CONCEPTUALISATION OF YOUTH SUICIDAL BEHAVIOUR BY TRADITIONAL HEALERS IN BAKENBERG

BY

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DECLARATION

I declare that **Conceptualisation of youth suicidal behaviour by traditional healers in Bakenberg** hereby submitted in partial fulfilment for Master Arts in Clinical Psychology has not previously been submitted by me for a degree at any other university, that it is my own work in design and execution and that all material contained herein has been duly acknowledged.

…… **……..**

SHIRINGANI DIPASA DAVID (MR) **Date**

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A person is who he is in relation to others: *„Motho ke motho ka batho".* The journey to completing my dissertation would not have been possible if it was not for people who supported me. As such, I would like to send my gratitude to the following people:

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DEDICATION

This dissertation is dedicated to the people who played an important role in my life, but have all passed on. They motivated me to always push forward and never give up. They are as follows: my grandfather (Esrom Magezi Shiringani), my uncle (Gift Mpho Ompie Shiringani), my aunt (Emily Pulane Shiringani) and finally, my namesake (Dipasa David Thlapane). They all passed away during the course of my studies.

GLOSSARY AND ABBREVIATIONS

Word or abbreviation	Definition/meaning
Badimo	Ancestors. These are believed to be the living dead. They can influence and guide the living through their spiritual powers
Dilo tša batho	These refer to curses which are cast on people. These curses can influence the outcome of live events negatively or can lead people to behave in an odd manner
Ditaola	This refers to the “bones” used by traditional healers to receive instructions from them. They are also used for diagnostic purposes
Go fiwa	This refers to having a gift. These gifts are received from the ancestors and determine an individual"s traditional healing powers and speciality
HIV/AIDS	Human Immune Virus/ Acquired Immuno Deficiency Syndrome
Inyanga	This refers to a traditional healer specialising in traditional medicine
Ka semoya	Spiritually. A term used to refer to a spiritual way of doing things. This method is used by traditional healers to diagnose and receive guidance and instructions from ancestors
Molebatša	This refers to a herb used by traditional healers to make suicidal people forget about the intentions
Sepedi	This is a language spoken by some of the indigenous African people in South Africa, especially in Limpopo Province.
Pelo ya motho	„"A person"s heart"". Traditional healers can feel a person"s heart and deduce their intentions. This method can assist in determining suicidal youth.
Xitsonga	A language spoken by the Tsonga people of South Africa.
WHO	World Health Organization

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ABSTRACT

Suicidal behaviour is a global health concern. The youth have been found to be at an exceptional risk in terms of suicidal behaviour due to a variety of problems that they encounter. Studies have been conducted to conceptualise suicidal behaviour. However, cultural aspects have often been neglected or marginalised. In Africa traditional healers play an important role in health care provision and the conceptualisation of problems encountered by the people.

The present study was aimed at exploring how traditional healers conceptualise youth suicidal behaviour in Bakenberg, Limpopo Province. A qualitative exploratory method was utilised to execute the study. Study participants included ten traditional healers (six females and four males) aged between 35 and 85 years of age, who were selected using a snowball sampling method. A conversational method was used to collect data, employing semi-structured interview questions as a way of initiating conversations. The conversations were conducted in Sepedi and later translated into English.

The study revealed that suicide is mainly understood to be multifaceted. Witchcraft, family problems, poor problem-solving skills, substance use, life difficulties and other secondary factors were all identified as central themes. The study revealed that suicide is a speciality within traditional healing, thus only those who are gifted and trained can assess or intervene. *Ditaola* (divination bones) and ancestral guidance were reported to be some of the means used to identify suicidal youth. The study also revealed that talk therapy (counselling) and herbal medicine *„Molebatsa‟* were used as the main intervention methods. Herbal medicine is used as both a prevention and treatment of suicidal behaviour in youth. Thus it can prevent the occurrence of suicide or calm an individual who had a failed suicide attempt.

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CHAPTER 1

INTRODUCTION

1.1. Background and motivation

Suicidal behaviour has become a global health concern with figures rising yearly. According to the World Health Organization (2016), in 2012 there were over 800 000 estimated deaths due to suicide. Globally, suicide is the second leading cause of death among young adults aged 15-29, accounting for 8, 5% of all deaths. South Africa has amongst the highest figures of suicidal behaviour in the world (Naidoo & Schlebusch, 2014). However, Joe, Stein, Seedat, Herman and Williams (2008) indicate that reliable data on suicide in South Africa is scarce. A study conducted by Mars, Burrows, Hjelmeland and Gunnell (2014) has reiterated the lack of reliable data on suicidal behaviour in the African continent in general.

Naidoo and Schlebusch (2014) view suicide as an act that can be committed by individuals of all age groups. However, the youth are perceived to be at an exceptional risk due to a plethora of life challenges that they are confronted with. Schlebusch (2005) has attributed youth suicidal behaviour to a number of factors such as academic problems, relationship problems, financial problems and non-supportive families. Schlebusch (2012) maintains that suicide risk factors are not bound to a single dimension or factor. They can originate from factors such as substance abuse, psychiatric conditions, dysfunctional family dynamics, poor problem-solving skills, acute and chronic stress, and mass media influences.

Researchers such as Schlebusch (2012) and Mars, Burrows, Hjelmeland and Gunnell (2014) agree that suicidal behaviour is an under researched topic in the African continent. They are of the opinion that suicide is viewed as a taboo, and that culture related factors and religious perceptions on suicide still need to be investigated. Consequently, individuals who exhibit signs of suicidal behaviour may be subjected to socio-cultural and religious sanctions (Schlebusch, 2012).

Wanyoike (2015) has advocated for holistic and culturally relevant investigations which bring together conventional medicine and traditional methods where appropriate. Within the African context, traditional healers form an integral part of the lifestyle of the people because they are highly regarded within their communities as keepers of African belief and knowledge systems (Van Huyssteen et al., 2004). The important role of health care provision by traditional healers has also been noted in South Africa (Zuma, Wight, Rochat & Moshabela, 2016). Further emphasis has been put on finding out more about traditional healers" approaches, formulation management and treatment methods about mental health problems (Ngoma, Prince & Mann, 2003).

Given the various factors which contribute towards suicidal behaviour and the importance of traditional healers in the provision of mental health care, the researcher sought to understand how they conceptualise youth suicidal behaviour.

1.2. Research problem

Suicidal behaviour is a global health concern with rising figures and with little research in Non-Western countries. Thus, it has become difficult to understand the epidemiology of suicidal behaviour in these countries (Vawda, 2013; Armitage, Panagioti, Rahim, Rowe & O"Connor, 2015). According to the World Health Organization (2012), some of the risk factors that perpetrate suicidal behaviour are associated with socio-cultural stigmas of help and various barriers in accessing health care, especially mental and substance abuse treatment. Consequently, suicide can be understood with reference to the socio-cultural norms and attitudes that govern how tolerable it is in each cultural community (Bertolote & Fleischman, 2002). However, there are no known studies that have looked at youth suicidal behaviour from traditional healers" perspective in the context of Limpopo Province. The only study known to the researcher on suicidal behaviour by traditional healers in South Africa is by Bantjes, Swartz and Cembi (2017).

LaFrombosie and Lewis (2008) argue that the strengths and unique features of suicide interventions should be specifically tailored and be made compatible with various cultural teachings, world views, values, norms and communication styles of

the community for which interventions are designed. Gone (2006) reiterates this view by advocating for an emic (or insider) approach in which interventions are highly specific to traditional wisdom and healing practices of a particular tribe. Thus, a conversation with traditional healers will shed light in understanding the occurrence of suicidal behaviour among young adults. This will offer a culturally appropriate conceptualisation of youth suicidal behaviour.

1.3. Aim of the study

The aim of the study was to explore the conceptualisation of youth suicidal behaviour by traditional healers.

1.4. Research objectives

- To understand and describe traditional healers" notions of suicidal behaviour.
- To examine traditional healers" understanding of the causes of youth suicidal behaviour.
- To determine traditional healers" understanding of methods of managing youth suicidal behaviour.

1.5. Operational definition of concepts

- **Conceptualisation:** Martin, Cohen and Champion (2013) define conceptualisation as a process of the mind whereby unclear and imprecise notions (concepts) are detailed and made specific. It is a process by which we precisely specify what we mean when we use a particular notion. For the purpose of the current study, conceptualisation refers to the process by which a notion derives meaning and is understood.
- **Youth:** According to the South African National Youth Commission (1997), the term „youth" in the South African context refers to persons aged 14-35 years. For the purpose of the study, youth will carry the same meaning as above.
- **Suicidal behaviour:** De Leo, Burgis, Berlotte, Kerkhof and Bille-Brahe (2006) define suicidal behaviour as the act of intent to take one"s life, with or without a clear plan. This also includes self-inflicted injuries and is usually a sign of life

distress. An expanded definition by Steele and Doey (2007) indicates that suicidal behaviour includes completed suicide, attempted suicide and suicidal ideas and plans. For the purpose of this study, suicidal behaviour refers to behavioural or other indicators that an individual may have intent to take one"s life.

- **Traditional healer:** According to Moagi (2009), a traditional healer is someone who has the gift of receiving guidance spiritually from the world of ancestors. Most of the time, individuals who possess these powers are selected by the ancestors from a family with a history of powerful ancestral lineage.

1.6. Significance of the study

Suicidal behaviour amongst the youth is well-documented across the world, mostly in developed countries. However, in developing countries such as South Africa, little has been researched on youth suicidal behaviour, particularly from an African perspective. Documenting the ideas, opinions and viewpoints of traditional healers from this community will help in the understanding of how suicidal behaviour is likely to manifest itself and the preferred treatment method. This study will add value on how suicidal behaviour is understood from an African traditional healer"s perspective. The study will further enhance the availability of suicide studies that are focused on indigenous knowledge. The findings will finally enhance interventions to specific cultural needs.

1.7. Outline of the dissertation

In chapter 1, background and the motivation for the study was provided. The research problem, aims and objectives were outlined. The operational definitions of concepts, including the significance of the study were presented. Chapter 2 focused on literature review. Global and South African trends of suicidal behaviour, traditional healers" understanding of suicide and the cultural context of suicidal behaviour were discussed. In chapter 3, the research methodology, which includes research design, sampling method, data collection and analysis were discussed. Finally, the quality criteria for the study were outlined. Chapter 4 focused on the results of the study. Demographic characteristics of the participants, interpretation of themes and a summary were outlined. In chapter 5, the results were discussed, and themes are

outlined. Chapter 6 provided a summary, conclusions, recommendations and contributions of the present study.

