang-Sook et al., 2013).

Two separate publications have focused on death anxiety in deathcare workers who similar to previous study populations encountered dead bodies as part of their daily work routine. In the first (Harrawood, 2009), the researcher used quantitative methods to collect data from a sample of embalmers and funeral directors in the United States of America in order to explore the suspected predictors of increased death anxiety. The study population made frequent contact with human remains. Harrawood (2009) was interested to discover how spirituality, religion and denial influenced death anxiety as a stressor. He concluded that younger workers experienced higher levels of death anxiety than older employees, and higher levels of spirituality correlated positively with lower death anxiety. While coping strategies such as spirituality and denial may not have shown significant impacts on death anxiety in their study, the current study might discover other stressors which they may more usefully counter. In addition, the study guided the current study by identifying age as a significant factor in the experiences of corpse handlers.

In the second study that focussed on death anxiety in those often confronted by corpses, Harrawood et al. (2009) examined the relationship between the degree of exposure to

death, age and sex, and the stress response, death anxiety. They found that the more individuals were exposed to the dead, the lower their levels of death anxiety became. This suggested that death anxiety did not increase with handling bodies simply because trauma was a part of the process (Harrawood et al. 2009). This findings left room for further exploration of body handling as an actual stressor experienced by mortuary workers. In addition, by contradicting studies that have suggested that corpse handling is likely to be stressful, it opened a gap of uncertainty in the literature.

A third study on mental health outcomes in mortuary workers (Nöthling et al., 2015) sought to identify predictors of depression in mortuary employees. The South African study collected data on physical health, perceived stress, fear of blood and injuries, and resilience. This was done to establish any relationsbetween these variables and depression in mortuary workers. The study sucessfully qualified the need for mental health interventions by confirming suggestions in the literature about stressors experienced by this study population. The study also highlighted that 13.3% of mortuary workers self-reported Major Depressive Disorder (MDD) while 4.4% reported PTSD. The findings suggested that the prevalence of Depression and PTSD symptoms among South African mortuary staff was well above average (Nöthling et al., 2015). Moreover, the findings of the study indicated that mental health promotion was beneficial and that inexperienced workers could benefit from more training. The study also paid close attention to the consequences of stressors experienced by mortuary workers in a context outside Namibia.

2.4 Risks of work-related exposure, injuries and infections

According to Ogunnowo, Anunobi, Onajole, and Odeyemi (2012), taking good care of the health of mortuary workers is essential. Their study attempted to determine the degree to which these workers were exposed to blood in teaching hospitals in south-west Nigeria. The results of the study indicated that exposure to blood often occurred through cuts, needle stick injuries and splashes. While this study measured variables quantitatively and these variables are not directly related to psychological stress, this study remains significant. As pointed out by Nöthling et al. (2015), fear of injuries and blood are significant stressors considered to perpetuate the prevalence of depression in South African corpse handlers. In a similar Kenyan study (Nyaberi et al., 2017), the researchers explored the perceived risk of acquiring infections amongst hospital mortuary workers. According to Nyaberi et al. (2017), 2.6% of all employees had been exposed to infection preventative in-service training, while 88% of respondents thought of themselves as occupationally vulnerable to acquiring infections. The study emphasized the perceived risks of infection specifically in relation to HIV and AIDS, tuberculosis and skin infections. The findings of the study question the existence of underlying fears of being at risk of developing infectious diseases as a result of handling human corpses. Although the same study places emphasis on the importance of safety precautions, supervision and infection prevention education, one cannot ignore the anxiety related to risk of infection and emotional responses such as fear, worry and tension while being involved in work of this nature. This study reviewed occupational risks of infection as perceived by a population very similar to that of the current study, and drew attention to one of the possible stressors that might be experienced by the current study population.

One of the most recent studies of the risks involved in mortuary work was conducted in Port Harcourt, Nigeria (Douglas & Peterside, 2017). The study established that workplace hazards included physical, chemical, biological, mechanical and psychosocial risks. Specific factors that could be mentioned within these categories included exposure to different chemicals, the risk of slips, fall and pricks, exposure to micro organisms such as bacteria, and stigma, depression and alcohol use associated with the nature of the work done (Douglas & Peterside, 2017). While these factors were identified and the population made aware of them, they continue to operate as stressors, especially given their hazardous nature. While this study sought to describe the hazardous nature of working in mortuaries and in doing so answered part of the current study's research question, its findings were restricted by its quantitative nature. It nonetheless gave the current (qualitative) study clear guidance to further explore the stressors and coping experiences of state mortuary corpse handlers.

2.5 Occupational stressors and coping not specifically related to corpse handling

In a qualitative study carried out by Mazzola et al. (2011), work related stressors were found to be reported more frequently than stressors related to any other areas of life. In addition, it was discovered that work-related stressors were highly influenced by factors such as age, gender, country of residence and occupation. The above highlights that the workers in mortuaries are vulnerable to high levels of stress not only because they are confronted with corpses but because this happens within the context of work which is seemingly a stressful sphere of life. It further highlights that certain groups of workers may be more vulnerable compared to others because of their classification in different

age, gender, nationality and occupational groups, even within the narrowed down population of corpse handlers in mortuaries.

These results are of particular significance because, by implication they suggest that the reduction of work stress would reduce overall stress, thereby promoting improved general functioning and well-being. The findings also emphasized that differences in demographic details affect how stress is experienced.

2.6 Chapter summary

Numerous studies have been fundamental to setting the stage for the current study. They have all contributed in some way to the current study's interest and desire for more knowledge about the special population. Each of the other studies mentioned focused on a specific angle and phenomenon related to the population in the current study. This study aims to address some of the gaps identified in the findings and knowledge contributed by the mentioned studies. In doing so the current study aims to supplement and validate the findings of the above literature, thus contributing to the attainment of a more holistic and contextual understanding of Windhoek state mortuary workers.

Chapter 3: Research methods

3.1 Chapter introduction

This study investigated the experiences of corpse handlers in a state mortuary located in Windhoek, Namibia. The objective of this study was to describe their psychological stressors and coping strategies in order to promote the well-being and mental health of this population. The study pursued answers to mainly two research questions:

(1.) What are the psychological stressors that state mortuary corpse handlers in Windhoek experience?

(2.) How do corpse handlers in Windhoek state mortuaries cope with their psychological stressors?

The motivation for the choice in research design and how this determined the selection of research participants, the data collection procedures, the research instruments and the data analysis processes used are each described.

The interpretative phenomenological method is explained. IPA is a form of data analysis that dictates the entire research process. It falls within the qualitative research approach that was adopted specifically to provide an understanding of corpse handler stress and coping experiences.

3. 2 Research design

Qualitative studies aim to establish in-depth descriptions of the phenomena under investigation (Pietkiewicz & Smith, 2014). Since the main concern of this approach is the quality and meaning of individual human experiences, it was deemed an appropriate design to inform the procedures and decisions of this study. Methodologies in the qualitative approach embrace depth, context and the multidimensional nature of the social world and human experiences (Lynch, 2014).

The researcher selected the phenomenological approach because it facilitated her interest in learning about experiences from the individuals who actually lived them (Eatough & Smith, 2017) In other words, it allowed her to learn about the experiences of mortuary corpse handlers as understood and expressed by themselves. Data collection and interpretation thus concentrated on the quality of each individual account, as opposed to the formulation of objective statements or causal relationships that would have been the case with quantitative research (Smith & Osborn, 2015). Another major strength of the phenomenological approach is its idiographic underpinnings and cognizance of the notion that distinctions in human experiences exist because of subjective perspectives and their related contexts (Flick, 2009). The use of structured data collection techniques was also avoided. The latter are often based on the assumption that the researcher's existing knowledge of stressors and coping is complete and accurate (Mazzola et al., 2011).

The decision to make use of IPA not only influenced the data analysis process but also affected judgments about the research questions, the sample, the research instruments and methods, and the approach to compiling the research write-up (Smith & Osborn, 2015).

Interpretative phenomenology is therefore not merely a method of data analysis, but constitutes a set of guidelines in the research approach.

The above explains why the qualitative research stance and phenomenological approach were considered most appropriate for the aims of this study. Moreover, qualitative research was deemed ideal for understanding corpse handler experiences (Mazzola et al., 2011). It also tied in with the aim of describing the psychological stressors and coping strategies as well as the desire to support intervention development for this population. In addition, qualitative research is useful in studies pursuing new ideas and seeking to identify occupational stressors that may have been discounted by previous studies (Schonfeld & Farrell, 2010).

3. 3 Population

The study population was made up of all employees who have direct contact with human corpses at the state mortuary facility in Windhoek. Namibia has 14 regions and Windhoek is the capital city. Due to the scarcity of skilled professionals to conduct post mortems in the outlying regions, many corpses are transported to Windhoek to determine their cause of death. As a result, corpse handlers at the Windhoek state mortuary experience frequent contact with human corpses. The study population included approximately 46 permanent workers at the state mortuary in Windhoek who are employed as forensic medical officers, mortuary workhands, mortuary assistants or police officers (forensic pathology technicians). While there are other employees at the facility, the study population excluded workers whose employment terms do not require them to make direct contact with human remains, e.g. institutional workers.

3. 4 Sample

The sampling decisions were dictated by the idiographic research approach commonly used in interpretative phenomenological studies (Smith & Osborn, 2015). The aim of interpretative phenomenological research is to obtain in-depth details about the perceptions of particular groups and how they make sense of their social world and experiences (Flick, 2009). In line with IPA principles, data were collected from a purposive sample which consisted of nine participants, thus permitting case-by-case analysis of the information provided by each respondent. The purposive sampling method followed the research problem to determine the nature of information needed and then identified the group of people who would best be able to provide this information. The research problem was of relevance to a small defined group, therefore, the subject matter itself set restrictions for the sample (Pietkiewicz & Smith, 2014). One of the key advantages to keeping the samples of IPA studies small is that it allows for an in-depth appreciation of the data collected from each research participant.

The purposive sampling method was convenient and selection could be done with ease given the narrowly relevant population. The criteria for selection as part of the sample was therefore simply being employed at the state mortuary in Windhoek as a corpse handler for longer than six months. The study sample of nine participants was comprised of seven police officers, one forensic medical officer and one mortuary assistant. It consisted of five males and four females, all of whom could speak English. The age profile of participants ranged from the early 20s to the late 40s.

