

# Improving support for bereaved people within their communities

## Updating the nine-cell bereavement tool



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PEOPLE OFTEN SEEK BEREAVEMENT COUNSELLING because their families and communities are unwilling to allow the natural course of grief to unfold over time and seem uncomfortable with the extreme emotions that grief brings. It seems reasonable, then, to work with families and communities so that they themselves can provide the support otherwise afforded by bereavement counselling and support groups. The nine-cell bereavement tool, first devised for this purpose by Hunt (2002), raises awareness of issues at community level. Here we look at refinements of the tool during its use in India, Kenya, Zimbabwe and South Africa over four years and summarise a recent evaluation of it.

**B**onanno (2001) suggests that expression of grief may be socially curtailed in some societies because the experience and display of negative emotions, such as those commonly found in grief, impede functioning of the social group. This may account for the positive display rules commonly encouraged in our own and other societies, for example being 'strong' and not breaking down,

### ABSTRACT

*The nine-cell bereavement tool was originally developed to provide appropriate training in a culturally diverse environment. Groups of trainees complete a table exploring their personal and professional bereavement experiences. Through looking at their feelings over time in relation to what is socially acceptable, and comparing their real needs with the kinds of support offered in their communities, participants can themselves develop strategies to help bereaved people more effectively and raise bereavement awareness locally. During 2002-2006 this tool was used in India, Kenya, Zimbabwe and South Africa and, in the process, was expanded and modified, and some assessments carried out.*

*At the funeral and in the weeks following it, several people repeatedly advised the principal mourners to try to forget about the dead child. The pain nevertheless continues. (Lutz 1988)*

but it can result in the bereaved restraining their natural emotions in the interests of remaining socially acceptable. In our experience much of what occurs in bereavement counselling sessions can be categorised as normalising the grief process: recognising the wide-ranging reactions to loss, demonstrating understanding and acceptance of the pain of loss, and encouraging the bereaved to grieve in their own way.

### The nine-cell bereavement tool

This simple tool arose from training work with culturally diverse groups in Zimbabwe where traditional, westernised models of grief were inappropriate, and was designed to provide 'a platform for discussing, challenging and reflecting on grief issues' (Hunt

2002). The trainees fill in the cellular table, drawing on their existing bereavement knowledge and experience (see Table 1), so the session is led by them. As the tool relies on one facilitator skilled in bereavement work interacting with up to 40 participants at one time, it is extremely cost-effective. As well as providing a holistic approach to grief over time, it also gives rise to a range of additional information and skills that trainees can select as appropriate for their situations. The cellular template makes it possible to add specific issues that may complicate grief, such as death due to AIDS, trauma, or suicide, multiple deaths, and different age-related bereavement reactions (eg in children, older people).

**Private grief and cultural expectations** Seale (1998) acknowledges that alignment of individual grief and the mourning expectations of a community does not always occur. Hunt (2002) refers to people finding either 'fit' or 'discordance' between what they feel inside, how they perceive they are allowed to express themselves, and what their society allows them in terms of ritual, time and space. In particular, when formal structures of mourning

**Table 1**  
**The nine-cell bereavement tool**

Experiences in bereavement				
Cell number		1	2	3
Cell letter		Immediate	After several months	After a couple of years
A	Felt	A1	A2	A3
B	Shown	B1	B2	B3
C	Allowed/expected	C1	C2	C3

disintegrate, as they may do when communities are put under stress and become fragmented, there seems to be a gap left by the lack of rituals and community support. Grieving becomes an area where boundaries and expectations become unclear, with bereaved people often communicating with a trusted other, rather than family of origin and community as traditionally required (Walter 1999).

### New developments of the tool

During 2002-2006, the nine-cell tool was used in several settings, in India, Kenya, Zimbabwe and South Africa, as a training method for community and health workers, palliative care workers and home-based care providers. In 2005, it was used to help local counsellors in Tamil Nadu, India become more aware of bereavement issues within the tsunami-affected communities in which they were working. As a result it has been further developed and is currently used to minimise the gap between what the bereaved need in order to heal, and what communities understand and offer.