CHAPTER 2

LITERATURE REVIEW

2.1. Introduction

A literature review is a composite of existing knowledge relating to the research question (Machi & McEvoy, 2016). The purpose of a literature review is to offer trustworthy information and to can assist in identifying gaps in our knowledge, which require further research (Booth, Sutton & Papaioannou, 2012). This section will focus on the following sections: *global trends of suicidal behaviour among the youth, trends on suicidal youth behaviours in South Africa, traditional healers" perspective on suicidal behaviour and the cultural context of suicidal behaviour.*

2.2. Global trends of suicidal behaviour among the youth

Suicidal behaviour is a major global public health concern. For example, a report in Mauritius indicated that suicidal behaviour is a global public health concern that is widespread across developed and developing countries (Mauritius Research Council, 2015). According to the World Health Organization (2016), there were over 800 000 estimated deaths due to suicide in 2012. The World Health Organization 2016 statistics further indicated that among young adults of age 15-29, suicide contributed towards 8.5% of deaths. This is ranked as the second leading cause of death for this age group behind road traffic accidents. The World Health Organization projections for the year 2020 on suicide predict that 1.53 million people will die from suicide, and 10-20 times more people will attempt suicide (Bertolote & Fleischman, 2015).

Gender has also been identified as an important factor in suicidal behaviour. Girolamo, Ormel and Karam (2010) have identified suicide ideation and attempts as more common in women. However, men have higher rates of completed suicide. This notion of higher attempts and ideation (non-fatal suicide) in women when compared to men as opposed to higher completed suicide in men as compared to women is called the gender paradox of suicidal behaviour (Schrijvers, Bollen &

Sabbe, 2012). This gender difference in suicidal behaviour has been explained by different methods utilised by the two groups. It has been discovered that men use more lethal methods of suicide than women (Mergl et al., 2016). Furthermore, suicidal behaviour has been found to be low in homogeneous societies. This is because homogenous societies are characterised by high social cohesion, common values and moral objections to suicide. However, moral objections to suicidal behaviour can lead to underreporting (Girolamo, Ormel & Karam, 2010).

2.3. Trends on youth suicidal behaviour in South Africa

Suicide trends in South Africa are extremely alarming. Naido and Schlebusch (2014) are of the view that 6500 suicides occurred in 2008, and about 130 000 incidents were suicide attempts. The average age of those suicidal incidences was 34 years, and those within the age group of 15-19 years recorded the highest occurrences of suicide (Naido & Schlebusch, 2014). A study conducted by Bantjes and Kagee (2013) indicated that suicide is more prevalent in men than in women. Moreover, a high prevalence of completed suicide was found among the age group of 15-29 years. According Cluver, Orkin, Boyes and Sherr (2015), suicide rates account for 9.5% of non-natural deaths among young South Africans.

Several factors that predispose the youth to suicidal behaviour have been identified to in South Africa, especially in Limpopo Province. For example, Shilubane et al. (2012) look at psychosocial factors determining suicide attempts among black South African adolescents aged 13 to 20 years in Limpopo Province. The study found that suicidal attempts were associated with interpersonal relationship conflict (familial or friend related), previous suicide attempts by a peer or a family member. The authors also found that insufficient social support and poor living conditions were high psychosocial determinants of adolescent suicide (Shilubane et al., 2012).

A study conducted by Obida and Govendor (2013) explored reasons for suicide attempts by patients admitted in Tshilidzini Hospital, Limpopo Province. The study found that poverty, financial difficulties, dysfunctional families, lack of social support, intimate partner abuse, maternal death, HIV/AIDS and perceived benefits of suicide were among some of the reasons for suicide attempts (Obida & Govendor, 2013).

Another study by Shilubane et al. (2014) looked at psychosocial correlates of suicidal ideation among black adolescents aged 13 to 19 years in rural Limpopo Province. The study found that suicidal ideation among these adolescents was associated with depression, negative feelings about family, abuse by a family member or a partner and forced sexual intercourse. Netshiombo and Mashamba (2012) argue that the suicidal act of self-destruction signals societies‟ growing failure to provide good support systems and meaningful psycho-social well-being for its members, and that traditional system of social support need to be revisited. Thus, this literature show that lack of psychosocial support seem to predispose young adults to suicidal behaviour.

2.4. Traditional healer's perspectives on suicidal behaviour

It has been argued that religious and cultural societies have strict rules against suicide. In these societies, individuals who attempt to commit suicide are subjected to various forms of societal sanctions as suicide might be considered a taboo (Schlebusch, 2012). Schlebusch (2012) views suicide as multi-dimensional and multifactorial. Obida and Governdor (2013) add that suicide is a phenomenon of high complexity resulting from interplay of a number of factors. Bantjes, Swartz and Cembi (2017) conducted a qualitative study of six traditional healers located in the Western Cape and Kwa-Zulu Natal Provinces of South Africa. The study suggested that traditional healers viewed suicidal behaviour as an indicator of an individual‟s discontinued social and cultural connection (Bantjes, Swartz & Cembi, 2017). The study maintained that a reestablishment of interpersonal connections between the suicidal individual and their family members, ancestors and a renewal of their cultural identity can be helpful. Furthermore, Osafo, Knizek, Akotia and Hjelmeland (2013) found that religious beliefs also contributed towards suicidal behaviour. The study indicated that religious believers viewed suicidal behaviour as a consequence of disregarding religious faith. The study also found that prayer was utilised as a coping mechanism. Another study conducted amongst the Baganda of Uganda indicated that suicide is typically viewed as a result of bad spirits. As a result herbal medicines are utilised to cleanse the family members of those who died through suicide to rid

the family of the bad spirit of suicide (Mugisha, Hjelmeland, Kinyanda & Knizek, 2011).

2.5. The cultural context of suicidal behaviour

Suicide rates vary within and between countries. This variation is partly influenced by economic status and cultural differences (Turecki & Brent, 2016). Turecki and Brent (2016) noted that cultural background played an important role in suicidal behaviour than location. They mention that suicide rates of migrants tend to reflect rates of their country of origin instead of their country of adoption (Turecki & Brent, 2016).

According to Lester and Rogers (2013), suicidal behaviour is determined in a variety of ways in accordance with the cultural context within which it occurs. Lester and Rogers (2013) maintained that the cultural meaning of suicidal behaviour is embedded in a set of rules and standards that shape and determine categories of appropriate behaviour that are shared by members of a society. Colucci and Lester (2012) stated that although suicide is a personal act, it is shaped by sociocultural norms of a society. Colucci and Lester (2012) maintained that these sociocultural attributions towards suicidal behaviour are evidenced by disparities in epidemiology across different cultures. They found regional, national and international differences of suicidal behaviour. Furthermore, Turecki and Brent (2016) indicated that indigenous people have higher rates of suicide which might be caused by disruption of traditional culture and family support.

Whilst developing school based intervention for suicide among the Zuni people of native, America LaFrombosie and Lewis (2008) noted that suicide was a phenomenon found to be distressing. The distressing nature of the suicide phenomenon was a result of the forbidden nature of suicide among the Zuni people. According to the Zuni people, the soul of an individual who died due to suicide will not be accepted into the spiritual world, and thus will not help the living during times of rituals and sacrifices (LaFrombosie & Lewis, 2008).

The African conception of suicide captured in part on how Africans ascribe meaning toward the concept of death. African"s are actively discouraged from partaking in

thoughts of death, either one‟s own death of that of another. Death is perceived as the enemy of life as such contemplation or discussion of own death or that of another is actively discouraged (Ekore & Lanre-Abass, 2016). Umo (2012) further notes that within African communities there is a prevailing mind-set that young people are not supposed thus any kind of death by a young person „‟suicide included‟‟‟ is perceived as unnatural and premature. As a result suicide is likely to be seen as an unacceptable act and is often perceived as taboo in many African communities. Furthermore, suicidal behaviour is perceived as a taboo and is criminalised in several African countries such as Botswana, Malawi, Botswana, Gambia and Nigeria to name a few (Adinkra, 2013).

2.6. Theoretical approaches

2.6.1. Western theories on suicidal behaviour

2.6.1.1. Emile Durkheim on suicide

Ever since Durkheim‟s *Le suicide* (1897; 1981), the comprehension of suicide as an entity has been at the forefront of studies (Abrutyn & Mueller, 2014). Dirkheim posited that individuals who were integrated and morally regulated moderately were offered protection from suicide (Abrutyn & Meuller, 2014a). To understand the foundational basis of how Durkheim understands suicide, we need to explore how he conceptualised suicide. Durkheim argues that suicide is determined by how individuals are integrated and regulated by the society. Integration is defined as the amount and the standard of social relationships. Regulation relates to how clear the norms and permissions governing the social relationships are (Abrutyn & Mueller, 2014b).

Furthermore, Durkheim introduced four types of suicide which are determined by either social integration or regulation. Altruistic and egoistic suicide occur when there is too much or too little social integration, whereas anomic and fatalistic suicide occur when there is too much or too little social regulation. Douglas (2015) discusses these types of suicide in detail as follows:

Altruistic suicide- This type of suicide occurs when there is the highest level of integration into a social group. In this instance, individuals are highly integrated into the society in which they commit suicide for the benefit of the whole group. Suicide bombers are an example of this kind of suicide.

Egoistic suicide- This occurs when there is a low level of social integration. In this instance, interaction amongst individuals is limited, and these individuals largely pursue self-interest rather looking out for the collective. Durkheim contends that egoistic suicide arises because people need to feel attached and have some group purpose in order to give meaning to their lives (Manning, 2012).

Anomic suicide- This kind of suicide occurs when society imposes weak sanctions on individuals. Individuals pursue their passions and sometimes they become disoriented and kill themselves. Anomic suicide usually occurs among business, especially during times of economic boom or depressions.

Fatalistic suicide- On the opposite end of anomic suicide, fatalistic suicide occurs because the society imposes a high degree of regulation on individuals. The society intensely regulates its members to a point where their futures are blocked and passions curbed. This type of suicide occurs among childless married women, very young husbands and slaves.