3. 5 Research instruments

The tools used for data collection during a research study (Barker, Pistrang, & Elliot, 2002) included semi-structured interviews, which have been observed as commonly adopted for phenomenological research (Smith & Osborn, 2015). Due to the unique nature of the research topic, a self-designed interview guide and demographic questionnaire (see Appendix D) was adopted as the main instrument for data collection. Open-ended questions guided the enquiry of these instruments as these are usually preferred for the flexibility they allow IPA (Smith & Osborn, 2015).

The self-designed demographic questionnaire included biographical information about participant characteristics which had previously been linked to differences corpse handlers experience in terms of stressors and coping strategies (Harrawood et al., 2009; Mazzola et al., 2011). These characteristics included age, gender, occupation and duration of employment, marital status as well as home language.

The semi-structured interview guide was constructed by the researcher in order to tie in with the aim of IPA, which is to analyse how individuals make sense of their social realities. Dialogue was promoted by this nature of conducting interviews. The open ended nature of questions further permitted researchers to modify their questioning according to any interesting or important ideas provided by participants. Additional benefits include the ease with which it promotes the establishment of rapport and the space it creates for the researcher to convey empathy. Both rapport and the demonstration of empathy are key in extracting in-depth and rich accounts of experiences (Smith & Osborn, 2015).

Furthermore, the open nature of the approach allows the researcher opportunities to ask for elaboration.

The interview guide focused on general areas and included probes in case the initial set of questions could not facilitate in-depth expression. The questions were intended to explore the sensory, perceptual and mental domains of corpse handler experiences. The research instrument can be found in Appendix D. The following are examples of the questions found in this instrument; *How did you feel about your career when you started working? How do you feel now? Describe what a typical day schedule at work entails for you? How does working with human remains affect your life? Describe positive/ negative experiences associated with your work.* A set of 17 questions was prepared in advance. Questions were arranged to focus first on establishing the general nature of work experiences and then moving toward specific stressors and coping behaviours.

The interview schedule was only a guideline. Each questioning session was preceded by a warm-up discussion between participant and researcher in an attempt to put each participant at ease and to reduce tension, while building rapport and trust (Pietkiewicz & Smith, 2014). Spontaneous questions such as; *Can you describe stressful work experiences? Can you describe uncomfortable work experiences?* were often used to facilitated more in-depth information. One of the main disadvantages of using semi-structured interviews as described by Smith and Osborn (2015) was that the data collection and analysis process of some interviews was lengthy and tedious.

3. 6 Procedure

The research procedure describes the steps taken in the planning, preparation and actual process of carrying out the research study. Therefore, this section describes the data collection and analysis processes, and guided by Barker, Pistrang, and Elliot (2002), pays attention to the ethical principles observed during this study. In addition, reference is made of the criteria for assuring data quality in qualitative studies.

3. 6. 1 Planning, permissions and preparation

As is common with qualitative research, the data collection was conducted in a natural setting (Pietkiewicz & Smith, 2014), i.e. at the state mortuary where the participants work. Each respondent was interviewed individually. Special permission to conduct the study in this setting was obtained from a number of relevant stakeholders prior to its commencement. The process is described in more detail in the ethics section.

3. 6. 2 Preparation for data collection process

In preparation for data collection, the management members of the mortuary were approached for permission to schedule data collection appointments during work hours. The researcher simultaneously used this opportunity to establish rapport with the potential participants. Potential participants were then informed about the purpose and nature of the study, the principle of voluntary participation, the limits of confidentiality, how their privacy would be handled and their right to withdraw from the study at any stage of the process without the repercussions. The explanation involved the reading of and dialogue about the information letter and informed consent form which can be seen in Appendix C.

The corpse handlers had an opportunity to ask questions and to consider their willingness to participate. The researcher's contact details were then made available to them to allow them to communicate their interest to participate directly. Formal interview times were subsequently scheduled. After an initial set of questions were piloted on the first willing respondent in the research study, it was confirmed that the questions could extract relevant and in-depth accounts. However, some of the questions were found to be redundant and repetitive, leading to lengthy explanations and repetition. Those questions were then reconsidered. The initial interview was included in the data analysis. The data obtained from subsequent interviews clearly pointed out that the modifications were essential in order to provide greater focus in addressing the research questions.

3. 6. 3 Data collection

The data collection process (interviews) took place in a private office on the mortuary premises and continued over a period of one month. The self-designed demographic survey was completed by the participants while additional data were collected by means of a voice-recorded dialogue guided by the self-designed interview schedule. Nine individual interviews were conducted, each lasting between 45 and 60 minutes. However, there were a few exceptions, especially in cases where respondents had extensive experience which took longer to describe or where the respondent could adequately express themselves in a shorter period of time. Behavioural and emotional reactions during interviews were roughly noted down by the researcher. At the end of each interview, every research participant was generously thanked for their participation and the process of verbatim transcription of each interview was carried out by the researcher herself.

3. 6. 4 Data handling and write-up

The voice-recorded interviews (raw data) were individually transcribed verbatim by the researcher. This was done at a semantic level to ensure convenient data analysis using IPA. The data analysis process which is described in more depth in the next section then followed. Before completing the final write-up, the researcher visited the mortuary to provide individual feedback and to verify findings. This was achieved by using the participant reactions to findings to gauge accuracy. Input provided during these sessions by the research participants was incorporated into the final write-up.

3. 7 Data analysis

IPA is commonly adopted for data analysis in psychological studies. The process describes meaning-making at an individual level. This is useful because human experiences are often uniquely influenced by their subjective constructions of their social reality (Smith & Osborn, 2015). IPA involves both the interpretation of the research participant's sense of their experiences and the interpretations made by the researcher. It is further drawn from three central principles. These include phenomenology, hermeneutics and ideography (Pietkiewicz & Smith, 2014). This means that the researcher takes an empathic, critical and individualistic stance throughout the research process.

IPA is a useful process for exploring how individuals perceive their lives and world and is mainly concerned with how they appraise objects and events. The analysis process was not cast in stone and allowed the researcher to make modifications according to personal preference. In this study, the researcher followed a seven-step data analysis process. Each

transcription for all the recorded interviews was reviewed individually and the interpretation process for each was completed before an overall interpretation was done for the write-up.

The first step of the analysis process involved several readings of the first interview transcript. This was done for the researcher to familiarize herself with every aspect of the data and to highlight all interesting and significant parts. The process of reading and rereading was essential as every review allowed for new insights about the accounts given by each participant. Comments were noted in the left margin of each transcription document at this stage. These aimed to summarize, rephrase, connect, associate, point out similarities and differences, contradict and amplify, and were considered as initial interpretations.

The second step entailed returning to the beginning of the first transcript, and reading through each a second time to note possible subordinate theme headings in the right margin of the document. This process involved the cautious introduction of simple psychological terminology to recast initial notes as concise themes. It was important to find appropriate language to express what was said in participant accounts while creating abstract theoretical connections. As this process continued for each entire transcript, themes that re-emerged were noted with the same wording.

The third step required connecting themes by listing those identified on a separate sheet of paper, and then trying to identify connections between them. Furthermore, it involved re-arranging the order of themes from chronological to theoretical. This also allowed for

convenient clustering of themes and the identification of subordinate themes within clusters.

During step four of the process a cross-check between the noted subordinate themes and the original material in the transcript was done. This process allowed the researcher to continue making sense of the participant account while at the same time keeping track of personal interpretations, in line with what the research participant actually iterated. Concurrently, a phrase directory was constructed in order to provide evidence for themes and clusters.

During stage five, an ordered table of the subordinate themes was constructed. This table included supporting quotations from the phrase dictionary next to each subordinate theme. A subsequent table added a cluster name for each group of themes – superordinate themes. Simultaneously, several themes were done away with because they either had no logical place or there were insufficient identifier phrases to support them within the original participant account.

All five steps were repeated with all the interview transcripts during the sixth step. Each transcript was handled just as the first in order to avoid overlooking themes by not distinguishing between new themes and repeated ones.

The seventh and final step involved the compilation of a summary table that combined the interpretations from all transcripts while maintaining the sturdiest phrases that justified each theme. In addition, a table of superordinate themes was constructed using the

summarized version of the table of subordinate themes. This stage proved challenging as it involved simultaneously listing, prioritizing and reduction of themes.

3. 8 Trustworthiness

According to Shenton (2004), trustworthiness in qualitative studies can be measured by considering transferability, dependability, confirmability or credibility. Two of these criteria, transferability and credibility, were used to form the basis for trustworthiness in this study. The researcher devoted time to establishing relationships of trust with potential research participants in order to improve the credibility of the data. After meeting with potential research participants on two occasions, voluntary participation was emphasized and used to encourage the willing participants not to hold back when giving honest accounts of their experiences. The study also relied on other methods demonstrated as appropriate for a study of this nature. For example, the researcher visited the study participants individually after the data analysis process had been completed to gauge their satisfaction with the degree of accuracy with which their accounts had been interpreted and subsequently presented. In addition, the researcher attempted to satisfy the criteria for transferability by adequately describing the context (Shenton, 2004), i.e. the place where the study was conducted, the population and population restrictions, the sample size, the methods, duration and number of data collection sessions.

3. 9 Ethical considerations

Approval and ethical clearance to conduct the study was granted by the University of Namibia Research Ethics Committee (see Appendix A) In order to obtain the above, an

academic research proposal was prepared and presented to the mentioned committee. Subsequently, permission to interview workers at the Windhoek state hospital mortuary was obtained from the Permanent Secretary of the Ministry of Health and Social Services (see Appendix B). Permission to interview mortuary workers employed by the Namibian Police was issued by the Head of the Forensic Pathology Unit (see Appendix B).

To further uphold ethical standards, the information necessary for the protection of potential participants was provided in the form of an information letter and informed consent form (see Appendix C). Some of the principles outlined to research participants included informed consent, voluntary participation, right to withdrawal, as well as information handling and use. Any threat of harm to participants was thus avoided. The researcher made provision for dealing with overwhelming emotional reactions experienced in the interviews through the application of counselling skills during debriefing sessions. A referral system, composed of clinical psychologists in private practice had also been identified in case any of the participants required any psychological support services after the interviews. No such referrals were made as no participant indicated the need for counselling. However, the researcher emphasized the importance of seeking professional assistance especially after the results feedback sessions. All data collected is being kept safely and the identities of the participants remain anonymous.

