

**AN EXPLORATION OF *MOLEBATŠA* IN BEREAVEMENT CARE AMONG THE
BAPEDI CULTURAL GROUP IN THE MOPANI DISTRICT**

By

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Declaration of Originality

I, Mokgadi Comfort Mabidilala, declare that the mini dissertation - “**An exploration of *bolebatša* in bereavement care among the Bapedi Cultural Group in the Mopani District**” – hereby, submitted to the University of Limpopo, for the degree of Master of Arts in Clinical Psychology has not previously been submitted by me for a degree at this or any other university; it is my work in design and in execution, and that all material contained herein have been duly acknowledged.

Mokgadi Comfort Mabidilala

Signature:

Date:.....

Dedication

To the Almighty God, for giving me strength and guidance throughout my study. To my husband, Khuliso; my son, Nduvho; and my parents and siblings for their inspiration, support and love during my study.

Acknowledgements

First and foremost, I would like to thank my participants for agreeing to be part of this study, without them this study would not have succeeded.

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Abstract

African people have a long history of using traditional herbs to treat various ailments, including mental health. However, because there is not much empirical data supporting the use of traditional herbs in the treatment of mental illnesses, the purpose of this study was to explore the usage of *molebatša* in bereavement care in the Mopani district. The research study used a qualitative approach and a snowball sampling process to recruit a total of nine participants (Females = 7; males = 2). Semi-structured interviews were used to collect data. The collected data was analyzed using the Interpretative Phenomenological Analysis (IPA) method.

The following were the primary themes that emerged from the research: - a) descriptions of the nature of *bolebatša*; b) preparation and administration of *bolebatša* for medicinal purposes; c) conditions managed with *bolebatša* and d) the role of spirituality in traditional medicine. The findings of the study revealed that *bolebatša* is a herb with furry coating of hair-like structures, harvested from the *Molebatša* tree, scientifically known as *Lannea schweinfurthii*. The harvested *bolebatša* is mostly dried and taken orally, either with warm water, porridge or its dried skins are chewed. It was determined, based on the findings of the investigation, that the herb has the ability to induce forgetfulness and this was beneficial in treating various psychological ailments (such as trauma, bereavement and grief and adjustment disorders) as well as spiritual conditions, with no adverse side effects.

Recommendations emerging from the study call for more investigations to scientifically validate the efficacy of this herbal extract.

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CHAPTER 1: STUDY BACKGROUND

1.1 Introduction

The current study will be introduced in this chapter. The study's background, purpose, and significance will be discussed first. The present chapter also elaborates on the theoretical framework anchoring the study.

1.2 Background to the study

Traditional Medicine (TM), Complementary and Alternative Medicine (CAM) are both important components of the global health care system (World Health Organization, 2013); and with their use being on the rise in developing countries, since the 1990s (World Health Organization, 2019). According to estimates, TM is used by 80% of Africa's population for primary health care, especially those in rural communities (World Health Organization, 2002). TM includes "diverse health practices, approaches, knowledge, and beliefs incorporating plant, animal, mineral-based medicines, spiritual therapies, manual techniques, and exercises applied singularly or in combination to maintain wellbeing, as well as to treat, diagnose or prevent diverse social, spiritual, and health-related problems" (World Health Organization, 2013). Among the many physical and mental health problems treated with TM by Traditional Health Care Practitioners (THCPs) in South Africa, is the management of bereavement and grief through the use of traditional herbs (Makgahlela & Sodi, 2017).

The South African Traditional Health Practitioners Act No. 22 of 2007 recognizes the existence of several THCPs (Nattrass, 2005). Herbalists, diviners, traditional surgeons,

and birth attendants are among the THCPs registered under the Act. (Zuma et al., 2016). Diviners are the most senior and have both the ability to diagnose and treat various ailments using diverse means (Truter, 2007). One of their functions, same as herbalists, is the harvesting and preparation of traditional herbs for medicinal purposes (Semenya & Potgieter, 2014; Truter, 2007), and the management of bereavement (Appel & Papaikonomou, 2013; Letsosa & Semanya, 2011).

The use of traditional herbs forms an integral part in bereavement management or the grief-work (Appel & Papaikonomou, 2013; Makgahlela, 2016; Radzilani, 2010) of people of African ancestry. Often, it is diviners who prescribe herbs for therapeutic purposes (Radzilani, 2010) for individuals in the process of dealing with the aftermath of death. One noted herb used in bereavement management is called *Bolebatša* (Makgahlela & Sodi, 2017), derived from the *Molebatša* tree, botanically known as *Lansea Schweinfurthi* (Mathibela, 2013). This herb has been remarkable for bringing therapeutic relief against painful memories associated with bereavement (Mabogo, 1990; Mathibela, 2013). Mabogo, (1990); Sobiecki, (2002); Matlebyane, Ngambi, & Aregheore, (2010); Wamuyu, (2016) have studied the usage of this herb for stomach-aches, diarrhea, sleeping illnesses and headaches among other things. However, there is a lack of empirical accounts of how the herb is harvested, prepared, prescribed and particularly, what therapeutic benefits are associated with its use in bereavement management.

1.3 Research problem

Contemporary bereavement literature recommends that grief work should be person-centred or patient-tailored (Makgahlela, 2016; Hall, 2014; Walter, 1996). This means that any form of treatment for bereavement should be fashioned along cultural lines taking into account what people considers as important when dealing with issues of death and dying. This call arouses out of a dissatisfaction among some clinicians with contemporary biopsychosocial interventions with regard to mental health management, and that is, the interventions are largely Eurocentric and universalistic in nature thus they are limited when applied to some non-European groups (Chawane, 2016; George Taukeni, 2019). In the same vein, most of the synthetic drugs used in mental health care have adverse side-effects which lead to patient discontinuation or non-adherence to treatment (Achtyses et al., 2018; Grunze et al., 2017); which constitute a wasteful expenditure (Al-Qasem et al., 2011). It is against this backdrop, that non biomedical interventions such as bereavement rituals and traditional herbs, which are central to the management of bereavement in non-western communities have been recommended by researchers and scholars (Baloyi & Makobe-Rabothata, 2014; Makgahlela & Sodi, 2017). The World Health Organization (2019) and the South African government through the Health Practitioners Act No 22 of 2007 have also noted the importance of these cultural means. This has resulted in calls for further research and collaboration among the various health-providing stakeholders, to enable the introduction of these healing practices into the mainstream health systems (World Health Organization, 2013).

There, however, appears to be lack of motivation from researchers and academics alike

to accord traditional herbs a recognised position in the management of bereavement, despite observations and recommendations to that effect, (Breen & O'Connor, 2007; Davies, 2004; Hall, 2014; Makgahlela & Sodi, 2017; Nevhutalu et al., 2014). One area is the lack of research efforts on the role of diverse traditional herbs used by THCPs in physical and mental health care (Makgahlela & Sodi, 2017; Martin et al., 2013; Tshoba, 2014). There is a dearth of empirical evidence related to traditional herbs used in bereavement management despite reports that their use is central to bereavement and grief work in an African setting (Makgahlela, 2016). In view of this, it becomes imperative for research efforts to be directed towards the use and benefits of traditional herbs (Ceballos, 2013; Latif, 2010; Mahomoodally, 2013), including those used in bereavement management (Makgahlela & Sodi, 2017). This study sought to explore this area with the aim of documenting THCPs' clinical practice experience as they relate to the use, nature and psychotherapeutic benefits of *Bolebatša* in bereavement care in Mopani District, Limpopo Province. It was envisaged that the study findings could contribute towards the implementation of WHO's traditional medicine strategy and the South African Traditional Health Practitioners Act. The findings are also envisaged to contribute towards the development of indigenous psychologies of people of African ancestry.