Durkheim"s theory has drawn considerable interest among scholars who investigate suicidal behaviour, and has equally been critiqued. For example, Hamlin and Brym (2006) posited that Durkheim"s theory tends to not sufficiently explain suicidal trends across societies. The authors suggest that this is because the theory infers that suicide is a single-cause phenomenon, and an activity without subjects. Hamlin and Brym (2006) further posit that Durkheim"s theory can be enhanced if culture and social-psychological factors are contemplated as independent causal factors in suicidal behaviour.

2.6.1.2. Psychodynamic theory of suicidal behaviour

Ronningstam and Maltsberger (2009) argue that in the past 100 years, suicidal explorations were largely influenced by psychoanalytic theories and studies. Freud

first observed suicidal behaviour as self-objectification in his study of melancholic depression. Freud"s observations were later followed by contributions from object-relations, which highlighted the role of narcissistic rage and structural vulnerability (Ronningstam & Maltsberger, 2009). Throughout the history of psychodynamic studies of suicidal behaviour, several concepts have become central to its conceptualisation. Kaslow et al. (1997) identified four major concepts central to psychodynamic understanding of suicidal behaviour, including: a) *self-directed aggression; b) unresolved (pathological) grief in response to object loss; c) disturbance of ego functioning (maladaptive and self-sacrificing defences, impaired reality testing in response to loss and dysphoria); and d) pathological internal object relations (poorly integrated and hostile introjects, incomplete separation-individuation*).

Oftentimes psychodynamic approaches have received criticism especially in relation to their inapplicability in culturally diverse populations. These approaches often fail to account for the social, political and cultural factors when addressing issues in psychotherapy (Corey, 2009). Furthermore, psychodynamic approaches are seen as being grounded in values of those individuals from the middle and upper class. These approaches are likely to find it difficult to adequately address suicidal behaviour in a culturally diverse population such as South Africa. They tend to be highly individualistic, and often negate the role of culture in mental ills.

2.6.1.3. The interpersonal-psychological theory of suicidal behaviour

The interpersonal-psychological theory of suicidal behaviour as espoused by Thomas Joiner (2005) posits that individuals commit suicide because they have the desire and the necessary ability to do so (Joiner, 2005). In answering the question of the desire and the ability to die, Joiner (2005) poses two questions. The first question asks how individuals develop the desire to die, and the second is about how individuals acquire the ability.

Answering the first question of desire, Joiner (2005) further posits that individuals develop the desire to die when they hold two specific states of mind at the same time. These are perceived burdensomeness and low belongingness. Perceived

burdensomeness refers to a misperception which has the potential to become dangerous that the self is so inadequate that their existence is a burden on others (Ribeiro & Joiner, 2009). Ribeiro and Joiner (2009) maintained that these feelings of being a burden may lead to beliefs which are possibly dangerous that one"s death is more beneficial than their life. Low belongingness which results from feeling alienated or isolated from family, friends and other valued members of an individual"s social circle can also result in the desire for one to die (Ribeiro & Joiner, 2009).

Regarding the second question of ability, Joiner (2005) posits that individuals can acquire the ability to not fear pain, injury and death. It is argued that these individuals acquire this ability through a process of repeated exposure to painful experiences (Van Orden, Witte, Cukrowicz, Braithwaite, Selby & Joiner Jr, 2010). Although the theory has significantly contributed to the conceptualisation and study of suicidal behaviour (Chu et al., 2017) a review conducted by Ma, Batterham, Calear and Han (2016) found that there are conflicting findings on how thwarted belongingness, perceived burdensomeness and acquired capability all manifest to bring out suicidal behaviour. As far as the research is aware there are no studies which reviewed the applicability of the theory in African communities.

2.6.1.4. Cognitive theories on suicidal behaviour

Cognitive theories originate from Aaron T Beck"s work in cognitive therapy in the 1960s. Cognitive behavioural theories are premised on the notion that psychological distress stem from dysfunctional cognitive processes (Corey, 2009). Cognitive behaviour theories further argue that a change in thinking patterns subsequently leads to a change in behaviour (Corey, 2009). Cognitive theories have proposed that suicidal behaviour is a consequence of three constructs which tend to be elevated in suicidal patients (Wenzel & Beck, 2008). These elevated constructs include dispositional vulnerability, cognitive processes associated with psychiatric disturbance and cognitive disturbance associated with suicidal acts (Wenzel & Beck, 2008). Wenzel and Beck (2008) maintain that these constructs are associated with suicidal behaviour in that: a) they have the possibility of creating life stress; b) they can aggravate the direction of psychiatric disturbance, expanding the occurrence and severity of cognitive processes related to psychiatric disturbance which could

initiate a suicidal crises; and c) they can diminish an individual"s capacity to manage, and tend to disrupt adaptive cognitive processing during suicidal crises.

O"Connor and Nock (2014) have argued that cognitive aspects of suicidal behaviour are multifactorial. Other scholars have supported this view by looking at various cognitive facets of suicidal behaviour. Mathews (2014) presented that cognitive rigidity was identified as one of the main contributing factors in that suicidal people tend to be cognitively inflexible, and to reach the conclusion that suicide is the only conclusion quicker. Petit et al. (2009) indicated that thought suppression, which refers to an individual"s intentional attempt to suppress/stop thinking unwanted thoughts paradoxically increases specific unwanted thoughts related to suicidal behaviour. It has further been indicated that suicidal individuals tend to have defects in problem-solving and coping with adverse life situations (McAuliffe, Corcoran, Keeley & Perry, 2003). Finally, the reasons for living have also been related to suicidal behaviour. It has been indicated that people who have fewer reasons to live tend to be at an increased risk of suicidal thinking and attempts (Leal & Santos, 2016).). Although Cognitive Behaviour Therapy has received large empirical support, it has often been criticised for failing to take into account social factors which play a role in bringing about mental health problems. Corey (2009) noted that the theory often challenges people to review, and at times modify their basic cultural assumptions. This is particularly problematic when dealing with patients who are heavily invested in their cultural belief system. Such a challenge may often lead patients to withdraw from therapy prematurely.

2.6.2. Theoretical perspective: The Afrocentric perspective

The present study utilised the Afrocentric perspective. Asante and Mazama (2005) assert that Afrocentricity is not only an explanation of African reality from an African perspective, it is also an agent of transformation dedicated to restore the Afrocentric worldview. As a theory, Afrocentricity is intended to place African people at the centre of African experience. Okafor (1991) mentioned that an Afrocentrist aims to uncover and apply myths, codes, symbols and circles of discussions that strengthen the centrality of African ideology and values as a legitimate frame of reference for interpreting the African worldview. Therefore, the Afrocentric theory becomes a

theory of human liberation where the imposition of one culture as universal is eliminated. In essence, it challenges the hegemony imposed by the Eurocentric theory as a universal mode of analysis (Asante, 2000). The current study will be conducted within an African context. It therefore becomes important that the narration, description and analysis of the study also take place from an African viewpoint. Using the Afrocentric perspective in the study allowed for the expression of concepts and ideas from the perspective of traditional healers in their own language and ideological background that finds its origin in the African continent.

CHAPTER 3

RESEARCH METHODOLOGY

3.1. Introduction

The chapter will focus on the research methodology used in the study. Patil and Mankar (2016) describe research methodology as an organised manner of solving a problem which focuses on processes used in explaining, anticipating and narrating events. This section will outline the manner in which the research was carried out. These include research design, sampling procedures, data collection and analysis method.

3.2. Research design

The study was carried out using a qualitative approach. Cresswell (2014) defines qualitative approach as a method of investigating and understanding the meaning people, groups and communities attribute to social and human issues. The qualitative approach requires the researcher to recognise their own cultural assumptions and to use themselves as instrument whilst attending to the research data (Brannen, 2017). For example, Smith (2007) advocates for qualitative approaches as they can derive deeper meaning from social experience without compromising participants. This approach is therefore preferred because it allows the researcher to get in-depth information about the subject of interest. The in-depth nature of the qualitative study will allow the researcher to explore, gather and understand the meanings attached by individuals or groups to situations (Cresswell, 2014). Specifically, the present study will use an exploratory research design as elucidated by Bless, Higson-Smith and Kagee (2006). Ngunyulu (2012) describes exploratory research as one which is aimed at exploring in detail the nature and understanding of selected people"s experiences and perceptions. This is achieved through inquiry and probing until a point of saturation has been achieved (Ngulungu, 2012).

3.3. Population and setting

Bakenberg is a village located in the Mogalakwena Municipality in Limpopo Province. It has a population of approximately 7097 people (Statistics South Africa, 2017). Among the people found in Bakenberg, 80, 2 % speak Sepedi whereas 12, 2 % speak Xitsonga and 1, 4% speak other languages. Females make up the largest proportion of residents at 55, 1% of the population whereas males make up 44, 9% of the population (Statistics South Africa, 2017).

