

The Psychological Stressors and Coping Strategies of Corpse Handlers in Mortuaries

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Corpse handlers who work in mortuaries are a distinct population prone to developing psychological challenges. They continually work with lifeless human bodies, often mutilated by gruesome injuries and not excluding the remains of loved ones or close acquaintances. The primary aim of the study was to explore the lived experiences of corpse handlers in order to identify their psychological stressors and coping strategies. As part of this qualitative study, a self-designed interview guide was used for data collection with a sample of nine mortuary employees who were selected from a population of forty-six, including; forensic medical officers, mortuary work hands, mortuary assistants and police officers (forensic pathology technicians). Interpretative Phenomenological Analysis (IPA) was adopted to explore the experiences of corpse handlers as lived by them. From the reports of corpse handlers, several stressor and coping themes were derived. Although specific to their line of work, these themes resonated with psychological symptoms, psychopathology and coping interventions reported within literature on the professional practice of psychology. The results from this study can be useful for advancing the development of formalised coping and welfare promotion interventions for this population within the Namibian context.

Keywords: Psychological experiences, Mortuary, Corpse handlers, Stressors, Coping strategies.

The thought of mortuaries and details about the happenings inside these facilities are considered repulsive for most living individuals (Brysiewicz, 2007). There is a growing body of knowledge that recognizes the unique and demanding nature of corpse handlers' daily work encounters (Brysiewicz, 2007; Szkil, 2016; Harrawood, White, Lyle & Benson, 2009; Nyaberi, Kakai, Obenyo, & Othere, 2017). Furthermore, factors such as elevated stress, negative health perception and low psychological resilience have been associated with mortuary work. Several circumstantial factors such as; contact with human remains that have resulted from trauma or mutilation, complications in removing corpses from the scenes of death, unpleasanties related to corpse disfigurement and decomposition, the risks of contamination or infection, managing the distress of bereaved families, confrontation with the dead bodies of relatives or acquaintances without prior notice, and the subjection to social stigma and discrimination (Simone, 2011). Accordingly, these workers are vulnerable to

facing psychological challenges and the nature of their mortuary work makes them vulnerable to the development of psychiatric disorders (N thling, Ganasen, & Seedat, 2015).

Simone (2011) wrote about how mortuary corpse handlers had found strategies to normalize the stress of working in mortuary facilities and experience it as any other job. Similarly, Boeckers, Brinkmann, Jerg-Bretzke, Lamp, Traue, & Boeckers (2010) found populations of corpse handlers to experience lower psychological distress after some time of working with corpses.

Despite the fact that a significant body of findings about various corpse handlers is available, no literature could be found on mortuary corpse handlers in Windhoek, or the psychological stressors and coping strategies that apply in this context.

Serving a population of approximately 340 900 people (Pendleton, Crush, Nickanor, 2014), there is only one state mortuary facility in the

Windhoek of Namibia. Although there are several private funeral homes, Namibian legislature (Inquests Act, 1993) prescribes that an autopsy at a state facility forms part of investigations for all unnatural deaths. The above, together with a shortage of expertise at state mortuaries in other parts of the country, increases the burden on the Windhoek state mortuary facility. During 2016, the forty-six staff members responsible for handling human remains at this facility collectively processed 4347 corpses (O. N. Shatipamba, personal communication, February 17, 2017; E. Paulus, personal communication, February 21, 2017). According to Shatipamba (2017) an autopsy is carried out by a team of at least three staff members. Considering the human resources in relation to the number of autopsies demanded, the staff members had plentiful encounters with human remains. Due to the high demand and limited manpower, the stressors that have been found to apply to corpse handlers are anticipated recurrently, making the unstudied population of corpse handlers at the Windhoek facility a vulnerable population.

Owing to the paucity of information about and the significance of the highlighted population, this study focused on describing both psychological stressors and coping strategies, in an attempt to pave the foundation for future research addressing the mentioned gap.

A substantial number of publications have revealed interests in corpse handlers as a research population. The literature that was reviewed focused on four main research areas, namely; corpse handler mental health, corpse handler stressors and coping strategies, the risks involved in mortuary work and general stressors in different workplaces.