3. 10 Chapter summary

This study has been primarily descriptive. It aimed to add to the current understanding of the psychological stressors and coping strategies of corpse handlers by focusing mainly on those employed in the Windhoek state mortuary context. The suitability of the

qualitative method and the phenomenological approach for the study has been explained in this chapter. The chapter qualified the study to meet the principle of appropriate methodologies. As argued by Barker et al. (2002), this principle states that research questions should guide the methods selected. It outlined the methodology; data collection and analysis, and described the efforts that were undertaken to safeguard academic rigour and information quality.

Chapter 4: Results and discussion

4.1 Chapter introduction

One of the main difficulties with the IPA approach is that the separation of results and interpretations into discernible sections often proves challenging, if not impossible (Smith & Osborn, 2015). Hence, the results obtained from the research respondents and the researcher interpretations are presented together in this chapter.

Firstly, the demographic information of the study sample is presented. Next, nine superordinate stressor themes and the seven superordinate coping themes are explained in relation to the 27 differentiated subordinate stressor themes and the 22 differentiated coping subordinate themes respectively. The superordinate themes are formed by clusters of subordinate themes, while the subordinate themes are named based on groups of direct quotations from research respondent transcriptions.

This study has explored the lived experiences of state mortuary corpse handlers. The emerging themes that were specifically regarded as causing emotional distress, and the behaviours or thoughts used for their management will be highlighted in this chapter. These themes will subsequently be discussed with reference to the available literature on corpse handlers' psychological stressors and coping mechanisms.

4.2 Demographic information of the sample

Tables 1 to 4 present the demographic profile of the nine corpse handlers who comprised the study sample. The sample included four females and five males. The group of

individuals who participated was relatively young with four participants under 30, three were over thirty and two participants were over 40. It further comprised of seven police officers, one forensic medical officer and one mortuary assistant. As can be seen in Table 4 five participants are unmarried but in relationships, two are married, one is divorced and one is single. Though not depicted in any of the tables, all of these employees have been working at the state mortuary for over a year. Each employee further received between two weeks of on-the-job training and a maximum of both on-the-job and theoretical training.

Table 1 Demographic profile of the sample by occupation and sex (n = 9)

Occupation	Male	Female
Police officers – Forensic Pathology Technicians	3	4
Forensic Medical Officers	1	0
Mortuary Assistants	1	0
Total	5	4

Table 2 Demographic profile of the sample by occupation and age (n = 9)

Occupation	20-30 years	30-40 years	40 + years
Police officers – Forensic Pathology Technicians	4	2	1
Forensic Medical Officers	0	0	1
Mortuary Assistants	0	1	0
Total	4	3	2

Table 3 Demographic profile of the sample by occupation and duration of employment at the mortuary (n = 9)

Occupation	6 months – 1 year	1 – 5 years	5 – 10 years	10 – 15 years	16 – 20 years	20+ years
Police officers – Forensic Pathology Technicians	0	4	2	0	0	1
Forensic Medical Officers	0	0	1	0	0	0
Mortuary Assistants	0	0	0	1	0	0
Total	0	4	3	1	0	1

Table 4 Demographic profile of the sample by occupation and marital status (n = 9)

Occupation	Married	Divorced	Unmarried	Single
Police officers – Forensic Pathology Technicians	1	0	5	1
Forensic Medical Officers	0	1	0	0
Mortuary Assistants	1	0	0	0
Total	2	1	5	1

4. 3 Superordinate stressor themes

A total of 27 psychological stressor subordinate themes were identified. Conventionally, these would be grouped into the physical, social and psychological domains. However, based on the descriptions in research participant accounts, these stressors overlap significantly between the different domains. The identified subordinate themes were clustered into superordinate themes as illustrated in Table 5 below instead. These superordinate psychological stressor themes were named; work related demands, reminders about work situations, threats to health and well-being, physical contact with human remains, stigma and the perception of others, identification with the families of the deceased/ the deceased themselves, transitions and adjustments, encounters with members of the public, and interpersonal conflict. These are individually explored and described to emphasize that the prevalence of these stressful experiences, although underplayed by some respondents, was undeniable.

In the discussion which follows Table 5, each superordinate stressor theme is briefly explained. Since the study merely sought to explore the stressors and coping, and was qualitative in nature, the themes are not listed or described in any particular order of importance.

Table 5: Subordinate theme clusters: Superordinate stressor themes

SUBORDINATE THEMES	SUPERORDINATE THEME
1. Accumulation of work 2. Work-related travelling 3. Court appearances 4. High levels of responsibility 5. Being pressed for feedback	WORK-RELATED DEMANDS
6. Reminders about work incidents on the news 7. Images, feelings and thoughts of work-related events	REMINDERS OF WORK SITUATIONS
8. Risks of injury and disease 9. Taking Post-Exposure Prophylaxis (PEP) treatment	THREATS TO HEALTH AND WELL-BEING

SUBORDINATE THEMES	SUPERORDINATE THEME
<p>10. Working with different types of corpses</p> <p>11. Being human – death, meaning and purpose</p> <p>12. Fear of being haunted</p> <p>13. Experiences with traumatic deaths</p>	<p>PHYSICAL CONTACT WITH HUMAN REMAINS</p>
<p>14. Attitudes of disapproval held by family and friends about working at the mortuary</p> <p>15. Others perceiving mortuary corpse handlers as abnormal</p> <p>16. Others being afraid of them</p> <p>17. Exclusion and isolation</p>	<p>STIGMA AND THE PERCEPTIONS OF OTHERS</p>

SUBORDINATE THEMES	SUPERORDINATE THEMES
<p>18. Unclaimed bodies in the mortuary</p> <p>19. Personal identification with work situations</p> <p>20. Seeing the needs of families unattended to</p> <p>21. Encountering sad people</p> <p>22. Bodies of acquaintances</p>	<p>IDENTIFICATION WITH THE FAMILIES OF THE DECEASED/ THE DECEASED THEMSELVES</p>
<p>23. First day encounters</p> <p>24. Standby and sleep disturbances</p>	<p>TRANSITIONS AND ADJUSTMENTS</p>
<p>25. Dealing with families</p> <p>26. Resistance to corpse collection at death scenes</p>	<p>ENCOUNTERS WITH THE PUBLIC</p>
<p>27. Interpersonal conflict with colleagues</p>	<p>INTERPERSONAL CONFLICT</p>

4. 3. 1 Work-related demands

a. Results

The first group of subordinate themes that could be identified included (1) the accumulation of work, (2) work-related travelling, (3) court appearances, (4) high levels of work responsibility, and (5) being pressed for feedback.

The **accumulation of work** was reported by one of the research participants as stressful. Similarly, **work-related travelling, appearances in court and being pressed for feedback** have been cited as stressors by the same research participant and not by others who were not expected to carry out these tasks. These stressors were seemingly significant to the level of job specialization involved in corpse handling. In addition, three research respondents described stressors related to their **high levels of responsibility** and the need for clear judgment to prevent mistakes. For example, if the wrong body is booked out, it could cause sleepless nights and great embarrassment, thus much pressure came from the reliance on their effectiveness in carrying out their duties. The following extracts from a participant account substantiate the above.

“And it becomes actually very difficult because the job will accumulate.”

“So you travel a lot, ja, so that itself is also stressful.”

“[...] it’s very important to have a clear judgment. ‘Cause if it’s a homicide, someone’s life is at stake.”

“Sometimes the errors we make can also have a negative impact on us [...] body was given wrongly to a different family [...] sleepless night because you feel I must now trace this body [...]”

“Because you could give the wrong body to a wrong family which can cause a lot of trouble.”

“And you know, even when you are in the dissection and you are closing the body, you could leave out some organs so be very careful so you put back everything.”

“[...] just like this guy was already asking me for a report. I finished at 13h00 and so it’s not very practical.”

“A friend who died and I was the only one who was in service, so I had to do that [...] and the family is calling, I have to explain.”

b. Discussion

The above mentioned stressors were reported by a significantly small portion of the sample. These stressors seemingly had to do with the *work-related demands* that went along with a level of specialization, and so place unique pressure on a select few corpse handlers. The aspects of these stressors that propagated their stressful impacts were related to their uncontrollable nature. According to Serido et al. (2004), a lack of control exacerbated the individual impacts of stressors. These findings also confirmed stressors such as fatigue that were cited in earlier studies (McCarroll et al., 1993).

4. 3. 2 Reminders of work situations

a. Results

The second group of subthemes derived from participant accounts included; (6) reminders of work-related incidents on the news and (7) images, feelings and thoughts of work-related incidents.

Two respondents recounted distressing **reminders of work situations on the news**, while another three accounts related how **images, feelings and thoughts of work-related events** disturbed them long after the situations had occurred, as is evident in the following extracts from participant transcriptions:

“[...] news, I find it a bit traumatic [...] it’s always associated with my work...there’s this accident that happened and what happened. I become already [...] so tomorrow it’s gonna be [...] it’s like your adrenaline starts to run.”

“You will really find yourself, okay for a time really, you read the news, or listen to the news and it make you to think of a similar thing that happened before.”

“[...] you can see those pictures for quite some time...so it will affect one’s emotions [...] these traumatic cases. The pictures could linger for some time in your mind.”

“There are some crime scenes which are difficult to forget. So maybe if I’m in the fridge, and I was at that scene and I see that body, I might be having still the feeling from the scene. Or thoughts from that scene.”

b. Discussion

In both these subordinate themes, the interpretations suggest that research respondents experienced psychological distress characterised by intrusive thoughts and bodily sensations when reminded of certain work incidents. They were thus clustered together for their apparent commonality related to post traumatic stress symptoms (Ehlers & Clark, 2000). It is as though the sense of danger or threat often arose even when they were not in the actual traumatic situations (either in anticipation or exposure to reminding stimuli). These findings were similar to stressors identified by McCarroll et al. (1993) as occurring in anticipation or in the aftermath of handling corpses. In addition, vulnerability to the development of PTSD is suggested, thus signalling a need for specific coping strategies to facilitate continued healthy functioning (Ehlers & Clark, 2000).

4. 3. 3 Threats to health and well-being

a. Results

A next group of derived subthemes included (8) the risk of injury or disease and (9) taking Post-Exposure Prophylaxis (PEP) treatment.