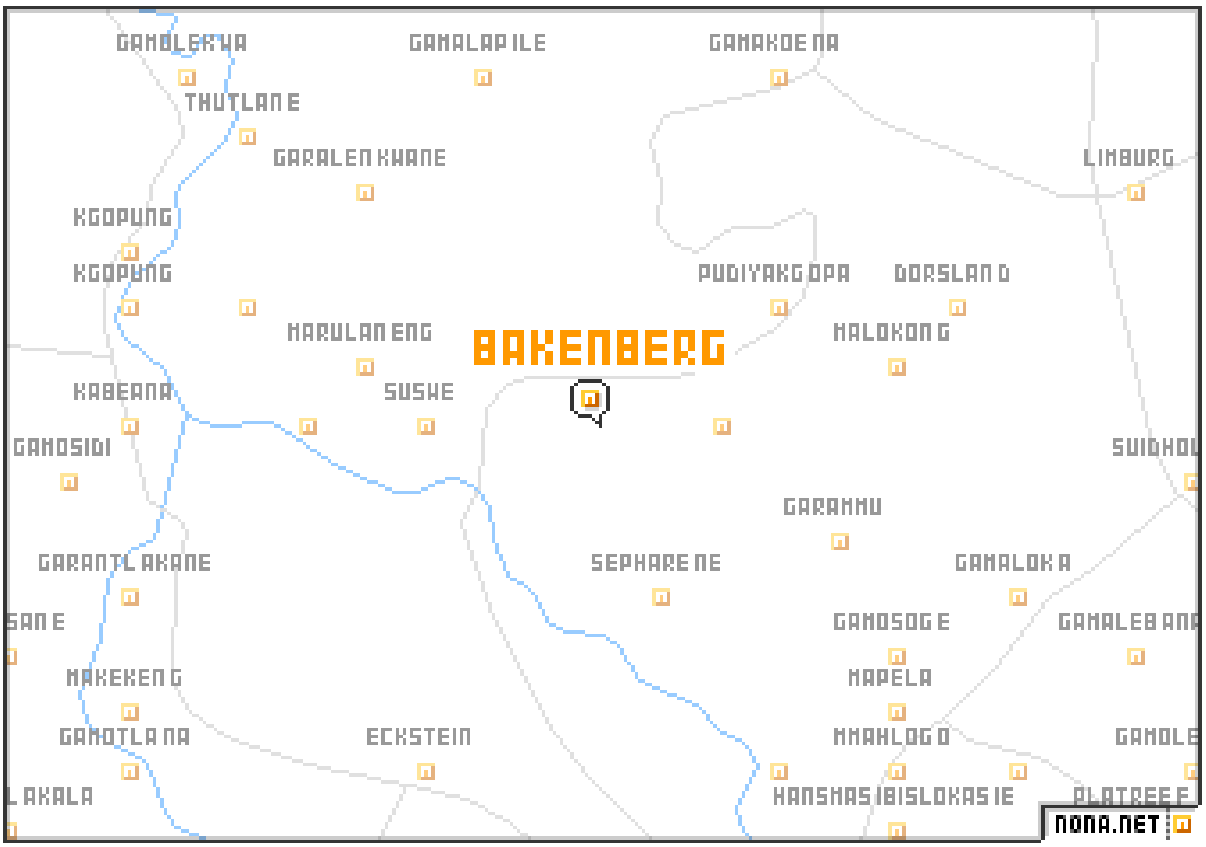

Figure 1: Map of Bakenberg (www.nona.net, 2017).

3.4. Sampling

Snowball sampling method was utilised as a means of selecting research participants. Snowball sampling method is used when the characteristics of a sample are rare (Dragon & Maniu, 2013). Atkinson and Flint (2001) describe snowball sampling as a technique of locating research participants where one participant recommends the name of another participant, who in turn offers the name of a third

participant and so on. In the study, a community leader (gatekeeper) was requested to refer the researcher to a well-known traditional healer who acted as the first participant. The traditional healer was then asked to make other referrals. This procedure was repeated until saturation was reached. Mason (2010) defines saturation as the point in a research study when the collection of new information does not shed further light in the study.

3.5. Data collection

A conversational method was used to collect data. According to Kovach (2010) a conversational method is a means of collecting information by means of oral storytelling which is in harmony with indigenous paradigms. Kovach (2010) maintained that conversational methods involve engaging in dialogue which also facilitates the development of a relationship between the participant and the researcher. Using semi-structured interview questions (see Appendix 2a for the English version, and Appendix 2b for the Sepedi version of the Interview Guide) the researcher initiated a conversation with the traditional healers. Semi-structured interviews provide the interviewer with a degree of autonomy to explore the interviewees" responses or to follow their line of inquiry (Mathers, Fox & Hunn, 1998). Semi-structured interviews are adequately structured to address a specific thesis of the study whilst leaving room for participants to offer new insights into the focus of the study (Galletta, 2013). Galletta (2013) further indicates that semi-structured interviews allow for mutual exchange between the research and participants. Mutualism allows for the researcher to probe a participant"s answer to gather clarification, meaning derivation and critical reflection.

In the current study one-on-one conversations were conducted whilst utilising the semi-structured interview questions as a guide. This allowed for an in-depth interaction between researcher and the participant. Data was collected using the language (Sepedi) of traditional healers, and was later transcribed and further translated into English. The researcher used Sepedi as the primary language of communication because the people in Bakenberg largely speak this language. The interviews took place in locations which the traditional healers felt comfortable, that

is, in Bakenberg. Bakenberg is an area located in Waterberg District, Limpopo Province.

3.6. Data analysis

The research utilised thematic analysis as a model of data analysis. The researcher interacted with the data and extracted themes from the interview responses. Braun and Clarke (2006) indicated that thematic analysis describes data in a concise but rich detail, and one of its key benefits is its flexibility. Through thematic analysis, the researcher makes an association between a frequent theme and that of the whole content. This analysis further allows the researcher to make determination of relationships between concepts, and to compare them with replicated data (Alhojailan, 2012). The researcher was guided by the following steps of data analysis as outlined by Braun and Clarke (2006):

- **Phase 1: Familiarisation with the data**

After data has been collected, it is important to have an in-depth engagement with it to the extent that the researcher has a broad understanding of the content. Engagement with the data usually involves its constant repeat reading and searching for meanings and patterns.

- **Phase 2: Initial codes**

After the researcher has an in-depth understanding of the data content, the next step involves generating initial lists of it is about. Initial codes are produced. Codes identify interesting features of data.

- **Phase 3: Searching for themes**

This phase begins when the initial data has been coded and collated, and the researcher has a list of different codes that have been identified across the data set. The phase mainly focuses on the analysis of the data at a level of themes rather than codes, and involves sorting codes into potential themes. At the end of this stage, the researcher will have candidate themes and sub-themes, and all extracts of the data will be coded in relation to the themes.

- **Phase 4: Reviewing themes**

This phase involves the refinement of the identified themes. The themes are reviewed at two levels. First, they are reviewed at the level of coding. This means that all the collated extracts are checked for each theme, and checked to find out if they appear to form a coherent pattern. Level two involves a similar process but in relation to the entire data set.

- **Phase 5: Defining and naming themes**

During this stage, the researcher defines and further refines the themes. For each theme, the researcher will conduct and write a detailed analysis of this theme.

- **Phase 6: Producing the report**

This phase involves the final analysis and the write up of the report. The analysis should provide a concise, coherent, logical and non-repetitive account of the story that the data tells within and across themes.

3.7. Quality criteria

- **Credibility**: Shenton (2004) proposes that one of the most important aspects that researchers must attend to is ensuring that their measures actually measure what they say they do. To achieve credibility, the researcher utilised recommended scientific methods of gathering and analysing the research data. To further enhance credibility, the researcher described his experiences as a researcher and verified the findings with the participants as suggested by Cope (2014).
- **Transferability**: Malterud (2001) describes transferability as the range and limitations to which the applications of the study findings go beyond the context in which the study was done. Cope (2014) argues that a qualitative study will satisfy this criterion if the findings have meaning to persons who were not involved in the study, where readers can make associations between the results and their own experiences. To satisfy this requirement, the researcher provided detailed explanation of the research context and information on participants to enable readers to examine the capacity of findings to be transferable.

- **Dependability**: Dependability refers to how stable the findings are over a period of time (Anney, 2014). For dependability issues to be addressed, a detailed

description of the study processes should be provided. This is to allow future researchers to repeat the study and possibly even get the same results (Shenton, 2004). In order to ensure dependability in the current study, processes used in the research were described in detail so that it can be repeatable in the future. The researcher provided a detailed description of the study design and how this was executed.

- **Confirmability:** Anney (2014) describes confirmability as relating to the degree to which the results of the study can be confirmed by other external researchers. Confirmability, which is comparable to impartiality or lack of bias, is concerned with demonstrating that the data and its interpretations are not inventions of the researcher"s creativity, but are clearly obtained from the data (Tobin & Begley, 2004). It is suggested that confirmability can further be demonstrated by the provision of descriptions on how conclusions and interpretations were derived, showing by examples that the conclusions were extracted from the data (Cope, 2014). In order to ensure that the study is confirmable, the researcher attempted, as much as possible, to avoid the influence of subjective feelings and personal bias on the research data. This was done by allowing external researchers to review the research data. The researcher also provided rich quotes from the participants, which depicted how each theme emerged.

3.8. Ethical considerations

3.8.1. Permission to conduct the study

For the purpose of the study, ethical clearance was sought from the University of Limpopo"s Research Committee prior to commencement of the study. The researcher also approached the traditional authority to obtain gatekeeper permission to interview the participants (Appendix C: Letter of permission to the traditional Council – English version and Sepedi version).

3.8.2. Informed consent

Informed consent is an ethical and legal prerequisite for research with human participants that requires giving participants information about intent and objectives

of the research study (Nijhawan et al., 2013). Thus, participants in the current study were informed about the purpose of the research and that their participation is voluntary. They were also requested to give written consent to participate in the study (See appendix A- consent form).

3.8.3. Confidentiality and anonymity

Confidentiality is the protection of information shared by participants and their identity during the research process (Wiles, Crow, Heath & Charles, 2008). Anonymity is defined as procedures utilised to ensure that the identities of participants are not revealed (Vainio, 2013). In the study, to ensure confidentiality and anonymity, real names and responses were not linked to the participants. Instead, the researcher used codes and pseudo-names to identify participants, and the results will be presented in means and percentages. Furthermore, data from the participants will be locked in the departmental research unit.

3.8.4. No harm to participants

The fundamental ethical rule of social research is that it must bring no harm to the participants regardless of whether they participate voluntarily or not, because subjects can be harmed emotionally in the course of a study. The researcher ensured that the participants were not harmed in any way during the course of the study.

3.8.5. Respect for secrets of the trade

The researcher will take appropriate measures to safeguard the secrets which may be revealed to the researcher in confidence. It is important that secrets of traditional practitioners not be exposed so as to safeguard their practices.

CHAPTER 4

PRESENTATION OF RESULTS

4.1. Introduction

The following chapter will present the results of the study. Demographic characteristics of the participants will be given, the results will be presented and a summary will be provided.

4.2. Demographic characteristics of the participants

Table 1: Demographic characteristics of the participants

Name of participant	Speciality of healer	Registration	Age	Gender	No of years in practice
1 Maria Mosele	Diviner (*Sangoma, Inyanga*)	Yes	40-45 years	Female	+ 3 years
2 Annah Chauke	Diviner (*Sangoma, Inyanga)*	Yes	80 85-90 years	Female	+40 years
3 Anni Senyatsi	Diviner (*Sangoma, Inyanga)*	Yes	75-80 years	Female	+30 years
4 Sarah Mtho	Diviner (*Sangoma, Inyanga)*	Yes	60-65 years	Female	+35 years
5 John Baloyi	Diviner (*Sangoma, Inyanga)*	Yes	35-40 years	Male	+30 years
6. Elinah Digashu	Diviner (Sangoma, Inyanga)	Yes	60-70 years	Female	+40 years
7. Florah Kgafela	Diviner (Sangoma, Inyanga)	Yes	70-80 years	Female	+40 years

8. Mpho Mogashu	Inyanga) Diviner (Sangoma,	Yes	50-60 years	Male	+25 years
9. Lucky Shiva	Diviner (Sangoma, Inyanga)	Yes	50-60 years	Male	+30 years
10. Tom Mbiza	Diviner (Sangoma, Inyanga)	Yes	60-70 years	Male	+30 years

**Please note that pseudonyms were used to protect the identity of the participants*

The above table depicts the demographic characteristics of traditional healers that were interviewed. All participants were drawn from different sections of Bakenberg in Limpopo Province.