### Helpful and harmful condolences

One of the most significant extensions of the use of the technique has been an introductory exercise, asking partici-

pants to provide examples of the kind of condolences or things that are said soon after a death in their community. This gives trainers a simple yet effective way to obtain a picture of the socio/religious context in which they are working. In addition, starting from the local context sends a clear message to the participants that their personal knowledge is valued and relevant.

The group is then asked to discuss which condolences they consider helpful and which unhelpful. This begins a process of reflection, insight and questioning about social support in times of bereavement. Although there can be differences in what trainees find helpful or unhelpful, there is generally unanimity amongst a group in their assessment. This exercise has proved to be enlightening for trainees, providing insights into the impact of platitudes, comforting words and actions.

Further thematic analysis of data is required, but initial observations in the sites where the tool has been used suggest that by far the majority of condolences offered to the bereaved by their community are considered unhelpful. Table 2 shows a selection of typical responses from Tamil Nadu and three regions of South Africa. The similarity of themes across the two continents is notable, despite geographic, religious and cultural diversity.

### Expanding the training

After the initial exercise, trainees are divided into three groups to discuss their personal, social and cultural knowledge of grief over time. They are encouraged to draw on their private and, if relevant, professional experiences. The comprehensive descriptions that emerge of how grief feels, how it is expressed, and how their environment allows and expects grief to be expressed, bear an uncanny resemblance to the technical descriptions of grief in

the bereavement literature, yet the information is drawn entirely from the wisdom of the group. Trainees are encouraged to look at the fit or dissonance of what is felt versus what is allowed, and questions are asked about what can be done to ensure a better fit for the grieving individual within their society. This leads to detailed discussions about practical ideas on how to raise awareness of bereavement in communities. Participants often see the nine-cell tool as a potential aid in their work with community groups, schools, churches and other civic groups.

The process identifies areas where more information on bereavement is required and specific suggestions and skills are added as opportunities allow. Most groups identify a lack of confidence in helping with the needs of bereaved children, approaching a family where suicide has been the cause of death, or balancing the practical demands of poor people with finding space for their grief emotions. These issues are discussed in depth on a recently-introduced second day of training.

### Modelling support during a bereavement visit

Another significant initiative has been the inclusion of a third day of training for an accompanied bereavement visit with one or two 'counsellors' or 'visitors'. Simple yet helpful questions and comments that can be adopted by any community member are modelled by the facilitator. A reflective session is later held in the company of all trainees, so that everyone can benefit from the experience. An evaluation of the programme in India showed that this significantly raised confidence in implementing the information learned in the nine-cell training session.

This is a case excerpt from a trainee's field diary.

We visited a middle-aged woman, rather unkempt and depressed, who had lost her 18-year-old daughter in the tsunami. She was the beauty of the village and had been caught up in a thorn tree and badly lacerated. Mother spoke at length describing what had happened.

Facilitator asked, through Bala [the counsellor/translator], if she had a photo and we were shown inside to a large photograph, clearly worshipped every day. Facilitator commented on how beautiful her daughter was and

**Table 2: Unhelpful condolences**

India	South Africa
As you have lost your children, adopt a child from a children's home	You're young and at least you can have another child
Let the past be past	You need to accept it and move on
It is the Lord's plan: accept it	It was God's will
I too have lost a son	We know how it feels
Be strong/courageous	Stop crying
There is no house in the world without death	It is not the first time this has ever happened

**Table 3: Oral feedback after nine-cell training session in Tamil Nadu, India**

Theme	Examples of Comments	Number
Personal reactions	Nice opportunity to talk about grief Thought about feelings that had been hidden At first I felt nervous but then I felt courageous enough to share my problems	12
Insights	Community doesn't accept feelings of grief How to read signs of what people are feeling, and that people in pain can seem cheerful We put on a mask to stop our feelings showing We have given so much practical help but now we have to listen and give emotional help	12
Children	Need to be honest to children How to work with children	4
Did not respond		7
<b>Total</b>		<b>35</b>

noted that they shared the same eyes. Mother told Bala that made her feel very comforted. She sighed a lot. Facilitator instructed Bala to ask: 'Who talks to you about your daughter?'. Mother replied: 'Initially lots of people talked but now no one does. I don't go out of the house'. 'Do you like to talk about your daughter?' 'Yes.'