Seven accounts cited the (9) **risk of injury or disease** as worrisome while it could be inferred from four respondents that the thought of both taking and the potential for the need to **take PEP treatment** for HIV prevention after an injury was significantly distressing. Several quotations from participant accounts substantiated the above:

“[...] you’re just afraid of breaking yourself while [...] doing [...] dissection [...] cause you don’t know the infections that you gonna pick up from the body.”

“Health wise, we have a very high risk factor of getting ill. Of contracting any sort of diseases working with these bodies.”

“[...] risk of contracting disease. That one for me is the most dangerous thing, because yes, we wear gloves but that needle can go through [...].”

“[...] when, you are dealing with a body perhaps with a disease [...] if you get injury while you are working on the body, you are likely to get the infection. So it’s actually scary stuff.”

“Such cases need to be referred for Post Exposure Prophylaxis so I can imagine those people. How traumatic it can be [...].”

“[...] PEP is one of not the most, it’s almost like a person who is on chemotherapy, you go through the same process, but you are not given any special treatment [...].”

“[...] I used to see from my colleagues if they are given those tablets, they are not good. Some they used to be vomiting for the whole day.”

b. Discussion

Numerous participants expressed fear of injury, and infection, and being on PEP treatment as amongst their main occupational stressors. Even though some of the respondents were aware of safety protocols which could limit the chances of such occurrences, these three sources of anxiety were not unique to any one individual in the study and have been

confirmatory to reports of perceived risks in corpse handlers in previous studies (Douglas & Peterside, 2017; Nyaberi et al., 2017). Since both were related to physical health risks often not within the individual's control, they were clustered under the threats to health and well-being superordinate theme. These threats seemed to have caused a number of participants anxiety. The preoccupation with physical health and the fear of injuries coincide with the findings of a previous enquiry about stressors associated with mortuary work (Nöthling et al., 2015). The findings are also similar to a recent study (Nyaberi et al., 2017) in which 88% of mortuary workers considered themselves vulnerable to infections.

4. 3. 4 Physical contact with human remains

a. Results

This group of derived stressor subordinate themes included (10) working with different types of corpses, (11) being human, understanding meaning and purpose, (12) fears of being haunted and (13) experiences with traumatic deaths.

Six accounts indicated distress and discomfort associated with **working with different types of corpses**. Of these, five related to working with decomposed bodies, while two (one overlap) preferred not to handle burned bodies. In addition, contact with corpses and the consequent reminder of **being human, along with attempts at understanding meaning and purpose** were inferred as emotionally provocative experiences within the mortuary context by at least three subjects. Three subjects also mentioned their **fear of**

being haunted. Several corpse handlers made specific reference to unsettling **experiences with traumatic deaths.** The relevant phrases used during dialogues can be seen below:

“[...] I hate decomposed bodies [...] it’s the most unbearable sight, smell [...]”

“[...] I find it very uncomfortable to do autopsies on a decomposed body [...] the smell is very bad...have to wash that body, and worms are coming out of that body.”

” [...] when the body is burned and it becomes yellowish and pink, it’s so disgusting [...]”

“Cutting a decomposed body. I have done it once. And every day that I come to work, I pray, God let me not [...] it makes me throw up [...] it smells so terrible.”

“[...] burn wounds [...] I will prefer not to do it. Because of the wounds [...] when you actually unwrap it from the bandages, they really don’t look good for me [...]”

“You see as a human being, death is something strange [...] it’s quite sad [...] we are dealing with death. Death in itself is not something the human mind always accept.”

“[...] God, this person, you allow this person just to be born and die after a week or just two days? What was the purpose?”

“[...] you will feel like no this witch doctor will in spiritual manner still haunt me.”

“You know growing up as kids, you normally fear of dead people because you know they tell you about ghosts and stuff [...] I’d tell myself oh my God, what if these people just wake up.”

“[...] and some cases, you find that the human body is mangled beyond recognition. Those are traumatic. You as a fellow human being [...]”

b. Discussion

The physical contact with human remains was used to describe stressors that involved the exposure to different types of corpses – decomposed, burnt, obese, innocently murdered, remains of witchdoctors, etc. Not only were these accounts characterized by emotional distress, but the confrontations with remains often left research participants reflecting on their own lives by reminding them of death. Besides witnessing trauma to human bodies, a number of complicated existential issues seemed to have come to mind for the participants. Meaning and purpose was also significant in addition to a greater appreciation for life that seemed to have developed in a number of participants as a result of the work they do. It was apparent that the participants often faced challenges in making sense of these experiences, reiterating that this is an area that requires a special set of coping skills in order to prevent major psychological disturbances. Significant bereavement and grief was evident from participant accounts. Further investigation may be necessary to confirm Harrawood’s (2009) findings that suggested younger employees experienced greater death anxiety and more spiritual individuals experienced lower levels of death anxiety. This superordinate theme confirmed findings from earlier studies that multi-sensory stimulation (McCarroll et al., 1993) and working with human remains (Brysiewicz, 2007) were significantly stressful experiences.

4. 3. 5 Stigma and perceptions of others

a. Results

Another set of stressful experiences related to (14) the attitudes of disapproval held by friends about their careers, (15) others perceiving them as abnormal, (16) others being afraid of them, and (17) social exclusion and isolation.

The characterisation of the **attitudes of disapproval held by friends about their careers** as stressful was found in four accounts. Also reported as difficult was **the perception that others thought of them as abnormal**, as reported by at least five participants. Three respondents felt uncomfortable with others **being afraid of them. Social exclusion and isolation** were evidently also stressful, as reported in at least three accounts. Below are examples of some of the concerns expressed by the respondents:

“They are not happy that I’m working here. They always tell me [...] change to another unit.”

“[...] people kept on discouraging me. My family was like you [...] It’s not good [...] if she had the power she would remove me [...] she doesn’t want her kid working here.”

“[...] people feel no, are you normal? Whenever we are in this field people assume we [...] are abnormal.”

“They used to say we are going to get mad. It’s a big impact. Very negative one [...] they regard you as abnormal.”

“[...] they say apparently if you work with corpses you are not normal.”

“[...] he is actually afraid to sleep next to me...I’m not that type of person [...] when it’s like that I really feel lonely sometimes.”

“Then they say [...] you are touching corpses the whole day. Some they are even afraid to give you a hug.”

“[...] you will propose a lady and you say no, I’m working for the mortuary [...] she will say no [...] you will just kill me [...].”

“[...] we are like outcasts. It was quite depressing [...] ja it’s like isolated even among our colleagues.”

“[...] we feel so isolated because the treatment that we get [...] just like we are not part of them [...] we are different people [...].”

“[...] they look at us like outsiders.”

b. Discussion

The perceptions held about them by the public, friends and family and even their colleagues, affected their ability to seek social support and often even how they felt about themselves. Stigma and the perception of others as a superordinate theme comprised of shameful and the resulting loneliness experiences of corpse handlers. As a result of their work, others were often afraid of them or excluded them socially. Stigma is a major challenge. Not only does it cause a sense of indignity as reported by some of the participants, but one could speculate about the possible constraints this may place on help and support-seeking behaviours. One of the participants said: *“[...] sometimes I used to*

feel shame to say, no, I'm working at the mortuary [...]” When investigating stigma, Simone (2011) found that corpse workers who had offered little explanation of what they did, often reported perceiving great stigma in their encounters with others. This was confirmed in the current study by two contrasting participant accounts. One of the respondents mentioned that he did not share with his family exactly what he was engaged in at work on a daily basis. Another stated that his friends and family knew and understood the activities involved and the importance of what he does. As predicted by Simone’s (2011) results, the first participant mentioned shame and a fear of telling others what he does at work, while the latter described his circle as supportive and understanding. This insight is useful because it creates sensitivity to the fact that stigma is not only a stressor, but also a hurdle to help-seeking behaviour.

4. 3. 6 Identification with the families of the deceased/ the deceased themselves

a. Results

Under this subgroup of themes, (18) unclaimed bodies, (19) experiencing clients’ realities as their own, (20) seeing families whose needs were unattended to, (21) encountering sad people and (22) encountering the bodies of acquaintances, were identified.

Two subjects reported that **unclaimed bodies** abandoned by their families had evoked emotional reactions in them. Likewise, at least four accounts expressed distress about situations in which the respondents **experienced the client’s reality as their own** (whether the corpse or the family). In addition, three were unsettled when they witnessed **families whose needs were unattended to**. Another source of stress indicated by three

participants was **encountering sad people**. Moreover, four respondents expressed disturbances related to **encountering the bodies of acquaintances** such as family members, friends, colleagues and neighbours. The quotations below reflect some of these stressors:

“[...] how possible is it that your family will allow you to be quiet for so long and not search for you.”

“There is a situation where, okay, these are just a kind of trauma [...] my brother, that he committed suicide. He shot himself with a pistol [...] those are the only situations where I used to encounter some kind of feelings [...] you see the picture, ja. All the shooting that I attend to. I just feel like it's my brother who is laying there.”

“It came very close to home [...] where I lost a cousin in a car accident [...] I came to work, went to the dissection, another guy was involved in an accident, I could not [...]”

“The experience that I used to experience, the bad one [...] a body on the table that come into my mind, it's just the face of my boy laying there.”

“[...] felt like it was me standing over my brother's body, crying [...] waking him up [...]”

“I don't want anybody going out of these premises not satisfied.”

“Because most of the people who come here [...] they are sad, you know they are mourning [...] and it offloads [...]”

“[...] seeing a person lost his beloved one [...] you know it's not easy to lose someone.”

“It’s becomes more traumatic if it’s somebody that you [...] knew personally.”

“[...] a sudden, you come across someone you even know [...] those ones are not easy cases to handle or to go through.”

b. Discussion

The corpse handlers often identified with the corpses of families of the deceased, and thus experienced further emotional distress. Different emotional reactions such as sadness, anger, disappointment and a sense of abandonment were apparent during the in-depth interviews. A number of participants also expressed that they have identified the need to employ various coping strategies to enable them to handle their tendency to identify with clients. It was observed that high emphasis is placed on empathy within the mortuary environment. Identification was the likely cause of these stressful experiences. For example, several accounts demonstrated issues of personal bereavement that were triggered when death circumstances or particular aspects of corpses resembled personal losses. These findings were consistent with others that concluded that secondary trauma from dealing with bereaved families was a significant stressor (Brysiewicz, 2007).