Females constituted 60% of the participants whilst males constituted 40%. All participants used Sepedi as a primary language of communication. Only 60% of the participants had Sepedi as their mother tongue whilst the other 40% had Xitsonga as their mother tongue. Only two participants had less than 30 years of practice as a traditional healer. All participants were registered as traditional healers with a regulatory body. One of the participants had been practicing traditional healing since the age of 8.

4.3. Interpretation of themes

Table 2: Distribution of themes

Themes	Sub-themes	Illustrative extracts
1. Understanding of youth suicidal behaviour	1.1 Witchcraft	*"Sometimes when they are bewitched they cannot differentiate between what"s wrong or right" [**Participant 1**].*
	1.2 Family and interpersonal problems	*"Some of the things are created by parents who want their children to live in the same way they*

		*were created" [**Participant 5**].*
	1.3. Substance use	*"Also the drugs they use cause them a lot of problems" **[Participant 4]**.*
	1.4. Poor problem-solving skills	"*It"s mostly because of the problems they come across and they don"t want to talk. Most of them hide their problems and end up wanting to commit suicide" [**Participant 2]**.*
	1.5. Difficulties in life	*"According to my understanding suicidal behaviour in youth is due to a lot of problems they encounter" [**Participant 4]**.*
	1.6. Suicidal behaviour as a secondary presentation	*"Sometimes suicidal behaviour is because of some other problem such as having girlfriend problems or not wanting to disclose illnesses" **[Participant 2].***
2. Identification of youth suicidal behaviour	2.1. The gift and training to identify suicidal individuals	*"We differ with gifts so some people do not have a calling in dealing with suicide even if there are trainings for some people it is not their speciality. For example I have the gift to deal with these people" [**Participant 5**].*
	2.2. Identification through bones	*"When i throw bones i can identify that these individuals come with 123 problems" [**Participant 2]***

3. Interventions used in youth suicidal behaviour	3.1. Talk therapy	*"My first approach is to talk them and try to find a solution then if it fails then I would resort to using herbal medicine to change their mind" [**Participant 5**].*
	3.2. Use of herbal medicine	*"I also give them herbal medicine „Molebatsa" so they can counter the effects of their suicidal behaviour" [**Participant 2**].*

4.3.1. Understanding of youth suicidal behaviour by traditional healers

Youth suicidal behaviour is understood to have multiple factors. Traditional healers in the study have alluded to understanding youth behaviour to be as a result of factors either in isolation or playing together to bring about the suicidal behaviour. It was also noted that there is no single conceptualisation of youth suicidal behaviour. It all depends on the training and whether an individual is gifted to assess and treat suicidal behaviour. Witchcraft was the most common theme found in the study. The following are descriptions of how traditional healers conceptualised youth suicidal behaviour

4.3.1.1 Witchcraft

Youth suicidal behaviour was commonly understood to be as a result of supernatural influences. Traditional healers commonly indicated that some of the suicidal behaviour seen in young people cannot be explained as part of normal behaviour. It appears that all traditional healers who specialise in suicide have encountered suicide as a result of witchcraft. The concept of suicidal behaviour as a result of witchcraft appears to have a cultural foundation. The following extracts illustrate the views of traditional healers:

*“Sometimes when we are eradicating family curses we can see that there is young person who might not be part of the family at that point who is going to commit suicide as a result of this curse” [**Participant 1**].*

“*Sometimes when they are bewitched they cannot differentiate between what‟s wrong or right” [**Participant 1**].*

*“….Another aspect is that some of these young people have been bewitched by someone. You know sometimes its people‟s things „Dilo tsa batho‟” [**Participant 5]**.*

*“..People are naughty, they can create this rope, and you find that a child is irritable, the person becomes very irritable. When a mother talks to them he will become very irritable. If he does not kill someone in the family he kills himself. It‟s not him doing this; it‟s what‟s happening to him” [**Participant 7**].*

*“…Yes, there are many ways of using herbs „Dithlare‟ that can make a person want to kill themselves. These herbs can shift a person‟s mind‟” **[Participant 8].***

*“…A person normal can be bewitched and becomes a rapist or a criminal, he lives like an animal and go around killing people and then when police want him he then kills himself” **[Participant 8].***

*“People‟s things can make a person want to commit suicide; people can use muti to make a child want to commit suicide” [**Participant 9**].*

*“Well most of the time its peoples…” [**Participant 10**].*

*“…our people can do things, they can make a child step on something and then all of a sudden the child has changed. Just as they can bewitch a person to be mentally ill, they can make them commit suicide, they can take over his mind” [**Participant 10**].*

Based on the above extracts, it appears that traditional healers understand that witchcraft can lead to manifestations of suicidal behaviours in young people. Traditional healers have, however, emphasised that it is not in all cases that these young people have been bewitched. They noted that sometimes suicidal behaviour manifests due to other aspects of life.

4.3.1.2 Family and interpersonal problems

The family environment being a place where people spend most of their time was identified as another central concept in youth suicidal behaviour. Traditional healers expressed the view that dysfunctional family dynamics can result in youth suicidal behaviour. Parents play an important role in their children‟s lives. As a result, fights

with parents are understood to be some of the contributing factors in youth suicidal behaviour. The following extracts illustrate these views:

*"It"s because of rights, and they don"t want to be reprimanded in the family. These rights damage their minds" [**Participant 1**].*

*"Some of the things are created by parents who want their children to live in the same way they were created" [**Participant 5**].*

*"Another thing is lack of guidance" [**Participant 5**].*

*"…Sometimes it"s caused by how a child is raised" [**Participant 8].***

*"..When a child grows up in the family you find that the child is being used unaware. For example a child might be keeping secrets in the family; you find that when mother and father fight in the house the other parent uses the child. As time goes by the child starts noticing the problems and then something happens in him" [**Participant 8**].*

*"…Most young people kill themselves because of parenting problems…" [**Participant 8**].*

"*Sometimes children have problems with parents, sometimes the child does not want to follow rules at home and when parents try to make him he commits suicide" [**Participant 9**].*

*"…sometimes children fight with parents and after that end up committing suicide" [**Participant 10**].*

Familial problems and parenting issues appear to be central in dysfunctional family dynamics, which can lead to youth suicidal behaviour. Traditional healers further added that children who have rights might want to be reprimanded, thus damaging their minds and causing family problems. Traditional healers also identified lack of proper guidance by parents as an important factor which can lead to suicidal behaviour among the youth.

4.3.1.3 Substance use

Substance use usually leads to behavioural problems which can result in criminal activities. The traditional healers in the study recognised that substance use can lead to suicidal behaviour either directly or indirectly. The direct impact includes suicide

following consumption of drugs and the indirect impact includes drug use, which alienates the person from the community. As a result of this alienation, young people tend to commit suicide. The following extracts illustrate their views:

*"Another thing is that the young people smoke drugs such as dagga and glue which make them want to take their lives, I don"t know why is this" [**Participant 1].***

*"Also the drugs they use cause them a lot of problems" **[Participant 4]**.*

"Y*oung people these days smoke things…" [**Participant 9**].*

*"…some of these children who smoke these drugs ruin their lives and they end up making bad decisions and sometimes want to commit suicide" [**Participant 9**].*

*"…drugs have ruined our communities; children have now given their lives to these drugs…" [**Participant 9**].*

It appears that substance use can have an impact on youth suicidal behaviour. The traditional healers in the study appear to have identified the use of drugs as a possible predisposing factor for suicide in young people. Drugs such as dagga, cannabis and glue have been mentioned as some of the drugs that are used by young people, leading to suicidal behaviour.

4.3.1.4. Poor problem-solving skills

Suicidal behaviour in young people has also been understood to result from poor problem-solving skills. According to the traditional healers, failure to consider other options by young people can lead to suicide. The following extracts illustrate their views:

"*It"s mostly because of the problems they come across and they don"t want to talk. Most of them hide their problems and end up wanting to commit suicide." [**Participant 2].***

*"Suicidal behaviour in youth is due to a lot of problems they encounter and not knowing how to solve those problems, they end up thinking of wanting to commit suicide" **[Participant 3]**.*

*"…Young people don"t talk, secondly they take decisions impulsively. If the young people spoke to someone most of them wouldn"t want to commit suicide" [**Participant 5].***

*"Most of our young people are weak and they also lack responsibility. They don"t want to face the consequences of their actions" [**Participant 5].***

*"To be honest young people these days are very spoilt and want things to be done here and now and failure result In them wanting to commit suicide" [**Participant 5**].*

Based on the above extracts, we can deduce that poor problem-solving skills play a central role in how traditional healers understand suicide. Lack of responsibility and being spoilt are other concepts which have also emerged.

4.3.1.5. Difficulties in life

The study also revealed that suicidal behaviour in young people can be a result of other factors independently contributing towards the behaviour. The traditional healers noted several factors. The study revealed that a difficult life contributes towards how the traditional healers understand suicidal behaviour in young people. They study also found that having problems and not disclosing them is another contributory factor towards youth suicidal behaviour. The following extracts illustrate these views:

*"It"s mostly because of the problems they come across and they don"t want to talk" [**Participant 2**].*

*"Most of them it"s because life becomes too difficult and they don"t know what to do, life becomes too difficult" [**Participant 3**].*

*"According to my understanding suicidal behaviour in youth is due to a lot of problems they encounter" [**Participant 4**].*

Difficulties in life have also been identified as causal factors for youth suicidal behaviour. The traditional healers argued that young people encounter a lot of life problems which can lead to suicidal behaviour.