1.4 Aim of the study

The aim of the study was to explore the clinical practice experience of Bapedi THCPs regarding the healing benefits of *Bolebatša* in bereavement management.

1.5 Objectives of the study

The study's objectives were:

- To establish traditional healers' views of the nature of *Bolebatša*;
- To determine and describe their experiences related to how the herb is harvested and prepared for medicinal purposes; and
- To ascertain the medicinal benefits associated with the use of *Bolebatša* for bereaved people.

1.6 Operational definition of concepts

Traditional Medicine is defined as an object or substance used in traditional health care for the diagnosis, treatment or prevention of a physical or mental illness, as well as for any curative or therapeutic purpose (Truter, 2007).

Traditional medicine/healing: The present study adopted the World Health Organization (2002), definition of traditional healing as "health practices, approaches, knowledge, and beliefs incorporating plant, animal and mineral-based medicines, spiritual therapies, manual techniques and exercise, applied singular or in combination, to treat, diagnose and prevent illnesses or maintain well-being" (p. 7). This definition will be used interchangeably with that offered Truter (2007) in this study.

Traditional Health Care Practitioner (THCP): The World Health Organization (2002), defines a THCP as a person who is acknowledged by the community in which he or she

lives as capable of providing health care through the use of plants, animals, mineral substances, and other ways based on social, cultural, and religious customs. In the current study, this definition was used.

Traditional herbs: Herbs are plants with leaves, seeds, or flowers that are used by traditional healers for flavoring, food, or medication. Similarly, this definition is adopted in the present study.

Bolebatša: This is a traditional herb used during the cleansing ceremony to help the bereaved to heal from the pain and grief and to forget painful memories related to a deceased relative (Makgahlela, 2016). This definition will also be adapted to guide the study.

Bereavement care: Bereavement care is defined as assistance provided to a bereaved person to help him or her cope with emotional and practical issues following the death of a loved one (Segen's Medical Dictionary, 2011).

Go phasa: Is a traditional ritual or process of venerating the ancestors, and amongst others, it is intended to aid a deceased relative's soul to transition peacefully into the ancestral spiritual community including granting healing to the ones left behind.

1.7 Significance of the study

There appears to be a scarcity of scientific literature focusing exclusively on the use of

Bolebatša in the management of grief and bereavement. The study outcomes could expand on the need and importance of the use of TM in mainstream mental health care. The study's findings might potentially help mental health care providers in implementing appropriate patient-tailored or individualized bereavement-care protocols. The study could also contribute to the enhancement of cultural competencies among professionals when dealing with grief and bereavement management among the Bapedi and related cultural groups.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

The purpose of this chapter is to provide a review of the literature on bereavement and its care. The literature will focus on the following topics: Traditional Health Care Practitioners and traditional medicine, Mental health care and Traditional herbs as well as Bereavement management. At the end of this chapter, the theoretical framework that guided the study will be explored.

2.2 Traditional Medicine

In 1978, the World Health Organization (WHO) explicitly recognized the importance of traditional medicine as a source of basic health care in the Alma Ata Declaration on Primary Health Care. Traditional medicine is defined by the World Health Organization as the sum of all knowledge, skills, and practices derived from many cultures' theories, beliefs, and experiences (World Health Organization, 2013). Traditional medicine is also utilized in the prevention, diagnosis, improvement, and treatment of physical and mental illness, as well as in the maintenance of health (Mbwayo et al., 2013a). Culture and beliefs are context-specific, therefore, the use of practices such as traditional medicine must be approached with caution (Mbwayo et al., 2013a).

In African culture, traditional medicine, including the use of medicine extracted from herbs or from animal parts is used for treating various conditions (Mbwayo et al., 2013b). In South Africa, some commonly used herbs in physical health care, include *Kirkia wilmsii*, *Schkuhria pinnata* and *Diospyros mespiliformis*, (Mahwasane, Middleton, &

Boaduo, 2013; Semenya & Potgieter, 2015). Semenya et al., (2013) found that traditional Bapedi healers use a wide range of medicinal species to cure a variety of diseases. Herbs that are commonly used to treat or manage mental health conditions include *Sphaeranthus indicus* Linn (for nervous depression), *Moringaceae* (found in tropical Africa for the treatment of psychosis) and *Aloe ferox* *Rauwolfia* (for treatment of psychosis), *Equisetum ramosissimum* Desf (used in bereavement management) (Agyare et al., 2016; Mabogo, 1990; Vinoth, Manivasagaperumal, & Balamurugan, 2012). Notable in the literature is that few psychology-oriented studies have focused on herbs used to treat mental health ailments, including bereavement and grief. A noted reason for the paucity of studies in this area could be that psychological effects of psychoactive plants in humans are more difficult to test, measure, and interpret using the scientific method than physical effects of herbs as was noted by Sobiecki (2014),

2.3 Traditional medicine and Traditional Health Care Practitioners

Traditional Health Care Practitioners (THCP) are key role players in Traditional Medicine. Traditional Health Care Practitioners provide basic health care in their communities based on indigenous knowledge and cultural belief systems (Mokgobi, 2012; Peltzer et al., 2008; Zuma et al., 2016). As defined by (World Health Organization, 2013), THCP is “a person who is acknowledged by the community as somebody competent to provide health care by using a plant, animal and mineral substance and other approaches based on social, cultural and religious practices”. According to the South African Traditional Health Practitioners Act, THCPs are consulted because of their ability to link patients' health to their social and cultural beliefs (Street, 2016). Traditional

healers are used by the majority of people in South Africa and other underdeveloped countries for a variety of reasons, ranging from physiological illness to metaphysical issues involving spirits (Truter, 2007; Van Rensburg, 2012).

The South Africa Act no 22 of 2007 section 47(f)(i) THCPs are separated into two categories: diviners and herbalists. There are four varieties of THCPs: diviners, herbalists, traditional surgeons, and traditional birth attendants (Van Rensburg, 2012; WHO, 2013; Zuma et al., 2016). Diviners determine the cause of a problem, as well as the best course of action, using either animal or plant-based treatment (Semenya & Potgieter, 2014). Diviners are regarded as intermediaries between humans and their ancestors and are involved in supernatural matters (World Health Organization, 2013). It is reported that one does not become a diviner by choice, but it is through ancestral calling (Van Rensburg, 2012; World Health Organization, 2013). Herbalists practise the art of healing, and unlike diviners, the desire to be a herbalist is an individual's choice (Van Niekerk, 2012; World Health Organization, 2013). A herbalist, according to the World Health Organization, (2013) is an ordinary person who has gained vast knowledge of medical plant use but does not possess occult powers. Traditional birth attendants are typically older women who have refined the profession of obstetrics through practical experience, and the expertise is passed down from generation to generation (Mokgobi, 2014). Traditional surgeons are individuals who have been accredited, trusted, and recognized by village chiefs to undertake tasks such as circumcision (Prusente et al., 2019).