4. 3. 7 Transitions and adjustments

a. Results

Stressor subthemes under this group included (23) coming to work for the first time or returning after a break and (26) sleep disturbances during night shift and standby shifts. Transitions such as **coming to work for the first time or after a break** were described

as stressful in at least six accounts, while **standby and sleep disturbances** during night shifts unsettled at least four study participants. The following quotations reflect these subordinate themes:

“In the beginning and it’s also hard for instance after a vacation nê [...] it’s like you have to start over.”

“Actually, it was hectic, let me say for the first week and the second week as well. It was not easy for me to cope. I had to get used to the environment. You know seeing corpses.”

“[...] the whole night you are just up and down. You don’t get enough time to sleep [...] I was just expecting any call now [...] kind of sleepless nights.”

“Cause it happens that one cannot sleep for the whole night. When you are just at the scene, the other one is reported [...] it’s just stressful.”

b. Discussion

Certain transitions such as returning to work after a holiday or break as well as adjusting one’s sleep patterns during night shifts were described as stressful, confirming the contention of Goldenhar et al. (2001) that shift work and the balance between work and life were significantly difficult experiences to manage.

4. 3. 8 Encounters with the public

a. Results

Two additional stressors identified were (25) dealing with families and (26) resistance during body collection.

Dealing with families was explicitly mentioned as stressful by at least three individuals, while the experience of **resistance during body collection** was described by two dissatisfied respondents. These are evident in the accounts below:

“People come and they demand, we need this to be done.”

“They can be very aggressive, like expecting you to fulfil what they need or what they want [...]”

“[...] that is was a natural death. We stayed there for two hours, them stopping us until we had to call commissioner in to call for more law enforcement just for us to get that body.”

“You will find those bystander, or civilians, they used to be very drunk. When you are removing the body, they used to insult us.”

b. Discussion

Encounters with the public required tolerance for either difficult or grieving families and insulting and aggressive civilians who showed resistance to the collection of bodies from the scenes of death. In both cases, respondents’ accounts showed that it took self-

discipline and professionalism to resist responding to such instances inappropriately. This seemed particularly difficult to do as most interviewees felt compelled to tolerate maltreatment on account of the emotional circumstances families and communities found themselves in during times of death. This speaks to how stressors are often associated with conflict between work and social roles (Serido et al., 2004). As fellow human beings, these mortuary workers are expected to be compassionate and to convey care and understanding, while at the same time expected by the law to ensure that no foul play was involved in a death (which may seem insensitive at times).

4. 3. 9 Interpersonal conflict

a. Results

Finally, (28) **interpersonal conflict with colleagues** was indicated a source of stress by five of the nine respondents, as demonstrated by the two accounts below:

” [...] but sometimes you come in the office [...] good morning [...] they don’t answer. You can just see they are stressing.”

“Especially the environment and the people you work, that I’m working with each and every day [...] like not the working environment actually, the people that I work with [...] having to come and look in that person’s face the whole day, it’s kinda irritating me.”

b. Discussion

Interpersonal conflict with especially colleagues was a major stressor, which warranted it being categorised as an individual superordinate theme. Its significance is emphasized by

the social isolation and discrimination corpse handlers experience at the hand of the outside world. One would expect that these individuals who could identify with one another would have more mutual empathy and tolerance and would therefore be able to depend on one another for social support. It is thus no surprise that this stressor was mentioned as disabling.

4. 4 Superordinate coping themes

Twenty two subordinate coping themes were identified. Guided by the literature, these would typically be classified as physical, emotional and cognitive coping. An alternative to this classification could be active or avoidant coping. However, in this study classification is based on the interpretations of research respondent accounts and on no theoretical framework other than the phenomenological one. The above was motivated especially by the overlapping nature of coping categories. The resulting classifications are individually explored and described. In the discussion, each superordinate coping theme is briefly explained. The results show seven superordinate coping strategies – emotional coping strategies, namely; distraction techniques, avoidance and escape techniques, preparatory actions, seeking support, accommodation and intellectualization, and proactive coping and problem solving – found to be used often in response to the previously mentioned stressors, according to the participants themselves.

Table 6: Superordinate coping strategies: Subordinate theme clusters

SUBORDINATE THEMES	SUPERORDINATE THEME
<ol style="list-style-type: none"> 1. Humour 2. Helping others and feeling needed 3. Satisfaction of personal desire and interest 4. Disengagement 5. Feeling appreciated 6. Listening to music 7. Acceptance 8. Suppression of emotions like fear and sadness 9. Venting 	<p>EMOTIONAL COPING STRATEGIES</p>
<ol style="list-style-type: none"> 10. Engagement in numerous activities 	<p>DISTRACTION TECHNIQUES</p>
SUBORDINATE THEMES	SUPERORDINATE THEME

<p>11. Avoid trauma and negativity</p> <p>12. Sleeping</p> <p>13. Using substances</p> <p>14. Ignoring</p>	<p>AVOIDANCE AND ESCAPE TECHNIQUES</p>
<p>15. Previous familiarization</p>	<p>PREPARATORY ACTION</p>
<p>16. Knowledge of professional support services</p> <p>17. Not being alone</p> <p>18. Feeling supported by friends and family</p> <p>19. Feeling supported or motivated by Superiors</p>	<p>SEEKING SUPPORT</p>
<p>20. Deriving a sense of pleasure and pride from work</p>	<p>ACCOMMODATION AND INTELLECTUALIZATION</p>

SUBORDINATE THEMES	SUPERORDINATE THEME
21. Exercise 22. Planning 23. Philosophical and religious attitudes	PROACTIVE COPING AND PROBLEM SOLVING

4. 4. 1 Emotional coping strategies

a. Results

Under the first group of coping subthemes, (1) humour, (2) helping others and feeling needed, (3) a sense of satisfaction from the fulfilment of desires and stimulation of interests, (4) disengagement, (5) feeling appreciated, (6) listening to music, (7) acceptance, (8) suppression of emotions like fear and sadness, and (9) venting were identified as useful coping aids from the accounts mentioned below and from similar expressions.

Two respondents mentioned that **humour** was useful in easing difficult work situations. Another two indicated that rewarding feelings that come from **helping others or being needed** made work circumstances easier. Seven participants likewise **derived a sense of satisfaction from the fulfilment of their desires and interests**. Moreover, two research participants said that they **felt appreciated** for the work that they do. Three participants stated that in order to cope, they endeavoured to **disengage** when they left the work premises, while another **three mentioned that listening to music** was a useful means of

coping. Another subtheme under coping, **acceptance**, was noted by five respondents as necessary in order to do work of this nature. Three individuals reported the **suppression of emotions like fear and sadness**. Finally, **venting** was stated as useful by at least two female participants. The above is evident in the participant accounts cited below:

“[...] everything is a joke [...] they take it so light.”

“[...] I like to make jokes about things.”

“[...] do it for the grieved family [...] someone must stand up for them[...] whenever I do it I always assume I’m doing in the good faith of someone who is in need.”

“[...] so I decided okay let me go [...] somebody who has to do it [...]”

“[...] there is nothing [...] I would like to do than being in the mortuary services.”

“[...] I had already desired to join the forensics [...]”

“[...] here, you are learning a lot...one positive things.”

“I wanted to be here actually [...] every day I learn [...] interesting cases is for me those sudden deaths. You have to search for the cause of death.”

“[...] curiosity [...] every day you learn something new [...] deaths are never the same.”

“Just to switch off from the same work [...] but you try by all means the moment that you knock off, you disconnect yourself [...] whatever I’m doing here I leave it behind...when I step out [...]”

“If I knock off [...] I left everything on the premises.”

“The more we help people in a positive manner and the way they appreciate our services, I think it’s pushing our [...]”

“Music, especially when I’m sad. If [...] I’m playing loud country music, then I’m not in a good mood.”

“Listening to music [...] country music [...] relaxes me [...]”

“I had to get used to the environment [...] like I don’t feel I’m affected anymore.”

“[...] just feel like it’s my brother who is laying there [...] that’s the part where I feel I’m not comfortable [...] I’m working on that one, I think it will come over.”

“They must just accept that they are here to work [...] so it make more easier”

“[...] try by all means to put our emotions from our work [...]”

“[...] you are holding yourself. Why should I cry if I’m supposed to comfort them [...]?”

“[...] being a human [...] it’s good if you cry, then you don’t feel that bad [...]”

“That is also helping me to cope with stress, I express myself.”

“I didn’t cry with her [...] I just went to the toilet and I cried and then I came back.”

b. Discussion

Emotional coping strategies such as venting, feeling suppression, listening to music, feeling appreciated, disengagement, deriving a sense of satisfaction from having an interest in and desire to work at the mortuary were all seen as strategies used to improve emotional distress and reduce negative feelings associated with handling corpses. Emotional coping strategies are comprised of thoughts and behaviours and also include both active and avoidant efforts to achieve relief (Allen & Leary, 2010). Acceptance of one's personal emotional responses to stressful situations was one of the strategies which Sándor, et al (2015) pointed out as effective coping and was reportedly used by some of the respondents. Unlike medical students attempting to cope with dissection room experiences using cognitive strategies (Sándor et al., 2015), the corpse handlers in this study engaged predominantly in emotional coping.

4. 4. 2 Distraction techniques

a. Results

(10) Engaging in numerous activities fell within this subgroup. Eight respondents actively **engaged in a wide range of activities** when they were not on duty. Some of the quotations below illustrate these themes.

"[...] go out, watch a movie, or go swimming [...] I spend a lot of time reading."

"[...] let me say if I have a stressful day, I do watch movies [...] nice movies or series, just to keep that feeling out. So I can have something on my mind"

“[...] I just keep myself busy [...] forget that feeling [...]”

“[...] I do the dishes, watch TV, my Dr G [...] read my Bible [...] do a Bible study [...] busy sewing [...] I do laundry [...] and if events come up [...]we go out [...] ”

“I like to keep myself busy [...] I have to pack, I have to clean the room.”

b. Discussion

Distraction techniques such as watching television, cleaning, going out with friends and reading were often used to remove the experiences and therefore thoughts and feelings associated with them from individual minds. At the same time, distraction techniques centred around attempts to preoccupy one’s mind so that thoughts and feelings about the stressors are not able to evoke stress responses. Resembling findings have not been pointed out in this manner by previous studies.