4.3.1.6. Suicidal behaviour as a secondary presentation

The study also revealed that suicidal behaviour in young people is mostly secondary to another illness or problems. It was found that it is rare to find suicidal behaviour in young people in isolation. Most of the suicidal patients the traditional healers saw were due to another illness or being identified as having suicidal tendencies when consulting for something else.

"Sometimes when I"m treating the person for something else I can see that they want to commit suicide even though they are not talking" ***[Participant 1]****.*

"Sometimes suicidal behaviour is because of some other problem such as having girlfriend problems or not wanting to disclose illnesses" ***[Participant 2].***

The study also revealed that spiritual guidance plays an important role in identifying secondary suicidal tendencies

"Most of them come with other problems but spiritually „Ka Semoya" I can see that something else is wrong" ***[Participant 5]***.

Based on the above extracts, the traditional healers also noted that suicidal behaviour can be secondary to other aspects of life, and that relationship problems and not willing to disclose an illness can lead to underlying intentions of suicide. They noted that spiritually, they can identify that something outside of the reason for consultation is wrong.

4.3.2. Identification of youth suicidal behaviour by traditional healers

Identifying young people who exhibit suicidal behaviour is depended on several factors which include gift and training, spiritual and ancestral guidance and utilising divination bones. The traditional healers dealing with suicide have to have the gift and/or training in suicide. It appears that suicide is a speciality within traditional healing. The study also revealed that guidance by the ancestors and identification using bones can assist in identifying suicidal individuals. Spiritual guidance or using bones can uncover suicidal intent even when the individual is not expressing their

intent. At times suicidal individuals are brought to the traditional healers following failed attempts.

4.3.2.1. The gift and training to identify suicidal individuals

The study revealed that it is not every traditional healer who is capable of working with suicidal patients. Depending on either training or possessing the gift, traditional healers would only treat suicidal individuals if it is within their speciality. The following extracts illustrate these views:

*"Unfortunately I do not have the gift of helping suicidal youth, it all depends on the training and what the ancestors „Badimo" give you. Some of us do not have the gift of intervening and assisting young people" [**Participant 3**].*

*"I personally was not trained to deal with suicide or have the gift" [**Participant 4**].*

*"We differ with gifts so some people do not have a calling in dealing with suicide even if there are trainings for some people it is not their speciality. For example I have the gift to deal with these people" [**Participant 5**].*

*"These traditional healers are not the same, for example you will find that one traditional healer specialises in training other traditional healers only, their speciality is opening up other traditional healers spiritually…"" [**Participant 7**].*

The study also revealed that a traditional healer needs to receive training to be able to deal with suicidal behaviour.

*"Unfortunately I do not have the gift of helping suicidal youth, it all depends on the training and what the ancestors give you" [**Participant 3]**.*

*"No I was never trained on suicide and haven"t come across a suicidal person however my late husband used to help people like that, so I have my own speciality"" [**Participant 6**].*

Based on the above extracts, we can deduce that traditional healers who deal with suicidal youth or individuals in general need to possess the gift, have to be guided by the ancestors and/or receive training in suicide. The study revealed that not all traditional healers are gifted, guided or trained to assist suicidal people. As a result, working with suicidal behaviour appears to be a special gift or skill possessed only by certain traditional healers.

4.3.2.2. Identification through bones and spiritual guidance

The study also revealed that youth who are suicidal can be identified using bones. The traditional healers reported that by throwing bones, they can see what is wrong with the individual. The study also revealed that the traditional healers are guided spiritually by the ancestors to identify suicidal youth. The following extracts illustrate these views:

"When we throw bones we can see that a person is tired of living. So the bones can tell when a person is highly suicidal" ***[Participant 1****].*

*"When i throw bones i can identify that these individuals come with 123 problems" [****Participant 2****].*

*"Sometimes when I throw bones I can see that this person is struggling with this particular problem" [****Participant 3]****.*

*"When you come to me I have to assess you first using bones. The bag has to tell a story of what‟s happening with you"" [****Participant 7****].*

*"...Sometimes when I throw the bones I can see there is a dark cloud, I can see that something is wrong and then I probe further"" [****Participant 10****].*

The traditional healers who specialise in suicide reported that they are also guided by the ancestor‟s spirit and use visions to identify these individuals.

*"I can identify suicidal tendencies looking at a person‟s heart „Pelo ya motho‟, so we examine the relationship between the heart and mind as they can influence each other" [****Participant 1****].*

*"Our ancestors also assist in dealing with these young suicidal persons" [****Participant 2****].*

*"I can see spiritually there is something wrong with the person. In my experience I can see even without spiritual assistant" [****Participant 5****].*

*"The bones will tell me everything; the bones will connect me with your ancestors because everyone has ancestors. Your family members will have to ask permission from your ancestors so they can allow me to help you"" [****Participant 7****].*

Furthermore, one of the traditional healers mentioned that although he can use

bones and be guided spiritually he can also identify these people by what their words and actions.

*“I can hear with what he says besides seeing him spiritually or by using bones. I can hear in his words and see in his actions that this is where the person is going”” [**Participant 8**].*

Based on the above extracts, we can deduce that traditional healers who specialise in suicide use bones or *„Ditaola“* and receive spiritual guidance from ancestors to identify individuals who are suicidal. The traditional healers also have visions which assist in identifying the individuals.

4.3.3. Interventions used in youth suicidal behaviour.

The study revealed that the main intervention methods used after identifying youth who are suicidal include talk therapy and herbal medicine. The traditional healers reported that they first try to talk to the individual and help them find amicable solutions. If talk therapy does not work, then they resort to using herbal medicine to help the individual forget about suicide.

4.3.3.1 Talk therapy

Talking or providing guidance is one of the intervention methods used by traditional healers either in isolation or in conjunction with other treatment methods. Traditional healers can also invite family members to meetings to resolve issues which might be contributing to the identified suicidal behaviour. The follows extracts illustrate these views from the traditional healers:

*“I would give the person reasons not to. I would talk to the person. I would tell them that committing suicide doesn“t help anything it just increase the problems” [**Participant 4**].*

*“My first approach is to talk them and try to find a solution then if it fails then I would resort to using herbal medicine to change their mind” [**Participant 5**].*

*“Yes, after I see him using bones or spiritually I have to counsel him and try to change his life because he might commit suicide if I don“t. So I counsel them whilst rendering other treatments also”” [**Participant 8**].*

*"Sometimes if there are family issues I have to ask the family to come so we sort out the problems in a meeting, I tell them that is the problem and it must be solved"" [**Participant 10**].*

According to the above extracts, the traditional healers employ talk therapy to intervene in those individuals identified as suicidal. According to them, talking to the person, giving advice and trying to find an amicable solution is the first line of treatment in some situations.

4.3.3.2 The use of herbal medicine

The study revealed that at times suicidal individuals may need herbal medicine. The herbal medicine can be used to either calm the person down or make the individual forget about their suicidal intent. The following extracts from the study illustrate these views from the traditional healers:

*"We give first aid medicine „Molebatsa" to lower the person"s distress" [**Participant 1**].*

*"I also give them herbal medicine „Molebatsa" so they can counter the effects of their suicidal behaviour" [**Participant 2**].*

*"I once helped a young man by giving him herbal medicine „Molebatsa" to help forget about wanting to commit suicide" [**Participant 2**].*

*"My first approach is to talk them and try to find a solution then if it fails then I would resort to using herbal medicine „Molebatsa" to change their mind" [**Participant 5**].*

*"Also there is a certain medication that we can give to a suicidal person. After taking the medication he sleeps and when he wakes up he would have forgotten about that he actually wanted to commit suicide. So it takes him out of that world"" [**Participant 8**].*

*"Well if they are brought to me looking troubled I first give them something to come them down"" [**Participant 10**].*

Based on the above extracts, the traditional healers use herbal medicine *„Molebatsa"* to help the suicidal individual forget about the intentions. They noted that *"Molebatsa"* can counter the effects of suicide intent and lower the levels of distress in the suicidal person.

4.4. Summary of the results

The study sample comprised of ten participants selected using the snowball sampling method. The participants were aged between 35- 90 years old, located in various sections around Bakenberg. The participants are primarily Sepedi-speaking with two participants using Xitsonga as their mother tongue. The study revealed that youth suicidal behaviour was conceptualised as multifaceted. It appears that traditional healers understand youth suicidal behaviour to be a result of an interplay of cultural, environmental and personal factors. Witchcraft, family problems, substance use, poor problem-solving skills, difficulties in life and other secondary factors were all identified as the main causes of youth suicidal behaviour.

The study also revealed that to assess suicidal youth, the traditional healers used bones or *„Ditaola"* and were guided spiritually by ancestors. As a prerequisite, an individual had to possess gifted *„Go fiwa"* in order to either identify or intervene in suicidal youth. The study also revealed that the ancestors play an important role in that they can reveal to the traditional healers the individuals who are suicidal. The ancestors can also show the traditional healers a person"s heart *„Pelo"* and mind *„Monagano",* thus assisting in the identification of suicidal youth.

The study revealed that suicide is considered a speciality within the practice of African traditional healing. The traditional healers indicated that the conceptualisation and the subsequent treatment of suicidal behaviour were dependent on two factors. The first factor is having the gift to deal with suicidal behaviour. The second factor is receiving the necessary training in suicidal behaviour.

As part of treatment, the study revealed that traditional healers mainly use two forms of interventions. As the first line of treatment, talking to the identified person who exhibits suicidal behaviour is used. The second line of treatment entails using herbal medicine or *„molebatša"* to make the person forget about wanting to commit suicide. Talking to the person has been identified as the first line of intervention. Talking is used to try and understand the reasons the person wants to commit suicide, and to try to get to them to change their minds. The herbal medicine or *„molebatša"* is used

as a second line of treatment when talking fails. The herbal medicine is used to make the person calm down and/or forget about suicide.

CHAPTER 5

DISCUSSION OF FINDINGS

5.1. Introduction

The following chapter will discuss the findings of the study. Themes which were identified in the study will be discussed in relation to literature. These themes include understanding of youth suicidal behaviour; identification of youth suicidal behaviour; and interventions used in youth suicidal behaviour. Finally, a summary of the chapter will be provided.