In many regions of the world, particularly Africa, traditional healers constitute an important source of primary medical care. Traditional healers in rural parts of South Africa work directly with community members to attend to and treat a multitude of diseases and afflictions, including mental health (Semenya & Potgieter, 2014; Zuma et al., 2016). Many traditional African belief systems believe that mental health issues are caused by people's interactions with ancestors or through bewitchment, and that only traditional healers are qualified to address these issues (Sorsdahl et al., 2009). Pretorius estimates that there are 150 000 to 200 000 traditional healers in South Africa (or approximately 1 per 500 South Africans) (Moshabela et al., 2017). According to Ross (2010) eight out of ten black South Africans use THCP services alone or in combination with Western medicine, implying that over 70% of black people in South Africa visit THCPs in some capacity (Bopape, 2013; Latif, 2010; Mbwayero et al., 2013; Truter, 2007). THCPs, particularly diviners, combine divining, herbalism, and spiritualism in their traditional practice (Zuma et al., 2016). These functions are varied, although, the majority of studies suggest that diviners and herbalists, basically, are instrumental in the treatment of physical and mental ailments (Puckree et al., 2002; Semanya & Potgieter, 2014; Makua, 2015).

Approximately 80% of the population in poor nations relies on traditional medicines to address their health requirements (Mbwayero et al., 2013a). The majority of the world's population is believed to rely on TM made from natural sources to satisfy their everyday healthcare requirements (Ekor, 2014; Gqaleni et al., 2007; Leonti & Casu, 2013).

Traditional healing is holistic in character, integrating psychological, spiritual, and social components of individuals, families, and communities, and it is based on a profound conviction in the interconnections between spiritual and physical well-being (Gureje et al., 2015; Truter, 2007). This implies that through the use of TMs, THCPs play an extensive role in the health care of the majority of Africans, including black South Africans (Zuma et al., 2016). Although it is a common occurrence, bereavement may have a significant influence on a person's mental health. Consequently, people who already have a predisposition to mental-health ailments, may find their mental conditions worsening; even mentally-well people may develop a mental-health problem as a result of loss. Traditional health care practitioners are mostly consulted by the bereaved to identify the cause of death and to ensure that the spirit of the departed may rest in peace (Letsosa & Semenya, 2011; Seretlo-Rangata, 2017). As the process of facilitating healing, THCPs perform ritualistic therapies coupled with the use of medicinal herbs that serve various psychosocial functions (Makgahlela, 2016). According to Stephen et al., (2014) mourning rituals have been shown to have therapeutic and psychological advantages; they assist bereaved people in processing their feelings, feeling comforted, accepting death, readjusting to life without the departed, and gradually moving on with their lives.

2.4 Bereavement, grief and mourning

Bereavement is associated with the loss of a loved one, usually of a person through death (Rando, 1993) in (Radzilani & Wagner, 2010), therefore, the response to this loss is, normally, grief, which can include a sense of sorrow, burden and heaviness (Palmer, 2017). It's common for family members to communicate their feelings, and it can also be

a group event (Yawa, 2010). Talking about mourning as a loss, pain, or victimization implies that a bereaved person would suffer both psychologically and physically at some point. This is supported by Granek (2010), who states that the experience of bereavement can be harmful to mental and physical health, as well as the overall well-being of a person. This suggests that the bereaved may, at some point in their lives, need help in order to transcend their loss (Neimeyer, 2001).

Bereavement-care is vital and should always be individualized (Hall, 2014; Makgahlela, 2016). Individual psychodynamics and factors associated with death, as well as the social environment, culture, and beliefs are reported by Chanel et al., (2006), as having an influence on how people express and resolve grief. For instance, Campbell and Amin (2014) emphasize that local spiritual and cultural rituals associated with death, dying, and grief blend seamlessly with people's indigenous knowledge; they are critical while delivering healthcare services, especially in rural regions. In African cultures, specific practices are put in place to manage bereavement from becoming pathological for the bereaved (Nwoye, 2005). These practices may be in the form of bereavement rituals and traditional herbs which are often prescribed for the bereaved by THCPs, in most African communities (Kotina et al., 2017; Drenth et al., 2010; Stroebe & Schut, 1996). For instance, in some cultural context people are helped to address their psychological needs through various means including traditional herbs (Makgahlela & Sodi, 2017) bereavement rituals (Drenth et al., 2010; Martin et al., 2013; Murray et al., 2017), social support (Doka, 2002; Kgatla, 2014), prayers (Letsosa & Semanya, 2011) and many other ways. Healing from grief or how people come to accommodate or assimilate the loss in

order to restore balance, mentally, varies across cultural and ethnic affiliations, and often requires patient-tailored interventions.

2.5 Traditional herbs and bereavement care

Previous studies, for instance, those by Mabogo, (1990); Magwede, Ramovha, Mabogo, van Wyk, & van Wyk, (2019) and Makgahlela & Sodi, (2017) reported the use of the furry layer of hair-like structures of *Lannea schweinfurthii* var. *stuhlmannii* in bereavement care. These hair-like structures are known as *bolebatša* (Magwede et al., 2019) in Sepedi (Makgahlela & Sodi, 2017) and in the Limpopo Province of South Africa, they are extensively dispersed and traditionally used (Mabogo, 1990; Van Wyk & Van Wyk, 2014). *Bolebatša* or *Vulivhadza* in Venda is derived from a tree identified as *Lannea schweinfurthii* var. *stuhlmannii* (Mabogo, 1990; Van Wyk & Van Wyk, 2014); the Sepedi name for the tree is *Molebatša* (Kotina et al., 2017; Magwede et al., 2019). *Bolebatša* is largely used to make individuals forget about painful occurrences, among its various applications. (Mabogo, 1990; Magwede et al., 2019). In his study, Mabogo, (1990) adds that *bolebatša* assists in the grieving process by making people forget their loved ones who have passed away. In the study done by Makgahlela (2016) and Ranata (2017), they also note that performing bereavement rituals forms part of the healing process. In Makgahlela (2016), a cleansing ceremony was deemed therapeutic. Steaming, smelling, and bathing with water infused with traditional herbs are all part of the process, and in certain situations, the traditional healer will use *ditšheme* to strengthen the grieving person's joints.

2.6 Theoretical framework: The Afrocentric paradigm

This study was guided by the Afrocentric paradigm developed by Asante (1987). The paradigm emerged from a desire to preserve and develop African methods of comprehending and assessing reality (Owusu-Ansah & Mji, 2013).

The Afrocentric paradigm's view of individual identity is collective (Schiele, 1996). This is in contrast with the notion of an isolated or individuocentric identity, characteristic of the Eurocentric world-view. The latter view, is replaced with a more fluid and holistic view of identity, in which individuals are seen as embedded in their social groups. The Afrocentric paradigm contributes to collectivity, although, its viewpoint does not discard the notion of uniqueness. For instance, Bojuwoye and Sodi (2010) demonstrate that different races have distinct ways of comprehending and describing certain types of illnesses. Africans are more inclined to attribute illness to spiritual or social causes than medical or scientific causes (Chipfakacha, 1994).

The Afrocentric paradigm situates research from an African perspective, resulting in an intellectual approach that is uniquely African. It is the cultural center for a study of Africans' subjective experiences; it analyses research data from an African's indigenous perspective. This perspective is understood in the context of the diverse realities of the African continent and their descriptions of what is an illness. A fundamental aim of Afrocentricity is that all cultural centres must be valued (Mkabela, 2015). For Asante, Afrocentricity is a healing philosophy; it can help researchers in gaining insight into how Africans conceive and study knowledge in various Africological studies (Asante, 1987).