4. 4. 3 Avoidance and escape techniques

a. Results

The coping subordinate themes within this superordinate cluster include (11) avoidance of trauma and negativity, (12) sleeping, (13) alcohol use and (14) ignorance. Within this subgroup, three of the participants said that they **avoided trauma and negativity**. In addition, two respondents said that they used **sleeping** as a coping strategy. At least four stated that they made use of **alcohol**. Correspondingly, seven of the respondents mentioned either that people perceived them as a population that misused alcohol or that they knew of colleagues with abusive alcohol intake habits. One subject mentioned that

ignoring the distress causing occurrences of the job was useful because it prevented the experience of disturbances. These coping themes are evident in the following quotations from the interviews with research participants:

“I find it a bit traumatic [...] I always avoid news [...] tomorrow I know I’m gonna do it [...] it’s like your adrenaline starts to run [...] work is stressful so I try by all means to avoid negativity.”

“For a whole week I was just sitting outside. ‘Cause every time when I was coming in nê, there was a weird feeling running all through my body.”

“I used to like working after five maybe...those days when his body was here [...] myself when the body was on the premises [...] I always go home at five.”

“[...] if I have more problems then I prefer to sleep.”

“[...] if you drink a beer, you feel tired and you just sleep.”

“[...] I will take something cold, like a beer [...] to relax my body, my mind.”

“[...] then I resort to alcohol, to forget [...].”

“[...] maybe most of my colleagues they turned alcoholics.”

“Because sometimes [...] the best thing for me is just to ignore, and then I continue with normal life [...] if I have to take it deep into my conscious it will just have a negative effect on me.”

b. Discussion

Avoidance and escape techniques involve an acknowledgement of stressors but choosing to distance oneself, knowing that the stressor remains untouched and unchanged when you are confronted with it again. This method of coping was also used by participants in a study conducted in Dhaka (Patwary, 2010). The research participants in the current study reported deliberately using alcohol, sleeping and the choice of deliberately ignoring stressors that they have no control over, even when it only provides them with temporary relief.

4. 4. 4 Preparatory action

a. Results

Preparatory action encompasses both (14) previous familiarisation and (15) planning. Three participants stated that their distress during their first encounters with corpses and the work environment was reduced by **previous familiarization** with the type of work they do. One of the three, for example, is quoted in the first of the two extracts below. Another research participant made use of **planning** to reduce work pressure on himself, as reflected in the second quote below:

“[...] I became acquainted with conducting post-mortems [...] I had already had prior experiences [...] I did not get that shock.”

“No, actually my work I’m fine [...] I used to schedule it[...] I don’t need to overload myself [...] or wait for my commander to tell me why is this not done.

b. Discussion

Preparatory action such as having had prior access to accurate information or previous exposure to similar situations has been proven to reduce the initial shock of joining the mortuary labour force. It seems, though, that very few corpse handlers have had the privilege of benefitting from this coping strategy. Preparatory action is a method of orientation and gradual exposure after desensitization that reduces potential harmful impacts during the actual exposure to stressors.

4. 4. 5 Seeking support

a. Results

(16) Professional support services, (17) not being alone in situations, (18) feeling supported by friends and family and (19) feeling supported and motivated by superiors were the main subthemes identified in this cluster. Seven of the nine respondents had knowledge of or made use of the first subgroup of coping strategies under this category, **professional support services**. This involves using counselling and psycho-education services provided by social workers to help them cope. Another two respondents found comfort in **not being alone in situations** at work. A further six respondents felt **supported by friends and family** while four others **felt supported and motivated by their superiors**

“[...] see a social worker [...] who sits and understands your situation, daily problems you are encountering.”

“We have social workers in the force [...] they used to comfort and advise. And if you are taking their advice, things will work for you.”

“[...] it really helped me. I learned a lot from them [...] they talk about, just to cope with stress.”

“[...] sometimes we have sessions with social workers [...] they are actually giving us a picture on how to avoid going into stress or depression.”

“[...] fortunately, there was another doctor [...] who was also new”

“Like the circle I have [...] friends, family, they are very supportive.”

“I’m having a very good relationship with my wife [...] always encouraged me.”

“I just need to have my girlfriend closer to me so she can keep away that feeling I was having. Just being with her [...]”

“[...] it’s very upsetting for me [...] I wouldn’t really have peace. I would [...] call my dad [...] and then we would pray about it [...]”

“[...] I came to my commissioner’s office and told him. And he looked at me and said [...] are you not gonna cry [...] that’s when at least I thought it was normal to cry in uniform and I just let it out.”

“[...] working environment is coming from my boss [...] he is motivating us [...]”

b. Discussion

Despite the fact that so many respondents perceived that others held negative attitudes towards their work engagements, the majority found comfort in being amongst others, being supported by their superiors and not being alone in work situations. They also took comfort in the fact that professional services were available but were seemingly aware of and interested mostly in the educational benefits of such services. Like medical students in the potentially stressful dissection room setting (Boeckers et al., 2010), most of the corpse handlers interviewed in our study were able to identify supportive people or other structures that they could turn to. The study confirmed earlier findings (McCarroll et al., 1993) about the useful nature of support for coping.

4. 4. 6 Accommodation and intellectualization

a. Results

Five respondents indicated that they (20) **derived a sense of pleasure and pride** from the work they engaged in. This seemingly made the job more bearable.

“[...] I’m happy with my job, I’m really enjoying it. It’s not a common job [...]”

“I feel proud of my job because not everybody can do this [...] It’s a very important job”

“It’s kind of a passion [...] I love each and every day [...] I know not all of us can do this type of work.”

b. Discussion

Numerous respondents acknowledged that they accommodated and intellectualized the demands of their work, which was challenging. At the same time, they expressed pride in being among the few who could handle it, unlike other members of the general public. Accommodation and intellectualization are cognitive coping strategies that make unpleasant situations seem more bearable because one has explained to yourself why and how it must be done in order to reach a specific goal.

4. 4. 7 Proactive coping and problem solving

a. Results

(21) Exercise and (22) philosophical and religious attitudes were found to be effective strategies for proactive coping and problem solving. When asked about their coping strategies, at least four participants said they engaged in **exercise**. A further six subjects indicated that their **philosophical and religious attitudes** formed part of their daily coping experiences.

“Coping mechanisms that I have is exercising [...]”

“[...] I used to go exercise. Ja, sometimes it’s a stress relief.”

“I do go to the gym as well.”

“[...] my faith. Being a Christian, it helps me to cope because I know there is God somewhere so who knows my needs [...]”

“[...] Every time if I’m struggling with something, I must always come to my knees [...] I will talk to him, either through prayer, I’m having my good gospels on my computer [...] I will listen [...] I will always ask Him about the difficulties”

“Sundays church, it’s a must go, unless I’m on standby.”

“The first thing I do is pray, because it releases [...] went to go and pray for me, but from there I felt so relieved.”

b. Discussion

Exercise, philosophical and religious attitudes and planning were identified as part of a number of the respondents’ lifestyles, and these proactive and problem-solving behaviours facilitated coping. The findings of this study suggested that quite a number of corpse handlers engaged in active coping strategies in negotiating their daily stressors. These have previously been found to promote positive outcomes on well-being (Ito & Matsushima, 2016). This last strategy, proactive coping, involves internal lifestyle strategies to maintain healthy functioning and management of daily stress.

4. 5 Chapter summary

This study did not make use of an existing classification framework of either psychological stressors or coping strategies but, instead, has reviewed the literature in order to locate relationships, contrasts and confirmations that the findings offer to the existing body of knowledge.

The identification of stressors in the above section has been crucial to answering the question of whether or not corpse handling creates vulnerability to psychological challenges and the development of psychiatric disorders (Nöthling et al., 2015). However, no risk assessment that involves an appraisal of only stressors can be regarded as complete. Therefore, the study was useful in identifying the current coping patterns and their potential impact on promoting well-being and reducing vulnerability. Coping strategies have been defined by numerous researchers (Allen & Leary, 2010; Boeckers et al., 2010; Harrawood, 2009; Ito & Matsushima, 2016). The classification process for this study was guided by research respondent reports. It is evident from this section that each coping strategy serves different functions and should therefore not be applied as a general panacea with the expectation that they will be effective in preventing negative mental health outcomes. For example, a strategy such as escape for reactions such as intrusive thoughts may be helpful in the beginning, but may ultimately stand in the way of trauma being adequately processed, thus leading to the development of PTSD (Ehlers & Clark, 2000).

This chapter detailed the findings of the research study and provided a discussion of participants' responses. In addition, it explained some of the interpretations made and reflected on how these tied in with the thinking expressed in previous chapters. It also served as a precursor to the recommendations that follow in the next and final chapter.

Chapter 5: Conclusions, limitations and recommendations

5. 1 Chapter introduction

This chapter will commence with a summary of the major findings and strengths of the research study. Subsequently, the limitations and efforts made to overcome these will be discussed before a list of recommendations is presented.

5. 2 Summary of key findings

This study aimed to establish the psychological stressors and coping strategies of corpse handlers employed at the state mortuary in Windhoek. Nine superordinate stressor themes and eight superordinate coping themes emerged as part of the study results.

The themes that emerged as the main stressors experienced by this population included work-related demands, reminders of work situations, threats to health and well-being, physical contact with human remains, stigma and perceptions of others, identification with the families of the deceased/ the deceased themselves, encounters with the public and interpersonal conflict. These were formed by the clustering of subordinate stressor themes such as the accumulation of work, reminders of work situations on the new, risk of injury and infection, fear of being haunted, exclusion and isolation, working with different types of corpses, encountering sad people, etc. (refer to table 5).

On the other hand, the superordinate emotional coping strategies, distraction techniques, avoidance techniques, preparatory actions, social support, accommodation and intellectualization and active coping techniques emerged as the main coping themes for

this unique set of individuals. These were derived from subordinate clusters which included themes such as humour, disengagement, acceptance, feeling supported, exercise and planning (as can be seen in table 6).

5. 3 Strengths of the study

The strengths of this study were measured by evaluating the adequacy with which it responded to the research questions and research problem identified in the introduction.

Firstly, the presence of stressful experiences related to working with human remains has been confirmed. In addition, respondents in the sample confirmed that they often felt reluctant to express these experiences, even in research-like situations.