5.2. Discussion of findings

5.2.1. Understanding of youth suicidal behaviour

5.2.1.1. Witchcraft

According to some of the traditional healers, in the study, some of the young people who are suicidal or those who eventually commit suicide do this as a result of witchcraft. The healers indicated that some of the signs of suicidal behaviour are not as a result of normal life problems. These views are consistent with those of Mokgobi (2014), who indicated that African traditional healers are likely to view suicide as a result of witchcraft or ancestral punishment. Mashabela, Zuma and Gaede (2016) further postulate that eradicating witchcraft usually forms part of the discussions when the patient and traditional healers engage in treatment discussions. The Mayan-chol people of southern Mexico have also expressed similar views (Staples & Widger, 2012). According Staples and Widger (2012), the Mayan-Chol people view supernatural forces such as witchcraft as responsible for making individuals vulnerable, thus shaping their intentions. Furthermore, the Mayan-Chol people are likely to view self-inflicted death to be a result of external forces which the individual has no control over (Staples & Widger, 2012; Imberton, 2012).

5.2.1.2. Family and interpersonal problems

According to Manning (2012), family conflicts are close conflicts. As such, the use of suicide to express grievances should more likely be a result of family conflicts than with strangers. The current study revealed that family conflicts can contribute towards youth suicidal behaviour. It was identified that family dynamics and lack of guidance play a role in how young people may end up wanting to end their lives. The study also noted that parents do not understand that the current generation may push their children towards suicidal behaviour. A study by Mpiana and Ragavan (2004) also identified disturbed interpersonal relationships as contributory factors in suicidal behaviour. According to Mpiana and Ragavan (2004), conflicts between spouses, siblings and friends, and between parents and children can lead to suicide attempts. A study by Holtman, Shelmerdine, London and Fisher (2011) reiterated that suicide survivors were either estranged from their parents or their relationships with their parents were poor and characterised by conflict. Wagner, Silverman and Martin (2003) further postulated that there is evidence that certain properties of the whole family system, including family support, cohesion, adaptability and general family dysfunction predicted suicide attempts or ideation from six to one year later.

The study also found that some of the young people may not want to be reprimanded, alluding to rights being a causal factor in young people not willing to obey reprimands from their families. These views are consistent with those of Manning (2012), who postulated that young people are inferior to adults in multiple settings. According to Manning (2012), suicide may be as a result of slights and offenses by parents‟ older relatives towards young people. Manning (2012) maintains that suicidal attempts by adolescents tend to be preceded by parental conflicts. Furthermore, the study found that parenting is an important factor in youth suicidal behaviour, and that how a child is raised and parented can be an important determinant in suicidal behaviour. Goschin, Briggs, Blanco-Luten, Cohen amd Galynker (2013) indicated that excessive control by parents with no affection can lead to suicidal behaviour. Other studies found that a rejecting-neglecting parenting style is a risk factor for suicidal behaviour whilst an authoritative parenting style

profits the child (Greening, Stoppelbein & Luebbe, 2010: Florenzano, Valder, Cacere, Santander, Aspillaga & Musalem, 2011).

5.2.1.3 Substance use

Substance use was indicated as another aspect playing a role in young people wanting to commit suicide. The traditional healers noted that young people use drugs which sometimes make them want to commit suicide. These findings are consistent with views by Barker (1992), who postulated that grades and alcohol abuse contribute towards youth suicidal behaviour. A study by Netshiombo and Mashamba (2012) also found that alcohol and the use of substances can trigger suicidal behaviour. They noted that substances such as marijuana, cocaine, methamphetamine, phencyclidine and liquid crystal display (LCD) may produce thoughts associated with suicide (Netshiombo & Mashamba, 2012; Amitai & Apter, 2012; Vawda, 2014; Mars, Burrows, Hjelmeland & Gunnell, 2014; Randal, Koku, Wilson & Peltzer, 2014). According to Bantjes and Kagee (2013), it makes sense for alcohol use to be a risk factor for suicidal behaviour since it leads to increase in impulsivity and impaired judgement. McGloughlin, Gould and Malone (2015) added that alcohol use during the course of existing emotional problem has been identified as a risk factor in youth suicide.

5.2.1.4. Poor problem-solving skills

The traditional healers also indicated that they understood youth suicidal behaviour to be as a result of weak personality and poor problem-solving skills. They noted that in some instances, young people could have taken other decisions to solve their problems and instead opted for suicide or suicide attempts. This is consistent with views by Schlebusch (2012), who indicated that suicidal people are often poor at problem-solving skills and dealing with interpersonal problems. Other studies have also indicated that poor problem-solving can lead to suicidal behaviour (Zeyrek, Gencoz, Bergman & Lester, 2009; Raubenheimer & Jenkins, 2015; Abdollahi, Tali, Yaacob & Ismail, 2016 Sharaf, Lachine & Thompson, 2018). The current study also found that traditional healers perceived some of the suicidal behaviours as a result of impulsivity. This is consistent with the views by Gvion and Apter (2012), who

postulated that suicide attempts are often impulsive. Further studies have also postulated that impulsive behaviour is common among individuals who exhibit suicidal behaviour (Gvion & Apter, 2012; Singh & Rao, 2018).

5.2.1.5. Difficulties in life

The study also revealed that suicidal behaviour in young people can be a result of other factors independently contributing towards the behaviour. The traditional healers noted several factors. The study revealed that a difficult life contributes towards how traditional healers understand suicidal behaviour in young people. The study also found that having problems and not disclosing is another contributory factor towards youth suicidal behaviour. George (2012) is of the view that the health and wellbeing of young people can be substantially influenced by exposure to life stressors. According to George (2012), stressors such as family problems and identity issues can lead to suicidal behaviour.

5.2.1.6. Suicidal behaviour as secondary presentation

The study found that suicidal behaviour may also be secondary to other factors such as underlying illnesses and interpersonal problems. The study found that although individuals who were consulting, they did not state suicidal behaviour as the main problem. The traditional healers could identify that the individuals may want to commit suicide. A study by Rochat, Bland, Tomlinson and Stein (2013) found that testing HIV positive, unplanned and unwanted pregnancies can lead to suicidal ideas in women. According to Rochat, Bland, Tomlinson and Stein (2013), pregnancy is the primary reason for consultation and thus brings these women closer to health practitioners making interventions for their suicide possible.

5.2.3. Identification of youth suicidal behaviour

5.2.3.1. The gift and training to identify suicidal individuals

The study revealed that although all the traditional healers interviewed have understanding of youth suicidal behaviour, it was not all who had the gift to identify or treat individuals. The study further indicated that training is important to be able to

deal with suicidal behaviour. According to the traditional healers, dealing with suicide is a specialised field within the realm of traditional healing. According to Mokgobi (2014), training of certain categories of traditional healers such as diviners is a formal and painstaking process, which can take months to years, depending on how fast the trainee learns the trade of traditional healing (Mokgobi, 2014). A study by Semenya and Potieter (2014) found that most traditional healers are trained and mentored by other healers.

5.2.3.2. Identification through bones and spiritual guidance

The study also revealed that youth who are suicidal can be identified using bones. The traditional healers reported that by throwing bones, they can see what is wrong with the individual. According to Matsepe and Madise (2005), this method of throwing bones, also known as bone divination, is utilised to obtain information which is not readily available in the natural realm of experience. It is a highly regarded method utilised by traditional healers in the assessment and treatment of their clients. In a study conducted by Makgopa and Koma (2009), it was found that divination bones are given various names which symbolically make them an important method of diagnosis within the indigenous healing systems. The study also revealed that traditional healers are guided spiritually by the ancestors to identify suicidal youth. A study conducted by Zuma, Wight, Rochat and Moshabela (2016) found that traditional healers put emphasis on their relationship with the ancestors. The connection between traditional healers and ancestors enabled traditional healers to receive information from the ancestors (Zuma, Wight, Rochat & Moshabela, 2016). These views are similar to those found in the current study. The study found that ancestors provided traditional healers with information that is beyond their reach in their current human forms. Ancestors thus appear to act as spiritual supervisors to traditional healers. By guiding them spiritually through bone divination and/or through visions, ancestors take part in the assessment and treatment of patients from a supernatural point of view.

5.2.4. Interventions used in youth suicidal behaviour

5.2.4.1. Talk therapy

According to the study results, talk therapy is commonly used as the first line of treatment. The study found that traditional healers typically conduct some form of talk therapy with their clients. The aim of talk therapy is to convince the clients not to commit suicide. Furthermore, traditional healers take a stance of psychotherapy to manage problems presented by their clients, going as far as bringing in other members who can be of assistance. This stance taken by the traditional healers is consistent with views by Mills, Cooper and Kanfer (2005), that traditional healers can serve as counsellors, social workers and skilled psychotherapists as well as custodians of the traditional knowledge system. Mahomoodally (2013) adds that for most people in the African continent, traditional healers offer information, counselling and treatment to their clients and families. Mahomoodally (2013) maintains that traditional healers often have understanding of their clients" personal life. These include families and the environment where they come from.

5.2.4.2 Use of herbal Medicine

The study revealed that if talk therapy is unsuccessful with the suicidal individual herbal medicine is utilised to help them come down and forget about suicide. This is consistent with views by Mahomoodally (2013), who argues that African traditional healers typically diagnose and treat the mental and emotional basis of an illness before prescribing medicine. According to the traditional healers, the use of herbal medicine or *„molebatša"* can aid in making the suicidal individual forget that they want to commit suicide. Furthermore, *„molebatša"* is known for having a calming effect on suicidal individuals. This role taken by the traditional healers is consistent with how Richter (2003) understands the different specialities in traditional healing. According to Richter (2003), the role of diagnosis falls within the realm of diviner, whilst that of a herbalist is to choose and then apply the relevant medicine. In this regard, the diviner also takes the role of a herbalist in that they diagnose the suicidal behaviour, then later utilise their knowledge of herbal medicine.

The use of *„molebatša"* in this regard is preventative, that is to say traditional healers use *„molebatša"* to prevent suicide from taking place. According to Mahomoodally (2013), one of the utilities of traditional medicine is to maintain health as well as to prevent, diagnose, improve as well as treat physical and mental illnesses. Mahomoodally (2013) further asserts that African traditional medicine in its variety is holistic, involving both the body and the mind.

5.3. Concluding remarks

This chapter focused on the discussion of the results. A discussion of themes which emerged from the study was provided. The main themes which were identified in the study included understanding of youth suicidal behaviour, identification of suicidal youth and interventions in youth suicidal behaviour. The themes that were identified were discussed in relation to existing literature.