## Evaluation

Evaluating an intervention of this kind is a challenge, given the subjective and emotive nature of the work. Finding language that effectively conveys emotion, and that can be shared, is similarly limiting.

### Tamil Nadu

Several methods were used to try and capture the effect of the intervention in tsunami-affected Tamil Nadu, India. Here the training had taken the form of a one-day nine-cell groupwork session, and two days of accompanied and supervised field visits with subsequent reflective sessions. Difficulties in translation from English to Tamil added to the problems and the results of written pre- and post-training questionnaires were not considered valid. However, three other oral evaluations proved more successful.

### Feedback after initial training

At the end of the groupwork session, the 35 participants were asked: 'What is one thing that you learnt today that really made you think/surprised you/was new for you?'. Responses were obtained

from 28 of the group; the lack of response from the other seven may, in part, reflect translation problems again.

From the comments, it appears that raised awareness of the role of culture in determining grief reactions, personal insights, and the opportunity to share experiences are more significant than the information learned. Similar comments can be seen in a cross-section of responses from post training evaluations of the nine-cell session in two sites in South Africa (Table 3).

### Feedback on field trips

After supervised visits the counsellors were asked to reflect on whether this kind of bereavement training had made any difference to their interventions: 'Did you learn anything in the training yesterday that influenced your work today?'

Yes, the issue of time, especially several months after the death, like now. I hadn't realised that after so many

months the pain would still be so great. I was thinking that their grief was lasting too long. Also, I thought before yesterday that something like commenting on the physical appearance of the deceased would have been too upsetting.

I think commenting that the daughter looked like her mother was very comforting to the mother.

Although such suggestions had been discussed in the course of the nine-cell training sessions, it was clear that lay counsellors lacked the confidence to implement such techniques with their clients. By witnessing the modelling of such questions, counsellors could observe the positive results, confirming what they had learned.

## Focus-group discussion and in-depth interviews

At the end of the project, one of the authors (Andrews) facilitated a focus group of trained counsellors, two of whom she also interviewed privately. In the focus group, the counsellors were asked about two aspects:

- what had been learned on previous training courses?
- what had been learned on the nine-cell course that was different from other training experiences?

Some of the themes that emerged from both discussion and interviews were:

- In the nine-cell training participants understood that grief could be manifest for a long time. Previous training had suggested that it lasted only one year.
- Other training courses had stressed that they should avoid talking to a bereaved person about their loss, because if they did so the bereaved

**Table 4: Oral feedback after nine-cell sessions in Cape Town and Durban, South Africa**

Theme	Examples of comments
Personal reactions	I have been touched by other people's experiences
Insights	Poverty is no reason to not know their stories. Make the space for bereaved in resource-poor places Balance the practical and emotional and don't prioritise one or the other I have realized that society has unrealistic expectations of people in mourning and we should become more understanding rather than judgemental
Children	Opened my mind to dealing with bereaved children Children have a raw deal when it comes to involving them during bereavement My insight was the negligence of leaving children out of the whole process

person would get upset and even suicidal. They were told to encourage the person to forget their loss by getting them involved in various activities and to remind them of their responsibilities, such as the need to look after their remaining children. In the nine-cell training they learnt something different: that they should let the bereaved talk about their losses and ask specific questions to encourage them to do so. Participants confessed that during the training they had found this difficult to accept, but when they saw it being modelled in the field they could appreciate its value.