In one study on Depression in mortuary employees, the findings suggested that Depression and Post-traumatic Stress Disorder (PTSD) symptoms had been prevalent among South African mortuary staff (N thling, Ganasen, & Seedat, 2015). Data was collected on physical health, perceived stress, fear of blood and injuries, and resilience in search of relations between these variables and depression in mortuary workers. This study qualified the

need for mental health interventions for this population.

According to Ogunnowo, Anunobi, Onajole, and Odeyemi (2012), taking good care of the health of mortuary workers is essential. The study attempted to determine the degree to which these workers were exposed to blood in teaching hospitals in south-west Nigeria. The study results indicated that exposure to blood often occurred through cuts, needle stick injuries and splashes. The significance as psychologically stressful is pointed out by N thling, et al (2015), who highlighted fear of injuries and blood as stressors considered to perpetuate the prevalence of depression in South African corpse handlers.

In a similar Kenyan study (Nyaberi, et al, 2017), the researchers endeavored to explore the perceived occupational risk amongst mortuary workers. The majority of respondents thought of themselves as occupationally vulnerable to acquiring infections. The study further emphasized the perceived risks of infection as related specifically to HIV and AIDS, tuberculosis, and skin infections as prompts for emotional distress.

A more recent study related to the risks involved in mortuary work was conducted in Nigeria (Douglas & Peterside, 2017). The study results suggested that workplace hazards included physical, chemical, biological, mechanical and psychosocial risks. Specific factors of relevance to the current study included exposure to different chemicals, the risk of slips, fall and pricks, exposure to microorganisms such as bacteria, and stigma, depression and alcohol use associated with the nature of work done.

The results of the studies by McCarroll, Ursano, Wright, & Fullerton (1993); Goldenhar, LaMontagne, Katz & Heaney (2001) and Brysiewicz (2007) 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. Furthermore, multi-sensory stimulation (including sights, smells, sounds and

tactile stimuli) was found to be disturbing during exposure, and fatigue and a need to transition back to the reality were stressful experiences during the aftermath of handling corpses.

Goldenhar, et al (2001) identified shift work, finding the balance between work and family life, social isolation, discrimination, counselling bereaved families, and working with human remains as stressors encountered by corpse handlers. Brysiewicz (2007) further found that secondary trauma resulting from encounters with bereaved families, becoming dehumanized as well as delays from other health care professionals, were significant stressors faced by corpse handlers.

Simone (2011) conducted a qualitative study related to corpse handlers and stigma. It was concluded that corpse handlers were marginalised and discounted because of the work they did. This caused additional distress and often led to social impression management and deceitfulness during social interactions.

Patwary's (2010) findings suggested that corpse handlers 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 the used alcohol. Also interested in coping, Boeckers, et al., (2010) investigated mental stress in students who worked with corpses. The results pointed at psychological support prior to exposure, detached concern, gradual and prepared exposure to the process, role modelling of sensitivity toward possible mental distress and careful negotiation of this sensitive experience, as possible coping aids.

Vivona's (2013) study identified humour as strategy used for coping in the context characterised by tragedy, trauma, and death. Humour created group cohesion and helped especially with the process of socializing new members on work teams. It was further found to relieve stress and tension. At the same time, it created a buffer for unavoidable unpleasantness, and it facilitated meaning-making processes. The study also identified internal coping aids such as personal beliefs, and spirituality. A

study carried out by Sándor, Birkás and Györfy (2015) took interests in corpse handlers. The study findings suggested coping through acceptance and understanding as opposed to repression. Cognitive coping strategies such as rationalisation and intellectualization were found to aid coping.

Method

A qualitative approach was used to embrace the depth, context and multidimensional nature of the social world and human experiences (Lynch, 2014). Furthermore, the selection of the phenomenological design conveyed the researcher's interest in learning about experiences from the individuals who actually lived them (Eatough & Smith, 2017), in other words, the experiences of mortuary corpse handlers as understood and expressed by themselves.