The Afrocentric approach has arisen as a technique that functions intentionally within African traditions of knowledge and existence, resulting in the application of principles, techniques, concepts, and ideas generated from our own African cultural experiences. Its knowledge is based on the assumption that the African experience is important to African people and that African social and cultural knowledge plays a crucial role (Mazama, 2001, 2018).

According to Pellerin (2012) Afrocentric approaches must function as credible and credible research intended at liberating African people's thoughts and realities; as a result, Afrocentricity is the social scientific inquiry foundation of African cultural phenomena in practice. Exploratory research using an Afrocentric technique entails exploring African occurrences in order to build a culturally correct knowledge of African reality.

The paradigm's Afrocentric conceptual structure is holistic because it expects reality to be both spiritual and material at the same time; everything becomes one thing in this sense (Myers, 1985). This worldview will orient and guide the researcher to explore and to make meaning out of the phenomenon - bereavement care – being investigated in this study. The process would be in the form of listening to the participants' constructions and interpretations of “how”, “why”, and “what it means” and in “what way” the herb is understood from an African epistemology as it relates to bereavement care. The adoption of this paradigm as the study's interpretation lens could enrich the researcher's

perspective, as she seeks to understand how THCPs deal with issues of loss, through the administration of *bolebatša*.

Psychologists' models are based on their own views and experiences, and they reflect both the society and the individuals who create them. Furthermore, because it is a psychological theory, it provides a practical dimension to everyday life.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the study methodology and methods. The study design, sampling strategy, data collection instrument and data analytical strategy employed in the study are presented in this chapter. Quality criteria and ethical issues are discussed towards the end of the chapter.

3.2 Study Design

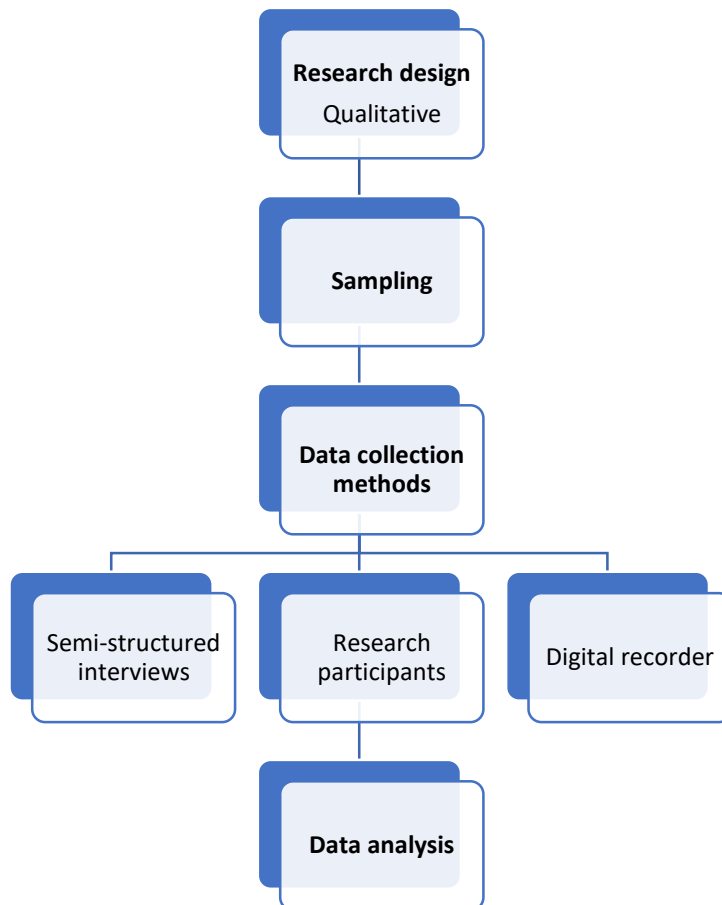


Figure 1: Schematic Representation of the Research Design

This topic on - the nature, uses and therapeutic benefits of the *bolebatša* herb in bereavement management among the Bapedi cultural group found in the Mopani District, Limpopo Province - was investigated using a qualitative approach (see Figure 1 for illustration of the research process). A study design is a strategy or blueprint that directs and informs how the study will be carried out (Babbie & Mouton, 2001). In this study, the choice of the design was underpinned by the interpretive paradigm, which sees reality as being socially-constructed (Mertens, 2005). This concept was determined to be congruent with the current study's goal, which was to employ a multi-method approach that included an interpretive and naturalistic approach to the subject matter (Denzin & Lincoln, 1994). The hermeneutic phenomenological design was used in particular to aid the researcher in determining the meanings and experiences of those who have dealt with grief (Bubner & Bleicher, 1983; Kafle, 2013). In its applications, "hermeneutics was treated as both an underlying philosophy and a specific method of analysis" (Bleicher, 1983, cited in Thomas, 2010, p.6). The choice of this design also assisted the researcher to choose the most appropriate methods of recruiting and sampling participants, and for collecting and analyzing data.

3.3 Population and sampling

Sampling is a technique for acquiring information about a whole population by examining only a small fraction of it. It is defined as the gathering of a portion of an aggregate or totality on the basis of which a judgment or conclusion about the aggregate or totality is reached (Neuman, 2007). This study's participants were Sepedi-speaking Traditional Healers in Ga-Sekororo, Mopani District, Limpopo Province. The snowball sampling

approach was used to enroll study participants. Snowball sampling, also known as “chain referral sampling,” is a sort of purposive sampling in which a small number of known persons from the target population are approached and asked to serve as informants while identifying other participants who may be relevant to the research (Neuman, 2007). Sampling was maintained until data saturation (N=9) occurred; which occurs when more data processing results in redundancy and exposes no new information (Morse, 1995). Non-probability sampling strategies rely, firstly, on the availability and willingness of participants to take part in a study (Blanche et al., 2006); second, it is dependent on the instances that are representative of the population in terms of the features being researched. Based on snowball sampling the first participant approached referred the researcher to the next participant; this formed a chain referral to other potential participants who met the study’s selection criteria until data saturation occurred (Babbie, 2016). Diviners were chosen using this method based on their willingness, readiness, and ability to share their lived experiences on the use of *bolebatša* in bereavement management of families in Mopani District. In this study, the researcher contacted the first traditional healer she encountered., who identified others. Ten study participants were envisaged, however, data-collection was terminated with the 9th participant when the interviews were no longer yielding any new data; meaning that data saturation had been achieved.

3.4 Data collection instrument and procedure

Semi-structured face-to-face interviews were used to obtain data for this investigation (see Appendix 1a: Interview guide – English version; and Appendix 1b: Interview guide

– Sepedi version). Goldfinger and Pomerantz (2014), describe semi-structured interviews as a method that allows the participants to elaborate on their experiences in their own words, while the researcher gives some structure to the interview.

The data was recorded and analyzed using a digital voice recorder with the consent of the research participants. The high-quality audio-recorded interviews were analysed and information coded alphabetically (A-J). All interviews and consent forms were administered in Sepedi, the Bapedi people's indigenous language. Before participants could be approached, the researcher gained permission from the coordinator of traditional healers in Mopani District in Maruleng local municipality (see appendix 5a and 5b).