- Trainees had realised that even if the person looks and behaves normally it does not mean that they are not feeling the pain.
- The evaluator found a clear difference in the understanding of the counsellors who had gone through all three training sessions compared with those who had attended fewer. The latter group could explain the concepts that they had learned but when asked to react to case vignettes they were unable to apply the new knowledge. However, the counsellors who had been mentored in the field showed a dramatically better understanding of how the cases needed to be handled. Further evaluation is required of this work to establish its full impact.

## Discussion

Rosenblatt talks of societies where expression of grief is regulated and therefore people have to hide feelings. Grief 'can be understood in some sense as a public performance that does not necessarily fit private thoughts and feelings' (Rosenblatt 2001). This is confirmed by hearing the experiences of people in nine-cell training sessions who often find discordance between their private grief and the pressure to be a 'normal' member of society. The tool seeks to move beyond this debate towards finding practical ways to help communities better understand, and therefore better support, their bereaved. By providing a platform for both bereaved and non-bereaved people to hear one other, it obtains a picture of existing cultural support from the community, asks for an assessment of the effectiveness of that support by listening to what bereaved

people have to say, and provides alternative ideas for the community to accept or reject.

What the tool identifies are judgemental attitudes, inappropriate religious tenets, lack of understanding about how long grief can take and ignorance about grief, of children in particular. These obstacles prevent bereaved people from being able to grieve as they need to within their environment. There seems little reason to doubt that the majority of bereaved people would naturally heal from loss in their own time if others understood and allowed their reactions.

In southern Africa, where the majority of work has been done with this tool, the AIDS pandemic, high cancer rates and alarming numbers of violent deaths mean that there is seldom a trainee in a session who has not been closely bereaved. Consequently there is enormous richness, validity and diversity in the personal experiences shared in sessions. However, the nine-cell method is equally effective where there is little direct experience of bereavement, to raise awareness of how trainees can better support those in their communities who are bereaved.

Because the tool is interactive and draws on experiences and personal knowledge, the accumulated sharing and learning from others in the group is often noted as a valuable process in itself. However, collecting the knowledge of the trainees is not enough if

increase in understanding and effective support is the goal. The facilitator's role is to challenge, question, compare and contrast the information provided, and add new information for reflection. The starting point for the work is the indigenous knowledge of the group. Adding options and interventions thereafter, to address the negative support identified by the group, presents the best chance of that community owning new ideas and developing ways to provide sustainable support to their bereaved. ●

## References

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## EVENTS IN 2007

**The bereavement issues surrounding organ transplantation.** Bereavement Research Forum symposium. Speaker: Magi Sque. 17 Oct. London. Contact Margaret Jellis: tel 020 8525 6037; m.jellis@stjh.org.uk

**Death and beyond.** International Conference. 1-2 Nov. Amsterdam, The Netherlands. Contact Amsterdam School for Cultural Analysis: [www.hum.uva.nl/asca/news.cfm](http://www.hum.uva.nl/asca/news.cfm); [asca-fgw@uva.nl](mailto:asca-fgw@uva.nl)

**Growing up with grief.** 14th annual conference of the Manchester Area Bereavement Forum. 6 Sept. Manchester, UK. Speakers: Phyllis Silverman, Stephen Wright, David Trickey, Richard Rose, Tamar Granot. Contact Angela Trinder: tel [0]161 371 8860; [grief@mabf.org.uk](mailto:grief@mabf.org.uk)

**Childhood bereavement programme.** Starting Sept, for nine months part-time, with Help the Hospices and St Christopher's Hospice. London. Leading to an undergraduate diploma or postgraduate certificate. Contact Carole Scrivener: tel [0]20 7520 8200; [www.helpthehospices.org.uk/education](http://www.helpthehospices.org.uk/education)

**St Christopher's Hospice training courses. Bereavement care for people with learning disabilities and autistic spectrum disorders.** 3-7 September. Speakers: Noelle Blackman, Linda McEnhill. Contact [l.mcenhill@stchristophers.org.uk](mailto:l.mcenhill@stchristophers.org.uk). **Schools and bereavement.** 27 November. London. Further details: tel [0]20 8768 4656; [www.stchristophers.org.uk](http://www.stchristophers.org.uk)