Population

The study population included forty-six (46) permanent employees who have direct contact with corpses at the state mortuary facility in Windhoek. These employees were either Forensic Medical Officers, Mortuary Workhands, Mortuary Assistants or Police Officers (Forensic Pathology Technicians).

Sample

Purposive sampling was used to recruit nine research participants. Tables 1 and 2 present the demographic profile of the sample which comprised seven police officers, one forensic medical officer and one mortuary assistant. All of these employees could speak English and had been working at the state mortuary for over a year. Additionally, each had at least two weeks on-the-job training or both on-the-job and theoretical training. There were four (4) females and five (5) males.

Research instruments

A self designed interview guide, as is appropriate for phenomenological research (Smith & Osborn, 2015) was used for data collection. A demographic questionnaire was used to obtain biographical information pertaining to age, gender, occupation, duration of employment, and marital status, as well as a

home language.

The semi-structured interview guide was constructed by the researcher. It consisted of seventeen open-ended questions about the general nature of work experiences and coping strategies. Further included, were possible probes to facilitate comprehensive expression. The questions were intended to explore the sensory, perceptual and mental domains of corpse handler experiences.

Planning, Permissions and Preparation

The researcher acquired permissions and ethical clearance from the University of Namibia – Research and Ethics Committee, the Ministry of Health and Social Services and the Ministry of Safety and Security prior to commencing the study.

The purpose of the study and the principles of voluntary participation, informed consent, the right to withdraw, information handling and use was then explained during an information session with the majority of the study population. The corpse handlers had an opportunity to ask questions and to consider their own willingness to participate. Formal interview times were subsequently scheduled with voluntary participants who provided written informed consent.

Data Collection and Handling Procedures

The data collection process was carried out over a period of one month in as is common to qualitative research, the participants' natural setting (Pietkiewicz & Smith, 2014), i.e. at the state mortuary facility where they worked. Each respondent was interviewed from start to end individually by the same researcher. Subsequently, all the interview audio recordings were transcribed and prepared for data interpretation using IPA.

Data Analysis

IPA is commonly used in psychological studies to describe meaning-making at an individual level (Pietkiewicz & Smith, 2014). For this study, it was deemed a useful method of data analysis to understand corpse handlers' experiences as influenced by the subjective constructions of their social realities (Smith &

Osborn, 2015).

Each transcript was reviewed and interpreted individually before an overall interpretation was done for the write-up.

The researcher initially did several readings of each interview transcript in order to become familiar with the most noteworthy parts. The process of rereading allowed opportunities for new insights about the accounts given by each participant. Some comments were noted in the left margin in order to summarize, rephrase, connect, associate, point out similarities and differences, contradict and amplify. These were considered as initial interpretations.

Subsequently, the researcher reviewed all the transcripts from beginning to end in order to note possible subordinate theme headings by mindfully introduction of simple psychological terminology in the right margin. This was deemed necessary in order to find the appropriate language to express what was said in participant accounts while creating abstract theoretical connections. This process was repeated with each entire transcript and the themes that re-emerged were noted with the same wording.

The themes were then connected by listing all identified on a separate sheet of paper, and then trying to identify relations between them before clustering these themes together. A cross checking between the noted subordinate themes and the original material in the transcript was then done for the researcher to continue making sense of the participant accounts while simultaneously keeping track of personal interpretations. Concurrently, a phrase directory was constructed in order to provide evidence for themes and clusters.

Finally, a carefully ordered table of the subordinate themes was constructed. It included supporting quotations from the phrase dictionary. This table was used to construct a table of clustered subordinate themes and list emerging main themes. A few themes were removed because they either had no weight or there were insufficient identifier phrases to support them within the original participant account. This stage proved challenging as it involved simultaneously

listing, prioritizing and reducing themes.

Results

This study explored the lived experiences of corpse handlers at the Windhoek State Mortuary and aimed to establish the psychological stressors and coping strategies employed by this population. Twenty-seven subordinate themes were grouped together into five psychological

stressor themes. Twenty-three subordinate themes were grouped together into five coping themes.

Psychological Stressors

The psychological stressor clusters are listed in the table below together with quotations to substantiate each.