3.5 Data Analysis

The Interpretative Phenomenological Analysis (IPA) was chosen as the analytical strategy of the study. IPA's goal is to analyze how people make sense of their personal and societal worlds (Larkin & Thompson, 2011). For the present study, the main interest was to analyze the meanings attached to particular experiences, events, and conditions experienced by the participants (Larkin & Thompson, 2011; Smith et al., 1997). Interpretative Phenomenological Analysis involves an in-depth analysis of the participants' world and seeks a neutral statement of the entity or event itself (Smith et al., 1997). The study exploited the hermeneutic philosophy to analyse the data and the following IPA steps by Pietkiewicz and Smith (2014) were followed:

3.5.1 Step 1: Familiarisation with the data

At this stage, the researcher repeatedly read through the transcripts and listened to the audio recordings. In doing so, she was immersing herself in the data, to recall the atmosphere of the interview and the setting in which interviews were conducted to prevent the researcher's own judgement and presumptions influencing the process. The researcher further made notes about her observations and reflections during field work to ensure that her focus was on what each interviewee actually presented.

3.5.2 Transforming notes into emergent themes

This step required listing and classifying each item in a way that presented a synopsis of what it was about, evaluating whether the categories were interconnected in any manner, and categorizing them as major or minor categories or themes. Following familiarization with the results, a list of ideas was derived from the data collected, then, the data was used to generate initial codes. The researcher focused more on the notes generated from the transcripts which were transcribed into themes. To facilitate psychological conceptualization, an effort was made to develop a compact term at a somewhat higher level of abstraction. These were gradually expanded in order to have a better grasp of the data (Finlay, 2015).

3.5.3 Step 3: Seeking relationships and clustering themes

After all of the data had been tagged and compiled, the individual codes were sorted and categorized into developing themes. The next stage was to collect all of the coded data extracts that were linked to the defined topics. The researcher examined the codes and considered how they may be linked to form bigger and subthemes (Groenewald, 2004).

3.5.4 Step 4: Reporting of the findings

This phase entailed composing a written report about the review, with subheadings based on the themes found during the research. The researcher provided a short, detailed, reasonable, non-repetitive, and entertaining presentation of the data story inside and around the themes (Smith et al., 1997). A written report was produced, which remained the major method of disseminating the research findings.

3.6 Quality criteria

Qualitative studies are usually not based upon standardised instruments and often utilise smaller, non-random samples (Thomas, 2010). Scientific and experimental studies, on the other hand, are often based on standardised instruments and can be assessed in a relatively straightforward manner (Thomas, 2010). The following qualitative research principles as defined by Shenton, (2004) were followed to guarantee that the study's findings were scientifically sound:

Credibility

Credibility is defined as the level of trust that may be placed in the accuracy of a study's findings (Anney, 2014). It's also defined as the degree to which the research accurately reflects the real meanings related by the participants in the study (Moon et al., 2016). To establish whether or not the research findings represent plausible information drawn from the participants' original data, the researcher had to, amongst others, use excerpts from the participants for demonstration and support purposes during reporting (Lincoln & Guba, 1985). Additionally, the study methodology was strictly adhered to, while the researcher spent sufficient time with each participant in order to acquire sufficient and relevant data.

Transferability

Transferability refers to the degree to which the results of qualitative research can be transferred to other contexts with other respondents; it is the interpretive equivalence of generalisability (Bitsch, 2005; Tobin & Begley, 2004). Generalisability in phenomenological studies, however, is sometimes simply ignored in favor of enriching the local understanding of a situation (Thomas, 2010). In this study, transferability was achieved by providing a detailed, rich description of the studied population group to provide the reader with sufficient information to enable the applicability of findings to other settings.

Dependability

Polit & Beck, (2006) explain dependability as the consistency and reliability of the research findings and the degree to which research procedures are documented, allowing someone outside the research to follow, audit and critique the research process. This study outlined a detailed methodology and methods used to allow readers to assess the extent to which appropriate research practices have been followed. The researcher also engaged in a reflexive exercise upon completion of the data collection and analysis. This exercise was intended to give more credence to the dependability of the study.

Conformability

The degree to which findings are the product of the focus of inquiry as opposed to the biases of the researcher indicates the conformability of research process (Babbie & Mouton, 2001). According to Finlay (2014), confirmability can also refer to how well the collected data supports the findings and interpretations of the researcher. It basically shows the link between the findings and the data. To achieve this, the researcher clearly and fully described the research process in order to assist other researchers in scrutinizing the research design and possible replication elsewhere (Collis & Hussey, 2014; Lincoln & Guba, 1985). The articulated methodology was strictly adhered to, so as to maximize the study conformability.

3.6 ETHICAL CONSIDERATIONS

3.6.1 Permission to conduct the study

The researcher acquired ethical approval from the University of Limpopo Research Ethics Committee before to conducting the study (See Appendix 1: Ethical clearance letter). The researcher also approached the leader of traditional healers in Mopani District for permission to interact with traditional healers in the area.

3.6.2 Informed consent

Informed consent refers to the provision of as much information as is necessary to enable research participants to make an informed decision about whether or not to participate in a study (Bryman, 2016). In the current study, the researcher freely explained the nature of the investigation, the potential advantages, and associated risks involved with participation in the study with the leader of the traditional healers and the participants. Following that, they completed the necessary informed consent forms – the Sepedi version. (See appendix 2a and 2b for English and Northern Sotho versions, respectively, of the informed consent letter and form).

3.6.3 Anonymity, privacy and confidentiality

The access, monitoring, and disclosure of research participants' personal information is protected by maintaining their privacy and confidentiality; such requirements also help to safeguard study participants' mental and psychological dignity (Ritchie et al., 2014). Throughout the research, privacy, secrecy, and confidentiality were upheld and adhered to, with the participants' best interests in mind. Participants were not asked to provide any

identifying details and only the supervisor and the interviewer had access to the recordings and notes made during the interview. All personal identifiers were removed from the database.

3.6.4 Respect and dignity

All research participants were treated with respect and dignity, and their rights were respected by ensuring that they were not utilized solely to attain research goals, but also to benefit from the knowledge gained from the study. As a result, participants were assured that the results would be available if they so desired.

3.6.5 Benefits and harm

The researcher made certain that the participants' privacy and ethics were respected in the study, and it was made clear to them that their presence was not meant to violate them or to be used to achieve the researcher's objectives. According to Strydom and Delport (2002), contend that in research, the obligation to safeguard participants from injury extends beyond measures to remedy or mitigate such harm. The present study was non-experimental in nature, thus, risks of harm were not foreseeable, however, in line with Strydom and Delport's recommendations, the researcher ensured that participants were safe.

CHAPTER 4: FINDINGS

4.1 Introduction

The study's findings are provided in this chapter, beginning with demographic information; subsequently, themes and subthemes to emerge from the data analysis are tabulated followed by a detailed presentation of the thematic results. The researcher also provides a summary of the study's findings toward the end.

4.2 Demographic information of participants

Table 1: Demographic characteristics

Participants Characteristics	#
Gender	
Female	7
Male	2
Age Range	
35-45	1
45-55	0
55-65	3
65+	5
<i>n = 9 Mean=63.2; S.D = 11,6</i>	
Ethnicity	
Black	9
Marital Status	
Single	1
Married	4
Widowed	4
Divorced	0
Education	
Junior	4
Senior	2
Tertiary	1
No formal education	2

Occupational Status		
Employed		0
Self-employed		1
Pensioner		8
Unemployed		0
Duration of practise		
Below 5 yrs.		1
05-15 yrs.		0
15-25 yrs.		4
25+ yrs.		3
Unknown		1
<i>n=9 Mean = 20,3; S.D =14</i>		

A total of nine traditional health practitioners (*Mean=63.2 yrs.; S.D = 11,6*) participated in the present study. The majority of the practitioners were elderly female diviners (*n= 7*). There was an equal distribution between married (*n = 4*) and widowed (*n = 4*) participants and one participants was single. The majority of participants completed junior education (44.4%), with equal distribution of those who completed senior education (22.2%) and those with no formal education (22.2%). Lastly, most participants had more than 15 years of experience (*n=9 Mean = 20,3; S.D =14*) practice in traditional healing.