Secondly, to our knowledge, the current study has been the first to investigate the psychological stressors and coping strategies of corpse handlers in a sample of Windhoek state mortuary employees. The study therefore was a response to the lack of information about a combination of coping and stressful experiences of corpse handlers in Windhoek. In so doing the study has provided the necessary knowledge for the development of preventative, supportive and curative interventions to address the mental health vulnerabilities of this population. The results have also provided sufficient information to call attention to other stakeholders, besides the corpse handlers themselves, whose assistance is required to improve the coping abilities of this vulnerable population.

A third strength of the study lies in its careful selection of the research population and sample according to the IPA guidelines (Smith & Osborn, 2015). According to Simone

(2011), when open-ended data collection methods are used, the responses to research questions are usually constructed based on the participant's own meanings.

5. 4 Limitations

The report would be incomplete without an acknowledgement of the limitations of this study. A procedural limitation that affects research of this nature is that the depth of information gathered is usually sensitive to the rapport between researchers and respondent. This means that detailed expression and explanation may have been compromised by the fact that once-off interviews were conducted. The above is especially significant in the context of the profound topic already associated with stigma and discrimination. Even though the researcher met all potential participants on two occasions prior to the data collection, these meetings were not on an individual basis. Attempts to overcome this limitation involved orientation and rapport building with each participant before interviews commenced, sharing data interpretations with the research participants afterwards, and allowing them to give feedback.

Other limitations relate to sampling. There is a fair possibility that the individuals who were willing to participate may feel more comfortable to express themselves, be more likely to seek social support, and thus be more adept at coping with their experiences than their peers who did not participate in the study. In contrast, the latter might experience and cope differently with corpse handling.

Also, in qualitative research studies such as this one, the results associated with this sampling method are not necessarily representative of those outside the sample.

Fortunately, the overall aim of the study was to describe the experiences of a small number of individuals as opposed to making general statements about an entire population. Even so, the population of corpse handlers in Windhoek and in Namibia at large is quite small. With the sample of nine respondents, this study represented more than 20% of the Windhoek population, which suggests that the study sample may have been proportionately sufficient to qualify general statements should the researcher choose to make these.

Another challenge was the degree to which the researcher's conceptions may have affected the data analysis process (Smith & Osborn, 2015). However, researcher self-awareness, careful planning and the implementation of the guidelines for attaining trustworthiness were strategies used to negotiate these challenges.

5. 5 Recommendations

Based on the results and limitations of the current study, the following recommendations are made for either practical implementation or for future research. Future research may employ mixed method approaches to establish the effectiveness of certain stressor-coping relationships to provide sufficient information to guide coaching. More specifically, such an approach can provide psycho-education and guidelines to inform corpse handlers' choice of coping alternatives. Research to determine the stress reactions and mental health outcomes caused by the different stressors and corresponding methods of coping is also recommended. The above can facilitate the development of preventative strategies. It can also help a population which feels that society perceives them as abnormal in taking responsibility for their own lives as well as preventative action that is within their control.

The researcher has developed great personal interest in working with this population through further research and the application of mental health intervention and support services. Corpse handlers and attendant issues such as personality, early life experiences, previous trauma, development of healthy interpersonal relationships, parenting and existential issues have thus gravitated to the top of the list of her personal research interests for the future.

Recommendations will be made to policy makers by means of a research report. These will encourage the application of efforts toward improving the working environment of corpse workers, for example by improving the ventilation of the mortuary building and enhancing the sense of occupational health and safety through regular evaluations, training and related activities. In addition, they will be advised that appreciation has been identified as a coping method while isolation and stigma have been identified as significant stressors. These may serve as guidelines for policy makers and mortuary supervising officers to enhance the mental health of this population. They will also be advised to ramp up efforts to increase public awareness of the crucial roles these employees play in the functioning of society and internally to take steps into enhance team building and improve staff morale. These steps are necessary to make corpse handlers feel appreciated and an integral part of the Ministries that employ them. It should be noted that among the above recommendations have been based on researcher observations that were not necessarily tested during the study but that came across as essential for consideration.

Recommendations to the corpse handlers themselves include reflecting on their own experiences on a regular basis to increase their awareness of stressors and their emotional

and physical impacts. In addition, self-monitoring is encouraged to continuously assess the effectiveness of personal coping strategies and promote self-care through a healthy lifestyle. They are also advised to pro-actively seek professional help and support in times of need. A future study worth pursuing may be to assess the effectiveness of current coping.

Finally, the engagement of all stakeholders, i.e., researchers, policy makers, mental health professional and corpse handlers themselves in the development of interventions that promote well-being and healthy psychological functioning is strongly recommended.

5. 6 Chapter summary

Stressors, no matter how insignificant they may seem, are known to affect mental health outcomes if left without relief or no effort is made to cope. That said, the study has demonstrated that mortuary corpse handlers make significant efforts to prevent mental health challenges and to deal with the vulnerabilities propagated by their work. This study has described the psychological stressors of corpse handlers in state mortuary facilities in Windhoek and the coping strategies they employ, although it did not provide evidence of the latter's levels of efficacy. To conclude, this chapter was intended to provide an overview of key aspects and findings of the study, highlight its limitations, and point out its implications for both future research and the well-being of the study population.

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APPENDIX A: ETHICAL CLEARANCE CERTIFICATE



ETHICAL CLEARANCE CERTIFICATE

Ethical Clearance Reference Number: FHSS /249/2017 **Date:** 27 September, 2017

This Ethical Clearance Certificate is issued by the University of Namibia Research Ethics Committee (UREC) in accordance with the University of Namibia's Research Ethics Policy and Guidelines. Ethical approval is given in respect of undertakings contained in the Research Project outlined below. This Certificate is issued on the recommendations of the ethical evaluation done by the Faculty/Centre/Campus Research & Publications Committee sitting with the Postgraduate Studies Committee.

Title of Project: PSYCHOLOGICAL STRESSORS AND COPING STRATEGIES OF CORPSE HANDLERS AT WINDHOEK STATE MORTUARIES: A PHENOMENOLOGICAL STUDY.

Researcher: Leandre Kurz

Student Number: 200846671

Faculty: Faculty of Humanities and Social Sciences

Supervisor: Dr P Dhaka

Take note of the following:

- (a) Any significant changes in the conditions or undertakings outlined in the approved Proposal must be communicated to the UREC. An application to make amendments may be necessary.
- (b) Any breaches of ethical undertakings or practices that have an impact on ethical conduct of the research must be reported to the UREC.
- (c) The Principal Researcher must report issues of ethical compliance to the UREC (through the Chairperson of the Faculty/Centre/Campus Research & Publications Committee) at the end of the Project or as may be requested by UREC.
- (d) The UREC retains the right to:
 - (i) Withdraw or amend this Ethical Clearance if any unethical practices (as outlined in the Research Ethics Policy) have been detected or suspected,
 - (ii) Request for an ethical compliance report at any point during the course of the research;

UREC wishes you the best in your research.

Prof. P. Odonkor: UREC Chairperson

A handwritten signature in black ink, appearing to be "P. Odonkor", written over a horizontal line.

Ms. P. Claassen: UREC Secretary

A handwritten signature in black ink, appearing to be "P. Claassen", written over a horizontal line.

APPENDIX B: RESEARCH PERMISSION LETTERS



REPUBLIC OF NAMIBIA

Ministry of Health and Social Services

Private Bag 13198
Windhoek
Namibia

Ministerial Building
Harvey Street
Windhoek

Tel: 061 – 203 2562
Fax: 061 – 222558
E-mail: hnangombe@gmail.com

OFFICE OF THE PERMANENT SECRETARY

Ref: 17/3/3 LK
Enquiries: Dr. H. Nangombe

Date: 20 July 2017

Ms. Leandre C. Kurz
PO Box 98033
Pelican Square
Windhoek
Namibia

Dear Ms. Kurz

Re: Psychological stressors and coping strategies of corpse handlers at Windhoek State Mortuaries a Phenomenological study.

1. Reference is made to your application to conduct the above-mentioned study.
2. The proposal has been evaluated and found to have merit.
3. **Kindly be informed that permission to conduct the study has been granted under the following conditions:**
 - 3.1 The data to be collected must only be used for academic purpose;
 - 3.2 No other data should be collected other than the data stated in the proposal;
 - 3.3 Stipulated ethical considerations in the protocol related to the protection of Human Subjects should be observed and adhered to, any violation thereof will lead to termination of the study at any stage;

- 3.4 A quarterly report to be submitted to the Ministry's Research Unit;
- 3.5 Preliminary findings to be submitted upon completion of the study;
- 3.6 Final report to be submitted upon completion of the study;
- 3.7 Separate permission should be sought from the Ministry for the publication of the findings.

Yours sincerely,


Andreas Mwombola
Permanent Secretary



"Health for All"



REPUBLIC OF NAMIBIA



Department of Police

MINISTRY OF SAFETY AND SECURITY

Tel. No: 061 203 3311
Fax. No: 061 234 916
Email: jmbandeka@nampol.na
Enquiries: Dep.Comm. Mbandeka

OFFICE OF THE HEAD
Forensic Pathology Division
Namibian Police Force
Private Bag 13293
WINDHOEK

Our Ref:
Your Ref:

12th July 2017

Miss. Leandr  Kurz
Principal Researcher (Student Psychologist)
University of Namibia

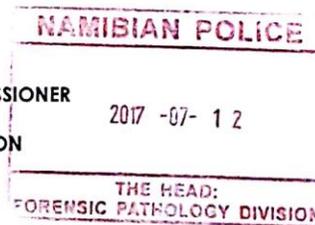
Dear Madam

RE: PERMISSION TO INTERVIEW MORTUARY STAFF AS PART OF A QUALITATIVE RESEARCH STUDY IN PARTIAL FULFILMENT OF A MASTER'S OF ARTS IN CLINICAL PSYCHOLOGY DEGREE (UNIVERSITY OF NAMIBIA).

1. Reference is hereby made to your letter of request dated 2017/06/28 and addressed to the Permanent Secretary for the Ministry of Safety and Security.
2. Kindly, take note that your request to carry out the forenamed study has been favourably considered by this office.
3. As result of this approval, you may therefore consult with the Head of the Forensic Pathology Division for further arrangements.
4. Furthermore, this office would like to wish you all the best in your future endeavours.