Theme	Quotations
Occupational Demands	<p>“In the beginning and it’s also hard for instance after a vacation in, it’s like you have to start over.”</p> <p>“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.”</p> <p>“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.”</p> <p>“[...] so that’s also another part, appearing before the court they have to ask you questions, you know tearing you apart like you are the one on trial.”</p> <p>“They can be very aggressive, like expecting you to fulfill what they need or what they want.”</p>
Traumatic Experiences	<p>“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.”</p> <p>“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.”</p> <p>“[...] 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.”</p>
Occupational Risks: Injury, Contamination And Infection	<p>“You just afraid of breaking yourself while doing dissection because you don’t know the infections that you gonna pick up from the body.”</p> <p>“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.”</p>
Social Exclusion And Isolation	<p>“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.”</p> <p>“Sometimes I used to feel shame to say, no, I’m working at the mortuary.”</p> <p>“[...] we are like outcasts. It was quite depressing [...] ja it’s like isolated even among our colleagues.”</p> <p>“[...] we feel so isolated because the treatment that we get [...] just like we are not part of them [...] we are different people [...]”</p>
Secondary Traumatic Stress	<p>“Because most of the people who come here [...] they are sad, you know they are mourning [...] and it offloads [...]”</p> <p>“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.”</p> <p>“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.”</p>

Theme 1: Occupational demands

The first group of subordinate stressor themes included an accumulation of work, work-related travelling, court appearances, and high levels of responsibility that went along with the fear of making mistakes, as well as being pressured for feedback from the legal system. Interpersonal conflict with especially colleagues was seemingly a major stressor, especially because of the social isolation and discrimination experienced in the outside world. Some of the respondents articulated the expectation, that colleagues, who could identify with one another would have more empathy, tolerance and therefore interdependence for social support. Adjustments when starting work or returning after vacation were also described as stressful. The above while standby shifts and night shifts unsettled the sleep of several participants. Another group of subordinate stressor themes related to encounters with the public and dealing with the families of deceased. The experience of resistance during body collection and encounters with the public required tolerance for both difficult grieving families and insulting, aggressive civilians at the scenes of death. In such cases, it taxed self-discipline and professionalism to not respond forcefully or otherwise inappropriately. Most interviewees felt obliged to tolerate maltreatment in order to buffer the emotional circumstances that families and communities were faced with when losing loved ones. The respondent accounts expressed particular internal conflicts related to the dual expectation of having to be compassionate, while at the same time ensuring that the law is upheld.

Theme 2: Traumatic experiences

The second group of subordinate stressor themes related to intrusive thoughts, feelings and bodily sensations, all of which linked directly to work experiences or reminders thereof. Within this stressor theme, distress and discomfort associated with working with corpses resulting from varying causes of death, reminders of own mortality, and the fear of being haunted after being in contact with human remains were significantly described. Listed among the least preferred bodies to work with, were decomposed

bodies, burnt bodies, corpses of other traumatic death victims and corpses with whom the corpse handlers could identify. Another commonly reported stressor was when related external cues elicited the stress response, for example when respondents were watching news or encountered events in their own lives that triggered thoughts, feelings or sensations related to either the physical handling of corpses or experiences related to the death circumstances of such deaths.

Theme 3: Occupational risks: injury, contamination or infection

The third group of subordinate stressor themes included apprehensions about the risk of injury or disease. Numerous participants expressed fear of injury, infection and being on Post-exposure Prophylaxis (PEP) treatment (for HIV) as amongst their main occupational stressors. These threats seemed to have caused a number of participants' unease and placed it on the priority list of stressors.

Theme 4: Social exclusion and isolation

The fourth group of subordinate stressor themes related to stigma and the perception that outside individuals held about corpse handlers. Reports comprised of shame leading to loneliness and the experience of attitudes of disapproval about the careers and daily work activities of corpse handlers. Remarks made about corpse handlers being abnormal and there being reason to be afraid of them often led to the experiences of social exclusion and the choice of social isolation. In addition, such perceptions limited help and support seeking efforts and led to a lower sense of self-worth.