4.3 Emergent themes

Five major themes (see Table 2) emerged from data analysis, which are: a) descriptions of the nature of *bolebatša*; b) preparation and administration of *bolebatša* for medicinal purposes; c) conditions managed with *bolebatša* and d) the role of spirituality in traditional medicine.

Table 2: Themes and subthemes

Main Themes	Sub-themes
4.3.1 Descriptions of the nature of <i>bolebatša</i>	
4.3.2 Preparation and administration of <i>bolebatša</i> for medicinal purposes	Preparation of the herb
	Directions for use and administration of the herb
	Efficacy and safety of the herb
4.3.3 Conditions managed with <i>bolebatša</i>	Psychological conditions
	Spiritual conditions
4.3.4 The role of spirituality in traditional medicine	

4.3.1 Descriptions of the nature of *bolebatša*

The study results showed that all participants identified the *bolebatša* herb as a traditional herb derived from the *Molebatša* tree also known as *Mmopo* tree. The tree was likened to the *Morula* tree because the trees share somewhat similar physical characteristics. *Molebatša* grows fur-like structures or soft hairy patches on its roots. The hairy patches were identified as fawn or brownish in colour, while the roots from which the patches originate from are reddish or maroon in colour. The excerpts below and photographic evidence (see appendix 6 on page 81) lend support to this finding.

Bolebatša is a traditional herb that is derived from a tree called Mmopo. The tree has maroon roots that are covered with fine fur- like structures, that are fawn in colour.

*Those fur- like structures are what we call bolebatša **(Participant A, 75 yrs., Male)**.*

*“This bolebatša is harvested from a similar tree to a Morula tree. To get the herb you need to dig out the roots of the tree. Around the roots of the tree, you will find the herb bolebatša. It looks like cotton and is a bit brownish. This bolebatša can be used for multiple purposes in treating human beings” **(Participant C, 64 yrs., Male)**.*

*“Bolebatša is a tree that grows to be big, "but to get the herb itself we dig out the roots of the tree, where fur-like material, wool-like in appearance is attached, that is the actual herb bolebatša” **(Participant D; Age, 66 yrs.; Gender, Female)**.*

*“Bolebatša is a herb that is attached onto the roots of Mmopo tree” **(Participant I, 63 yrs., Female)**.*

The results further revealed that the tree is predominantly found around streams or where there is sufficient water supply. The extracts below further support this finding:

“It usually grows next to big rivers where it can be watered during rainy seasons.”

***(Participant I, 63 yrs., Female)**.*

*“Mmm.... sometimes the roots are deep underground or visible depending on the terrain where the tree is, however, the tree grows mainly next to streams where the water flows and the roots are not buried deeper under the soil.” **(Participant***

***A, 75 yrs., Male)**.*

The extracts above reveal THCPs' characterisation of the herb based on the type/family of a tree, preferred parts of the tree, and the terrain where the tree grows.

4.3.2 Preparation and administration of *bolebatša* for medicinal purposes

It was established that after harvesting the hairy patches, the herb is prepared before it could be prescribed for administration.

Preparation of the herb: The participants indicated that once the hairy patches are harvested, they are dried and then, grinded into a powder. The herb is mostly used in a powder form as this process makes it easy to consume. Below are extracts obtained from participants' responses detailing how the herb is prepared:

"After harvesting bolebatša we leave it to dry then we grind it into powder and store it in the bottles." (Participant A, 75 yrs., Male).

"It is quite easy and quick to prepare it, we basically dry and grind it into powder and is best to use a grinding stone." (Participant I, 63 yrs., female).

"It is not difficult to prepare it after harvesting, you can grind into a powder form and bottle it to be used as a herb." (Participant F, 67 yrs., Female).

"We leave it to dry then we crush it into powder and bottle it afterwards to be used as a herb." (Participant D, 66 yrs., Female).

The extracts above reveals that the herb is grounded into powder and stored in bottles, then it is ready for use.

Directions for use and administration of the herb: The THCPs indicated that the herb can be given in different forms. It can be mixed either with soft porridge or warm water and taken orally. In some instances, the grounded powder can be licked or patient can chew the dried skins. Support is highlighted in the following extracts:

How the herb is taken, differs but it is mostly taken orally with water, or by just licking (Participant A, 75 yrs., Male).

We take the grounded bolebatša and mix it with the food/soft-porridge for them to eat, but you don't pour much (Participant D, 66 yrs., Female).

You just mix the grounded powder of bolebatša with water and drink (Participant C, 64 yrs., Male).

The traditional health care practitioners reported that they measure the herb by a pinch or a teaspoon, half or quarter, depending on the age, condition of the patient and the litres of water that the herb will be mixed with:

“I measure it for you either just a pinch using my thumb and pointing finger or using a teaspoon which I demonstrate to you before you use the herb.” (Participant D, 66 yrs., Female).

“If you're going to use a 5-litre bottle it means you can pour half a teaspoon of bolebatša. Not much is needed, you can use a quarter or half a teaspoon depending on how many litres of water you will use” (Participant I, 63 yrs., Female).

“We measure with a teaspoon for people of your age group (referring to the researcher the “30s”), and for a child, we use half of the teaspoon.” (Participant A, 75 yrs., Male).

“How much the patient should take depends on what state they are in, sometimes we direct them to drink a cup with a small amount of bolebatša twice a day; morning and night.” (Participant F, 67 yrs., Female).

The herb is essentially dried and ground whilst for safety, instructions for use are given to patients.

Efficacy and safety of the herbal medicine: *Bolebatša* was reported to be safe for use for adults and children. Furthermore, no adverse side effects were associated with the herb. To exemplify, here is what some healers had to say:

“With western medicine, there are directions on how the medicine should be used which is the same with us, but with traditional medicines there are no side effects. So even after taking this herb, you won’t get any side effects” (Participant C, 64 yrs., Male)

“Basically, that is the herb we use to make people forget as the herb's literal meaning is ‘inducing forgetfulness’” (participant A, 75 yrs., Male).

“The herb will not make you sick at all, when I give you” (Participant D, 66 yrs., Female).

“When we give the herb to the patient we also give them instructions on how it should be used. With bolebatša, not much is needed to be effective. A little of it can work; if a person takes even more, there are no side effects associated with the herb” (Participant I, 63 yrs., Female).

On the other hand, excessive usage, or overdose of *bolebatša* can lead to forgetting important details:

“You don't really need too much of it, because if you keep taking the herb unnecessarily you will start forgetting important things like where you kept your money” (Participant H, 61 yrs., Female)

“You don't consume it now and then because it might end up causing harm to your brain in a sense that u become forgetful” (Participant D, 66 yrs., Female).

Bolebatša is perceived as safe to use and without any adverse side-effects, although, if overused or overdosed could lead to some undesirable outcomes.

4.3.3 Conditions managed with *bolebatša*

The study's findings showed that the herb is used to manage psychological and spiritual conditions. These are presented here below.