Respectfully yours,


..... DEPUTY COMMISSIONER
J.J. MBANDEKA
HEAD: FORENSIC PATHOLOGY DIVISION



APPENDIX C: INFORMED CONSENT FORM

INFORMED CONSENT FORM

This informed consent form is for corpse handlers at Windhoek state mortuaries who are invited to participate in research titled;

Psychological stressors and coping strategies of corpse handlers in Windhoek state mortuaries: A phenomenological study

PART I: INFORMATION SHEET

1. Introduction

My name is Leandré Kurz, and I am a second year Masters of Arts in Clinical Psychology Student at the University of Namibia. In partial fulfilment of the mentioned qualification, I am undertaking a research study focused on the psychological stressors and coping strategies of corpse handlers at Windhoek state mortuaries. We are thus providing you with information as part of an invitation for you to participate in this study. You are not obliged to decide on your participation immediately and are further not obligated to participate in this research study unless you are fully willing to do so. This consent form may contain unfamiliar concepts and words that you do not understand. I will explain these to you as we proceed and will further answer questions and respond to points that you may require further clarification on.

2. Purpose of the research

There are only 46 state mortuary workers in Windhoek who work directly with corpses. This population is exposed to circumstances like no other on a daily basis. Not much is known about the special impact of this work on individuals and how they cope with such impacts. This study therefore seeks to understand the experiences of corpse handlers at state mortuary facilities in Windhoek. With your help, it aims to describe psychological stressors and coping strategies. This information is likely to assist with the development of a better understanding of corpse handlers at state mortuary facilities in Windhoek.

3. Selection of participants

As a state mortuary corpse handler in Windhoek, you have been selected to participate in this study as it focuses on the experiences of those directly handling corpses. Furthermore, while corpses are handled at private funeral homes as well as at state mortuary facilities, bodies resulting from unnatural and often traumatic circumstances have contact with state employees before being transferred to private funeral homes.

4. Voluntary participation

Your participation in this research study should be completely voluntary. With absolute assurance, there will be no negative consequences for a decision not to participate. The choice that you make, whether to participate or not, will further have no significance during future work-related evaluations and reports. You may further, at any point during the research study, choose to withdraw and stop participating.

5. Procedure

We are asking you to help us learn more about the experiences of corpse handlers at Windhoek state mortuaries. In other words, we are asking you to participate in this research study. Should you decide to participate, you will be asked to complete a demographic survey and to undergo a semi structured interview that will be conducted by Ms. Leandré Kurz. She will ensure that you are comfortable, and start off by answering any questions that you may have about the research. This will be followed by your completion of a short demographic survey with questions about your own particulars such as age, job title and duration of employment. Next, you will be asked open-ended questions about your experiences as a corpse handler at a state mortuary facility. These may include question such as; *describe your experiences of working with corpses? Can you describe negative experiences associated with your work? What are your general feelings and thoughts about working with corpses? What do you do after a stressful day at work?* After each question is asked, you will have time to consider and respond to it. This interview will take place at your duty station. However, it will happen in a private room, where only you and the researcher will be present. The interview will be voice recorded. The information that is recorded will remain confidential. No one except Ms. Leandré Kurz, Dr Poonam Dhaka and a credible data transcribing agent will have access to the tapes. The voice recorded data will be stored in a safe location inside a locked cabinet when not in use for the purposes of this research. The voice recorded data will be permanently deleted after a period of five years. The voice recordings will be transcribed after the interviews are completed.

This transcribed data will be kept in the same locked cabinet. The documents will be shredded and burnt after five years.

6. Duration

The interviewing process will take approximately 45 minutes to an hour of your time. The interviews will run for a period of one week during which you can choose a timeslot that you are comfortable with should you decide to participate.

7. Risks and discomforts

The participation in this study does not put the research participants at risk of any physical harm. The interview questions may touch on sensitive topics. Some of the questions asked may remind you of uncomfortable or stressful encounters during your work with corpses. The researcher is equipped with counselling and debriefing skills to help you work through these experiences. There is further an identified referral system composed of Clinical Psychologists in private practice, should you require additional support services. Alternatively, you do not have to answer any questions that you do not feel comfortable with. You will not be required to provide reasons for not wanting to answer a question or withdrawing your participation at any point during the study.

8. Benefits

The psychology community may benefit from the information gathered as it will have a greater scientific understanding of your daily experiences. This means, there is a possibility for developing support services that are specific to corpse handlers. The

information gathered may provide valuable feedback for your line Ministry and give your superiors a better understanding of your experiences and possible ways in which you could be better supported by the organization. Moreover, the study is ambitious to benefit you as research participant. The information gathered can influence the development of appropriate interventions that may enhance your quality of life.

9. Reimbursements

You will not be provided with any incentive or financial reward for participating in this study. Since your participation is requested at your place of work, no financial costs on your part as the research participant can be foreseen.

10. Confidentiality

No information about you will be shared with anyone outside of the research team. The information collected will be kept private. A pseudo naming system will be used. In other words, information will be handled as though it came from the person with your pseudo name and not as though it came from you. Your identifying information will also be changed so that no one is able to identify you when reading the final write up resulting from this research study.

11. Sharing of research findings

Nothing that you share during the process of this research will be shared with anyone outside of the research team. If shared, no information will be attributed to you. Instead your pseudo name will be used. Research findings will be shared in a timely fashion.

This will be within no longer than six months after the data has been collected. The findings will be printed in a research thesis and will be presented firstly for grading with the University of Namibia. Articles may further be published in academic journals, while information relevant to the two ministries involved may be presented and in other ways provided upon their request.

12. Who to Contact?

Researcher: Ms. L Kurz 0817133033, Research Supervisor: Dr P. Dhaka 0612063800

The research proposal for this research study has been approved by the Psychology Section, Faculty of Humanities and Social Sciences, Post Graduate Studies Committee and the Research Ethics Committee at the University of Namibia. It was further approved by the Research Ethics Committee at the Ministry of Health and Social Services as well as the Permanent Secretary of the Ministry of Safety and Security.

PART II: CERTIFICATE OF CONSENT

**STATEMENT BY THE RESEARCH PARTICIPANT/PERSON GIVING
CONSENT**

I have received an explanation on the purpose of the research study that I have been asked to participate in. I have further had an opportunity to ask questions and clarification on areas that seemed unclear to me. After careful consideration of what will be expected of me as a research participant, I am completing this informed consent form.

I have read the foregoing information/ the foregoing information sheet has been read to me. I have used the opportunity to ask questions about it and other questions related to the research study. The researcher confirmed whether all questions had been answered to my satisfaction. I understand the limits to confidentiality and how the information gathered during this study will be used. I hereby consent voluntarily to participate in this research study.

Name of Participant _____ **Signature** _____

Date: ____ / ____ / _____

STATEMENT BY THE RESEARCHER/PERSON TAKING CONSENT

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands the purpose of the study and the procedure that will be followed. I confirm that the participant was given an opportunity to ask questions about the study. All questions asked by the participant have been answered

correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily. A copy of this Information Sheet and Consent Form have been provided to the participant.

Name of Researcher _____ **Signature** _____

Date: ___/___/_____

APPENDIX D: DATA COLLECTION INSTRUMENTS

DEMOGRAPHIC QUESTIONNAIRE

Please fill in your biographic details below.

1. Name and Surname:
2. Gender (mark by circling): Male/Female
3. Date of Birth:/...../..... Age:
4. Occupation:
5. Duration of employment:
6. Marital status (mark by circling): Married/ Divorced/ Widowed/ Unmarried/
Other (specify):
7. Home language:
9. Contact details

Telephone:

- Email:

SEMI STRUCTURED INTERVIEW GUIDE

You have indicated in your demographic questionnaire that you have been employed as a at the Windhoek mortuary for the past years/ months;

1. What made you decide to pursue this career?
2. Have you undergone any education or training in the field of your work?
Describe your training and education (elaborate)
3. How did you feel about your career when you started working?
How is it different now?
4. What does your job description involve?
Describe what a typical day schedule at work entails for you?
5. How does working with human remains affect your life?
Describe positive/ negative experiences associated with your work.
6. What are your general feelings and thoughts about working with corpses?
7. Do you experience any everyday problems as a result of working with corpses?
8. Are there aspects of your job (working with corpses) that you find stressful or uncomfortable? If yes:
Are there any physical/ emotional aspects of your job that are stressful or uncomfortable? (Can you explain?)
9. Does working with corpses affect your thoughts or dreams in any way?
If yes, describe the content/ frequency of these thoughts/dreams
10. How does working with corpses affect your relationship with other people?
Can you elaborate?

11. What do you do in your free time?

Are any of these activities aimed at making you feel better after a stressful day/
week at work?

12. Which other personal resources do you use to cope with stress?

Does it make you feel better? For how long?

13. Do you know of strategies used by your colleagues for coping with the stressful
part of working with human remains?

Can you elaborate? Do you think these strategies are effective?

14. Do you know of any professional services that may be of use to you in coping
with life experiences that you find stressful?

How do you feel about accessing such services? Elaborate.

15. Do you engage in any activities that make you feel less stress but that you know
may be harmful to you?

How effective do you think these strategies are?

What about your colleagues, do they have any harmful ways of coping with work
related stress?

16. Are there any specific stress coping strategies that you would recommend for
specific stressors related to handling human corpses?

17. Do you have any advice for how individuals may be assisted in coping with the
challenges of handling corpses

APPENDIX F: REFLECTIVE STATEMENT

The interest in mortuary corpse handlers as a study population developed in response to a personal encounter of the researcher. This related to a grade 12 Biology practical during which her class visited the state mortuary to observe and autopsy. The build up to the mortuary visit involved predominant experiences of anticipatory anxiety, followed by confusion about the emotional responses that resonated after witnessing the physical examination of human corpses. In addition, the researcher was left with many questions about the impact of such experiences on individuals who encounter them on a daily basis.

The data collection process, visiting the mortuary and interacting with the corpse handlers was very similar to the experiences described by the mortuary workers when relating their initial encounters. The same initial fears related to the work environment, stigma and the presence of dead human bodies in the same building, created considerable discomfort in the researcher. However, similar to the individuals who work at the mortuary, research interest, the depth of relationships established, exercise, debriefing about experiences there, disengagement and distraction techniques served as useful coping strategies to the researcher who often remained preoccupied with the thoughts of experiences described both during and after interviews.

While some of the above coping strategies have been more effective than others, these certainly fuelled the researcher's motivation in catalysing the development of coping and management strategies in response to the stressors experienced by this special group of people.