Theme 5: Secondary Traumatic Stress

The fifth group of subordinate stressor themes related to how corpse handlers identified and empathized with their clients, and the consequential emotional distress. Different emotional reactions such as sadness, anger, disappointment, and abandonment could be inferred and confirmed during the in-depth discussion interviews. Two subjects reported that unclaimed bodies which had been deserted by families evoked emotional reactions resonating with indignation and rejection.

Likewise, participants expressed distress about situations within which they experienced the client’s reality as their own, while some were unsettled when they witnessed families whose needs were unattended to. Another source of stress indicated by the participants was encountering sad people. Moreover, some respondents expressed disturbances related to encountering the bodies of acquaintances such as family members, friends, colleagues, and

neighbours. Over-identification could be pinned as contributing to stressful experiences. For example, several accounts demonstrated issues of personal bereavement that were triggered when death circumstances or corpse particulars resembled personal loses.

Coping strategies

The coping theme clusters are listed in the table below together with quotations to substantiate each.

Themes	Quotations
Emotional Regulation Through Preparatory Action, Self-Care And Resilience Building	<p>“[...] being a human it’s good if you cry, then you don’t feel that bad.”</p> <p>“Coping mechanisms that I have is exercising [...]”</p> <p>“The first thing I do is pray, because it releases [...] went to go and pray for me, but from there I felt so relieved.”</p> <p>“[...] 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.”</p> <p>“That is also helping me to cope with stress, I express myself.”</p> <p>“[...] I became acquainted with conducting post-mortems [...] I had already had prior experiences [...] I did not get that shock.”</p> <p>“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.</p>
Avoidance, Escape and Distraction Techniques	<p>“[...] go out, watch a movie, or go swimming I spend a lot of time reading.”</p> <p>“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.”</p> <p>“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 [...]”</p> <p>“[...] I just keep myself busy [...] forget that feeling [...]”</p> <p>“[...] 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 [...] ”</p> <p>“[...] then I resort to alcohol, to forget [...]”</p> <p>“[...] maybe most of my colleagues they turned alcoholics.”</p>
Social And Professional Support	<p>“[...] sometimes we have sessions with social workers [...] they are actually giving us a picture on how to avoid going into stress or depression.”</p> <p>“[...] 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.”</p> <p>“I just need to have my girlfriend closer to me so she can keep away that feeling I was having. Just being with her [...]”</p>
Cognitive Strategies	<p>“Curiosity, every day you learn something new deaths are never the same.”</p> <p>“It’s kind of a passion [...] I love each and every day [...] I know not all of us can do this type of work.”</p> <p>“Everything is a joke, and they take it so light.”</p> <p>“[...] 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.”</p>

Theme 1: Emotional regulation through preparatory action, self-care and resilience building

The first group of subordinate coping themes were strategies to improve emotional distress and negative feelings associated with handling corpses. Some of the subordinate themes that emerged were crying, listening to music, venting, discussing feelings with trusted persons, engaging in pleasurable activities, taking care of physical health, building skills and preparing responses for anticipated emotionally challenging situations in advance.

Another group of subordinate coping themes related to preparatory actions such as exposure to accurate information or preparatory exposure to similar situations to reduce the initial shock of joining the mortuary labour force. Preparatory action is a method of orientation and gradual exposure after desensitization that reduces potential harmful impacts during the actual exposure to stressors. Another group of subordinate coping themes related to more preventative, problem-solving, behavioural and lifestyle approaches such as exercise, philosophical and religious attitudes and planning.

Theme 2: Avoidance, escape and distraction techniques

The second group of subordinate coping themes related to distraction and strategies to suppress feelings, 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 awareness. Moreover, these distraction techniques centered on attempts to being otherwise occupied so that thoughts and feelings about the stressors were not able to evoke stress responses. Furthermore, avoidance and escape techniques involved an acknowledgment of stressors but a choice to distance any thoughts or reminders of these stressors. However, the stress response remained untouched and unchanged when confronted by the triggering thoughts or situation again at a later stage. The research participants reported specifically using alcohol, sleeping and the choice of deliberately ignoring stressors that

they have no control over even when it provided them with only temporary relief.