Psychological conditions: *Bolebatša* is perceived to have healing benefits for several mental-health related issues. From the healers' perspective, the herb relieves mental stress for various psychological conditions, and these are: management of bereavement and grief, psychological trauma, adjustment problems, general mental distress

emanating from unpleasant life experiences and preventing suicidal ideations. These are presented below:

Management of bereavement and grief: The findings showed that participants use the herb in bereavement during the cleansing ritual ceremony. During the ceremony two processes are important, firstly, the performance of a ritual called “*go-phasá*”, which essentially is for appeasing the ancestors to accept the deceased’s soul and grant healing to the ones left behind; secondly, the bereaved will be given *bolebatša* to help with forgetting painful bereavement memories. The findings revealed that, once the ritual is completed, including having drunk *bolebatša*, the bereaved families are expected to gradually start to accept and forget the death of a loved one and move on with life. To illustrate the healing ritualistic processes and the use of *bolebatša* here is what some participants had to say:

“If someone has lost their loved one, we take this herb and mix it with water and look for a snail (shell). If the snail is not available, we take a cup and make a mixture of bolebatša and water. Then, we take that cup in the evening to the grave of the deceased. In the morning we collect the cup and pour the mixture from the grave into the five or ten liters bottle. Then, whoever is thirsty drinks the mixture, therefore, gradually they will forget” (Participant I, 63 yrs., Female).

“In the case of loss, we should fetch the soil on the grave of the deceased and then mix it with other herbs to drink so that your heart and mind can be healed.” (Participant B, 35 yrs., Female)

“We do not just take any bolebatša for bereavement care, but we must put the dried and grinded bolebatša at the graveyard for the whole night for it to be used in treating the bereaved. In the morning before collecting the herb, we appease the ancestors” (Participant H, 61 yrs., Female)

“This must be taken to graveyard then it is left there overnight and be collected the following day in the morning. Then give to the affected family members, particularly those who seems to be always thinking about the deceased. When the time goes by, you will notice that they start forgetting like others” (Participant F, 66 yrs., Female)

“When we use bolebatša for bereavement care, it is important to follow the birth order when you give the herb. The first child of the deceased must get the herb first and the last one to get will be the last born.” (Participant A, 75 yrs., Male).

“During bereavement care we use bolebatša to bath the bereaved, sprinkle the herb around the room where the coffin was, for cleansing. Lastly, we give them to drink so that they can forget about the loss.” (Participant G, 71 yrs., Female)

“We mix bolebatša with other herbs and give the grieving to perform a ritual at home. They blow the herbs towards the sunrise saying words such as, “I shall not see the deceased anymore”. The same will be done again towards the sun set articulating the same words. The process will continue until the grieving person eventually forgets.” (Participant E, 61 yrs., Female)

“We administer this herb to a person who has lost a loved one, if after the burial they start feeling fearful, have difficulties in sleeping, and they struggle with reappearances of the deceased even though they know that the person has passed on and they will never see them again. The herb will basically help them to forget about the loss, and they gradually forget.” (Participant I, 63 yrs., Female).

The emphasis was that the *bolebatša* herb was helpful in easing the pain of grief as illustrated in the below extracts. Another emphasis by the traditional healers was that traumatic deaths in particular were understood to be overwhelmingly horrific which could inundate grievers with painful memories, nightmares, and battling to cope. To this effect, the healers in their majority recommended the use of *bolebatša* or highlighted that they managed traumatic deaths with *bolebatša*:

“Bolebatša can also be used for treatment after a traumatic death such as a car accident, the bereaved usually struggles to accept the tragedy to an extent where they keep seeing the deceased.” (Participant E, 61 yrs., Female)

“You might find that sometimes parents have lost their child in a car accident and find it difficult to accept the loss. In such cases, we mix bolebatša and Mphera for treatment.” (Participant I, 63 yrs., Female).

“When healing a person who was nearly killed, hit by car or who has lost their mind, we take the bolebatša and mix it with the other traditional herbs for him or her to drink.” (Participant H, 61 yrs., Female).

One participant described helping a woman who lost a son in an accident. In the process of the accident, the deceased body parts were scattered around the scene. The woman was described as losing her mind and psychotic, as narrated below:

“I once helped a woman using bolebatša and mphaera, she was mumbling, and she looked like she was losing her mind because she lost her son in a car accident. Her son's body was incomplete due to the impact of the accident.” (Participant H, 61 yrs., Female).

Management of psychological trauma: In addition to the trauma of death, participating healers highlighted that when a person has experienced other forms of trauma, for example, sexual assault, an accident or robbery, the experiences can have lasting mental impacts on the victim. They remarked that the victim would experience traumatic memories which are recurrent and frightening. To manage the distress, the healers remarked as follows:

“For instance, the herb can also be administered to people who have encountered rape and find it challenging to deal with the incident. You may find that they are struggling to forget the incident and are always thinking about it.” (Participant F, 66 yrs., Female).

“In cases where a person had experienced a car accident or was mugged, and they constantly think about what had happened, to a point where it can cause them heart problems. We simply give them bolebatša to help them forget what happened.” (Participant D, 66 yrs., Female).

“Regarding trauma, we mix bolebatša as well as other herbs then prepare a drink for you. You might be terrorised to such an extent that you no longer sleep at night because you might be imagining that accident happening again and again and wake up screaming. Then we will give you the herb. As a result, those imaginations will be lessened. You will not forget completely but you will no longer be stressing or imagining that accident.” (Participant A, 75 yrs., Male).

The extracts above revealed the importance of using bolebatša in the management of normal and traumatic bereavements.

Use in adjustment-related problems: The herb is also used in managing adjustment problems, such as helping a person cope with a new environment, developmental challenges, and unemployment:

“Bolebatša is helpful when a person is stressed and has difficulties in accepting that they might stay longer while being treated in the traditional healer's house and all they think about is going back to their home before the treatment is completed. We can use it also when a person has recently lost his/her job” (Participant I, 63 yrs., Female).

“The herb works in different ways, for instance when a child is going through the stage of adolescence and they show troublesome behaviors that might lend them in trouble or even jail. Bolebatša can be effectively used to make them forget these unacceptable behaviors.” (Participant B, 35 yrs., Female)

“Yes, it works in different ways, like when I have a sick person that I am treating in my house and I start noticing that this person is unsettled as they want to go back home. We take bolebatša and mix it with their porridge and give them to eat so that they can forget about going home during treatment. But the day they go back home we make another herb that makes them to throw up to prepare them to go home.” (Participant H, 61 yrs., Female).

“You may find that your child does not listen to you, and they always commit crimes because they are influenced by their friends and as a part of growing up, we use the herb to help them forget these destructive behaviors.” (Participant F, 66 yrs., Female)

The herb relieves mental stress: The results revealed that *bolebatša* also plays a vital role in relieving mental stress. The following excerpts capture this essence:

“In the case of someone who is always making noise because of stress, they can use this herb so that they can lessen the stress. They can drink a little bit of the herb so that they don't think too much.” (Participant I, 63 yrs., Female).

“Yes, it helps with stress, for example, when you are thinking a lot (mumbling) is what we call stress, we use the herb to help people forget their problems quickly.” (Participant C, 64 yrs., Male)

“It can also be useful for people suffering from stress or have encountered rape and other tragic events.” (Participant G, 71 yrs., Female)

“..... The herb helps a person not to wonder a lot, not that it makes a person forget essential things in your life. It just makes you stop worrying a lot” (Participant G, 71 yrs., Female).

“It makes the person's mind to work properly. If a person is thinking a lot (stressed), it makes his/her mind to be relieved so that a person will not overthink to a point where they are suicidal. It makes the mind to be in good condition.”