CHAPTER 6

SUMMARY AND CONCLUSION

6.1. Summary

The study sought to understand how African traditional healers conceptualised suicidal behaviour. The objectives of the study were to understand and describe traditional healers‟ notions of suicidal behaviour; to examine the healers‟ understanding of causes of youth suicidal behaviour; and to determine their understanding of methods of managing youth suicidal behaviour. A snowball sampling method consisting of ten traditional healers was utilised. The traditional healers were of ages between 35 years and 90 years. They have been practising from between 3 years to +40 years. The study revealed that youth suicidal behaviour was a result of witchcraft, family problems, and poor problem-solving skills, substance use, life difficulties and other secondary factors. The study also revealed that only traditional healers who have the gift and have received training can assist in youth suicide. The traditional healers utilise bones or *„Ditaola‟* to identify suicidal youth. Furthermore, they are guided by the spirit of the ancestors. The study revealed that traditional healers use talking and herbal medicine *„Molebatsa‟* to intervene in youth suicidal behaviour. The study also revealed that talking to young people was preferred as a primary method of intervention with herbal medicine preferred as a secondary method.

6.2. Limitations of the study

The study had several limitations which should be taken into account when considering the results.

6.2.1. Language translation

The conversations were conducted in the language of the participants (Sepedi) and then later translated into English. The translation of process might alter the meaning of some words which may not have their English equivalents.

6.2.2. Study location

The study was limited to a specific locality (Bakenberg). As such, it is important to note that the results cannot be generalised. Different African traditional healers may have a different conceptualisation of youth suicidal behaviour. It is important to note that the findings of the study may only be applicable to a certain group of traditional healers and not all traditional healers.

6.2.3. Sample size

The study was qualitative in nature. This means that the sample size was limited and thus no generalisation can be deduced from the study. Conducting a similar study in other locations may reveal other aspects which were not found in the current study.

6.2.4. Literature

From the researcher"s experience of conducting literature review on the topic, there appears to be shortage of literature. The researcher found it difficult to find literature which was relevant to the topic. Suicide as conceptualised by traditional healers appears to be an under-studied topic; thus it created a limitation in the spectrum of the current study.

6.3. Contributions and recommendations

The study mainly contributed to African studies, thereby enhancing the understanding of Africans" approach to life. Furthermore, the study has contributed towards the holistic approach of mental health by offering a perspective from African traditional healers who play an important role in mental health care. As a result of this additional information about the assessments and treatment methods of traditional healers, the health care system can be positioned to intervene in youth suicidal behaviour.

Recommendations

- The researcher recommends that more studies on how traditional healers approach health problems be conducted.

- The researcher further recommends that youth suicidal behaviour be considered holistically by taking into account the influence of cultural factors such as the inclusion of traditional healers in the treatment and management of suicidal individuals.
- The researcher further recommends the inclusion of indigenous knowledge systems in the educational systems. Such inclusion will enhance modern trained health practitioners‟ knowledge of cultural factors which can influence patients‟ presentations, thus appropriate referrals can be made.

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APPENDICES

Appendix A1 (Consent form: English)

I…….hereby agree to take part in a masters research study focusing on the conceptualisation of youth suicidal behaviour by traditional healers.

The researcher has given full explanation of the purpose of the study. I understand that my participation is voluntary and without coercion whatsoever. I also understand that I can decide to terminate my participation at any point, and the results of my termination not will affect me in any negative way.

I also understand that taking part in the study will not result in any form of compensation.

I hereby give my consent to take part in the study.

Signature of participant

……

Date of interaction

……

Details of the researcher

D.D SHIRINGANI

Student no: 201317301

Masters Clinical Psychology student

Supervisor & Co Supervisor: Dr J.P. Mokwena & Prof T. Sodi

Signature of researcher

……...

Appendix A2 (Consent form: Sepedi)

Nna_____ke ithaopa go tšea karolo mo thutong ya go nyakišiša yeo e lebeletšego kgopolo tša dingaka tša setšo mabapi le maitshwaro a baswa a go ipolaya.

Monyakišiši o file tlhalošo ya maikemišetšo a thuto ye ka botlalo. Ke a kwešiša gore go tšea karolo ga ka ke boithaopo ebile ga ke gapeletšwe. Ke kwešiša le gore nka kgetha go emiša nakong ye nngwe le ye nngwe ebile dipoelo tša kgaotšo ya ka di ka se nkame.

Ke kwešiša le gore go tšea karolo mo thutong ye ga go na letseno.

Ke dumela go tšea karolo mo thutong ye.

Leina la motsea karolo

……

Letsatsi kgwedi la kopano

……

Tshedimoso ka monyakishshi

D.D SHIRINGANI

Student no: 201317301

Masters Clinical Psychology student

Supervisor & Co Supervisor: Dr J.P. Mokwena & Prof T. Sodi

Signature of researcher

……...

Appendix B1 (Interview guide: English)

Objective	Interview questions
1. To understand and describe traditional healers‟ notion of suicidal behaviour	a) How do traditional healers understand suicidal behaviour?
2. To examine traditional healers‟ understanding of causes of youth suicidal behaviour	b) In terms of knowledge relating to traditional healing, what causes young people to engage in suicidal behaviour? c) Is there a way in which you can identify youth who are suicidal? Please explain
3. To determine traditional healers‟ understanding of methods of managing youth suicidal behaviour	d) What are the ritual ceremonies that are performed to assist an individual who has engaged in suicidal behaviour?

Appendix B2 (Interview guide: Sepedi)

DiPheo	DiPotsiso
1. Go kwešiša lego hlalosa ka moo mangaka setšo a kwesisang go ipolaya	a) Naa mangaka a setšo a kwesisa jwang maitshwaro ago nyaka go ipolaya?
2. Go lekola ka moo mangaka a setšo a kwišišang dihlola tsa go ipolaya ga baswa	b) Naa goya ka tsebo yabo ngaka ba setšo ke eng sago dira gore baswa ba nyake go ipolaya? c) Naa ekaba gona le tsela yeo leka thlaolang baswa bago nyaka go ipolaya?
3. Go hwetša ka moo kwišišo ya mangaka a setšo eleng ka gona mabapi le ditsela tseo go laolwang go ipolaya ga baswa	d) Ke meetlo efeng yeo e dirwago go thusa baswa bago nyaka go ipolaya?

Appendix C1 (Letter of permission to the Bakenberg Traditional Council: English version)

Department of Psychology

University of Limpopo (Turfloop Campus)

Private Bag X1106

Sovenga

0727

Bakenberg Traditional Council

Bakenberg

0611

Dear Sir/Madam

Re: Permission to conduct research in the Bakenberg area

I am currently a student in the degree Masters in Clinical Psychology. As part of the requirements for my degree, I have to conduct a research study. The title of my study is**: Conceptualisation of youth suicidal behaviour by African traditional healers in Bakenberg, Limpopo Province.** I wish to conduct a research by interviewing traditional practitioners on their understanding of youth suicidal behaviour in the area.

Based on the aim of the study, I hereby request permission to interview traditional practitioners located in the Bakenberg area. I am fully aware of the ethical issues involved when working with human participants, and I therefore will ensure that I adhere to rules pertaining to confidentiality and anonymity.

I would appreciate your support and cooperation.

Yours truly

SHIRINGANI DD Date

…….. ……/……./…….

Appendix C2 (Letter of permission to the Bakenberg Traditional Council: Sepedi version)

Lefapha la tsa monagano

Yunibesithi Ya Limpopo (Turfloop Campus)

Private Bag X1106

Sovenga

0727

Kgoro ya Bakenberg

Bakenberg

0611

Thobela Mohlomphegi/Mohumagadi

Kgopelo yago dira dinyakišišo motseng wa Bakenberg

Mongwadi ke morutawana wa go ithutela dithutokgolo tša Monagano, bjale ka yengwe ya dinyakwa tša dithuto tšaka ke swanelwa kego phethagatša dinyakišišo. Hlogokgolo ya dinyakišišo tšaka ke: **Conceptualisation of youth suicidal behaviour by African traditional healers in Bakenberg, Limpopo Province.** Ke na le phišagallo ya go phethagatša dinyakišišo tšaka kago boledišana le mangaka setšo ka kwešišo ya bona mo go ipolayeng ga baswa.

Goya le ka lebakakgolo la dinyakišišo ke kgopela tumello ya go boledišana le mangaka a setšo motseng wa Bakenberg. Kena le tsebo yeo e tletšeng mabapi le melawana yeo e beilweng dinyakišišong tšeo di šomang ka batho bjale ketla phethagatša gore ke šireletsa mabitšo a batho bao ke berekang le bona dinyakiiššong tše.

Nka leboga thekgo le tšhomišano ya lena

Wa lena

SHIRINGANI DD Date

…….. ……/……./……

Appendix D1 (University ethics clearance letter)

University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 4029, Fax: (015) 268 2306, Email:Abdul.Maluleke@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE CLEARANCE CERTIFICATE

MEETING:	**07 February 2018**
PROJECT NUMBER:	**TREC/07/2018: PG**
PROJECT:	
Title:	Conceptualisation of youth suicidal behaviour by African Traditional Healers in Bakenberg, Limpopo Province.
Researcher:	DD Shiringani
Supervisor:	Dr JP Mokwena
Co-Supervisors:	Prof T Sodi
School:	Social Sciences
Degree:	Masters in Clinical Psychology

PROF TAB MASHEGO
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: **REC-0310111-031**

Note:
i) **Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.**
ii) **The budget for the research will be considered separately from the protocol.**
PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

Finding solutions for Africa

Appendix D2 (Letter from language editor)

University of Limpopo
School of Languages and Communication Studies
Translation Studies and Linguistics
Private Bag x1106, Sovenga, 0727, South Africa
Tel: (015) 268 3707, Fax: (015) 268 2868, email:joe.kubayi@ul.ac.za

05 December 2018

Dear Sir/Madam

SUBJECT: EDITING OF MINI-DISSERTATION

This is to certify that the mini-dissertation in Clinical Psychology entitled 'Conceptualisation of youth suicidal behaviour by traditional healers in Bakenberg' by Dipasa David Shiringani has been proofread and edited, and that unless further tampered with, I am satisfied that all editorial issues have been dealt with.

Kind regards

Dr SJ Kubayi (DLitt et Phil - Unisa)
Senior Lecturer (Department of Translation Studies and Linguistics – UL)
SATI Membership No. 1002606

Finding solutions for Africa