Theme 3: Social and professional support

The third group of subordinate coping themes related to knowledge about and or having made use of social support, professional support services, such as counselling and psycho-education by social workers to assist coping. One individual took comfort in not being alone in situations at work and six respondents expressed feeling supported by friends and family. Despite the fact that respondents perceived that others held negative attitudes toward them and what they do, the majority explained that they enjoyed 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 educative benefits of such services.

Theme 4: Cognitive strategies

The fourth group of subordinate coping themes related to accommodation and intellectualization of the work demands which were challenging. The respondents reported taking pride in being among the few who could handle the work unlike other members of the general public. They further indicated that they derived a sense of pleasure and pride in the work they engaged in. This seemingly made the job more bearable. Further subordinate themes that emerged included feeling appreciated, disengagement, deriving a sense of satisfaction from a desire to and interest in working at the mortuary. Some respondents mentioned that humour was useful in easing difficult work situations. Another respondent indicated that rewarding feelings for helping others or being needed made work circumstances easier.

Discussion

Stressors, no matter how seemingly insignificant, are known to affect mental health outcomes if left without relief or efforts to cope (Wienberg, Bond, Cooper, & Sutherland, 2010). This research project has yielded useful information and with adequacy responded to the research problem. It confirmed the prevalence of stressful experiences and demonstrated

that mortuary corpse handlers make significant efforts to prevent mental health challenges and deal with vulnerabilities propagated by their work. Five psychological stressor themes emerged; occupational demands; traumatic experiences, occupational risks – injury, contamination and infection; social exclusion and isolation; as well as secondary traumatic stress. Four coping themes emerged including; emotional regulation through preparatory action, self-care and resilience building; avoidance, escape and distraction techniques; social and professional support; and cognitive strategies.

An aspect that made corpse handling stressful was related to its uncontrollable nature. This was similar to what Serido, Almeida, & Wethington, (2004) found when they found a lack of control to exacerbate the individual impacts of stressors. These also resonated with the causes and symptoms of anxiety and related disorders (APA, 2013).

Research findings have suggested that respondents experienced psychological distress characterised by intrusive thoughts and bodily sensations when reminded of certain work incidents. 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 after exposure to reminding stimuli). These findings were similar to stressors identified by McCarroll, et al (1993) as occurring in anticipation or during the aftermath of handling corpses. At the same time, these are listed as clinical symptoms of Post-traumatic Stress Disorder in the Diagnostic and Statistical Manual of Mental Disorders (APA, 2013). Therefore, the vulnerability to the development of PTSD suggested, thus signaling for specific coping strategies required to facilitate continued healthy functioning (Ehlers & Clark, 2000).

Fear of injury and infection were amongst the main occupational stressors. Although respondents were aware of safety protocols to limit the risks, the preoccupation with physical health and the fear of injuries coincide with the findings of a previous inquiry (Nöthling et al., 2015) about stressors associated with mortuary work. The findings are also similar to a recent study (Nyaberi et al., 2017) in which 88% of

mortuary workers considered themselves vulnerable to infections.

A number of complicated existential issues seemed to have been evoked by the work experiences of the participants. Meaning, purpose and a greater appreciation for life were amongst these. Participants faced challenges in making sense out of these experiences. Therefore, it can be said that this is an area that requires a special set of coping skills, in order to prevent major psychological disturbances. Significant bereavement and grief could be derived from participant accounts. Grief was both triggered by associations made between deaths and personal lives, and the secondary grief related to working with grieving families on a constant basis.

Public and non-corpse handling colleague perceptions limited support seeking behaviours and clouded self-perception. Others were often afraid of them or excluded them socially. Stigma seemed to be a source of indignation and shame. Simone (2011) found that corpse workers who generally offered little explanation of what they did were more likely to perceive stigma in their encounters with others. Similarly, participants who did not fully share what their job entailed, were more sensitive to the perceptions of others, while those who were more transparent enjoyed social support. 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.

Another source of stress indicated by the participants was encountering sad people. Moreover, some respondents expressed disturbances related to encountering the bodies of acquaintances such as family members, friends, colleagues, and neighbours. A number of participants also expressed 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 set up. Over-identification could be pinned as contributing to stressful experiences. Moreover, findings from this study seemingly had similarities with those stating that secondary trauma from dealing with bereaved families was a significant stressor

(Brysiewicz, 2007). The above speaks to the frequency with which compassion is required, introducing the vulnerability to compassion fatigue and triggering of personal complicated bereavement issues.

Emotional coping strategies comprised of thoughts, and behaviours and further included 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 S ndor, et al (2015) pointed out as effective coping and was reportedly used by some of the respondents. Unlike the medical students attempting to cope with dissection room experiences using cognitive strategies, the corpse handlers in our study engaged predominantly emotional coping instead. The preparatory action is a method of orientation and gradual exposure after desensitization that reduces potential harmful impacts during the actual exposure to stressors. Three participants stated that their degree of distress during their first encounters with corpses and the work environment was negotiated by previous familiarization with the type of work they do. Proactive coping had to do with built-in lifestyle strategies to maintain healthy functioning and management of daily stress. When asked about coping, some participants engaged them in exercise. Some indicated philosophical and religious attitudes as part of their daily coping experiences.

The participants said that they avoided trauma and negativity. In addition, two respondents said that they used sleeping, use of alcohol and antidepressants as a coping strategies. One participant mentioned that ignorance of the distress causing occurrences usefully prevented him from disturbances. The findings from this study suggested that quite a number of corpse handlers engaged distraction techniques and active coping strategies in negotiating their daily stressors. These have previously said to promote positive outcomes on wellbeing (Ito & Matsushima, 2016).

Despite the fact that so many respondents perceived that others held negative attitudes toward them and what they do, the majority

explained that they enjoyed 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 educative benefits of such services. Similar to medical students who encountered the potentially stressful dissection room setting (Boeckers, et al., 2010), most of the corpse handlers that were 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.

Furthermore, 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. The respondents indicated that they derived a sense of pleasure and pride in the work they engaged in. This seemingly made the job more bearable.

To our knowledge, the current study was the first to investigate a sample of Windhoek state mortuary employees and so responded to a knowledge gap – coping and stressful experiences of corpse handlers in Windhoek. Therefore, it has provided knowledge for the development of preventative, supportive and curative interventions to address the mental health vulnerabilities of this population. The results may further be useful for the engagement of other stakeholders, besides the corpse handlers themselves, whose assistance is required to improve the coping abilities of this vulnerable population. Another 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. An additional achievement of this study is a personal one, in that the findings enriched the researcher's understanding of the population and answered the research questions satisfactorily.

Among a number of limitations, the depth of information gathered is usually sensitive to the rapport between researcher and respondent. Therefore, expression may have been compromised by once off interviews. The above, especially considering the profound topic, already subject to stigma and discrimination. Attempts at overcoming this limitation involved orientation and rapport building with each participant before interviews commenced and sharing data interpretations with the research participants allowing them to give feedback. The number of questions included in the self-constructed interview guide may have been more than required for IPA (Alase, 2017). Although in-depth information was acquired, the exercise of data analysis may have been economised with fewer questions.

Recommendations

The engagement of all relevant stakeholders, i.e., researchers, policymakers, mental health professionals and corpse handlers is recommended to facilitate the development of interventions that promote well-being and healthy psychological functioning. Further research may be required to discern how psychological stressors can be prevented or negotiated by mental health interventions, restructuring of the work system, or by strategies the employees themselves can implement.

Conclusion

Stressors, no matter how seemingly insignificant, are known to affect mental health outcomes if left without relief or efforts to cope. This study has demonstrated that mortuary corpse handlers make significant efforts to prevent mental health challenges and to deal with their vulnerabilities that are propagated by their work. This study did not provide evidence of the levels of efficacy in coping but has described the psychological stressors and coping strategies of corpse handlers in a state mortuary facility in Windhoek. The engagement of all stakeholders, i.e., researchers, policymakers, mental health professional and corpse handlers, is recommended to facilitate the development of interventions that promote well-being and healthy psychological functioning.

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