“..... Since it is bolebatša (the herb for making someone to forget as it is its literal meaning), it eventually makes a person forget.... It oppresses the mind to such an extent that it can even make a person functional and forget the stressors.” (Participant A, 75 yrs., Male).

“Since stress is about complaining or having something that is bothering your inner peace and suffering from never-ending stress, we use the herb.” (Participant F, 66 yrs., Female).

The above-mentioned abstracts revealed that, the herb bolebatša can be effectively used on individuals suffering from different types of mental distress. They also revealed that the herb eases the emotional pain, suppresses the mind to forget the stressful situations and improve personal functioning, even with suicidal patients. To reduce suicidal ideation participants said:

“Too much of stress, may lead to instances where people think of killing themselves as a solution to get away from their problems. Then being treated with this traditional herb might help you to such an extent that you are no longer having

depression and no longer thinking of taking your life. Then you will start to think positively.” (Participant A, 75 yrs., Male).

“You might find that someone is always thinking of taking their lives. So, we this herb to make such people to forget their suicide ideations. Even if the person is hurting this will lessen the pain.” (Participant I, 63 yrs., Female).

Spiritual conditions

A few other participants highlighted the use of the herb for spiritual conditions. The participants highlighted the significance of using *bolebatša* in ceremonial rituals and witchcraft-related cases. In some cases, the THCPs uses *bolebatša* for initiation ceremonies, rituals to appease the ancestors for forgiveness, and prevention of witchcraft:

“.. some people are using this herb for evil purposes such as witchcraft and to shatter other people's dreams, for example, if a person is gifted and they are still in training to become the traditional health practitioner, if I administer this herb to them they may no longer remember what the ancestors communicated to them through dreams and as a result they cannot practise effectively.” (Participant E, 61 yrs., Female).

*“This herb works in several ways, we use it during the initiation ceremonies called **Malopo**. And also for appeasing the ancestors (**go phasa**) especially for asking for forgiveness from the ancestors.” (Participant I, 63 yrs., Female).*

The spiritual significance of the herb was also highlighted in that *bolebatša* is used for protections against sinister or evil forces:

“Person who seems to be seeing people at night, that is associated with witchcraft we are able to help you by sprinkling bolebatša right round your house so that the witches stop bothering you.” (Participant D, 66 yrs., Female).

“Bolebatša has many uses, when a person/household is troubled by an act of witchcraft, we use bolebatša to sprinkle around the household and the household entrances while uttering words such as “let those who are bewitching me forget about me”. Subsequently, witches will keep on forgetting to bewitch that household and gradually they forget.” (Participant F, 66 yrs., Female).

It emerged that *bolebatša* is essentially used to relieve mental distress, in addition, to stressful life encounters. The herb is acclaimed for inducing forgetfulness in connection with troubling memories, leading to emotional pain relief. The herb is, also useful for the prevention of spiritual attacks by evil forces, such as witches.

4.3.4 The role of spirituality in traditional medicine

The findings of the study further revealed the importance of spirituality in the practice of traditional medicine. It was observed and supported by the healers that in every activity, including medicinal preparation and use, the healers dependent on ancestral guidance.

“With the ancestor's guidance we then give you the herbs that will treat whatever you are suffering from.” (Participant C, 64 yrs., Male).

“As traditional practitioners, we have to follow appropriate instructions that we are given by our ancestors, depending on the person's presenting problem as revealed by divination bones.” (Participant A, 75 yrs., Male).

“When you come to us, we begin by throwing the divination bones that helps us define what you are suffering from. We relay the problem to you and if you agree with what the divination bones revealed as your presenting problem (Participant I, 63 yrs., Female).

4.4 Summary of findings

The findings from the interviews with nine traditional healers were given in this chapter. Mainly, it was established that the herb, *bolebatša* is derived from the *Molebatša* or *Mmopo* tree. Once the hairy patches or hair-like structures that develop on the roots of the tree are harvested, they are dried, ground and prescribed. The findings display that the herb is effective in treating conditions like - bereavement, psychological trauma, adjustment problems, suicidal ideations, and spiritual issues. The primary function of this herb is to induce forgetfulness of unpleasant memories leading to pain, thus, providing relief, and eliminating mental distress. On spirituality, it was found that the herb is used to prevent spiritual attacks by sinister forces; spirituality, hence, was found to be central in the practice of traditional medicine.

CHAPTER 5: DISCUSSION OF FINDINGS

5.1 Introduction

The findings of the study are discussed in reference to the literature in this chapter. The discussion will focus on aspects such as - the nature of *bolebatša*, its preparation and administration, conditions managed with the herb and, lastly, the herb's associated healing benefits. The chapter will be concluded with a summary.

5.2 The nature of *bolebatša*: an herb derived from *Lannea Schweinfurthii*

This study revealed that *bolebatša* is a traditional herb that is commonly used among the Bapedi traditional health care practitioners to treat various mental and spiritual conditions. The herb is derived from a tree known by various names - *Mmopo* or *Molebatša* by the Bapedi people, *Mulivhadza* by the vhaVenda people and *Dzivata* by the Tsonga people, all of whom are found in the Limpopo Province (Van Wyk et al., 2011; Magwede, 2014). Similar to several botanical findings, the present study established that the tree looks like the Marula tree, and botanically the tree is also known as the "false Marula"; scientifically known as *Lannea Schweinfurthii* (Mabogo, 1990, Magwede et al., 2019, Van Wyk & Van Wyk, 2014). *Lannea Schweinfurthii* or the false Marula tree, predominantly grows next to streams, although, some studies suggest that it also grows in rocky areas (Maroyi, 2020). The fawn or brownish fur or velvety hair- like structures (Coates Palgrave et al., 2002) or reddish indumentum (Kotina et al., 2017) growing on the tree's roots is what THCPs harvest for the preparation of the *bolebatša* herb.

5.3 Preparation and administration of *bolebatša* for medicinal purposes

Herbal remedies are prepared in a variety of ways, depending on where you live and what culture you come from (Ozioma & Chinwe, 2019). The current study revealed that once the indumentum growing on *Lannea Schweinfurthii* is harvested, it is dried, and then ground into a powdery herbal medicine called *bolebatša*. In this form, the herb is ready for consumption or can also be safely stored. According to Shumba et al. (2009), most traditional herbs are prepared and consumed in the same manner. The drying process is considered important for the preservation of medicinal products' phytochemical efficiency (Mediani et al., 2014).

In the current study THCPs reported that the herb is mostly taken orally either with warm water or porridge; although, the dried skins can also be chewed. This finding correlates with previous findings by Magwede (2019) who noted that the herb is mostly consumed, either as an infusion, or its dried skins can be chewed or eaten as a dry powder, similar, to Maroyi (2013) who established that about 70% of medicinal plants are administered orally with warm water or soft porridge.

The present study also established that THCPs relied on different techniques or methods, for example, measuring with teaspoons or pinching with fingers, to ensure correct measurements when prescribing the herb; patients' factors such as age are also considered when prescriptions are given. Deshpande, (2002) in Mensah et al., (2019) notes that any substance, either traditional or western medicine, is differentiated by the dose, whether it is a poison or a remedy. This implies that all remedies have a potential of becoming toxic if wrongly used, hence, the participating THCPs ensuring the correctness of dosages given to clients; this is vital to avoid toxicity of herbs. Notably,

Mahomoodlay (2013) states that traditional societies' enormous knowledge of the usage and safety of herbal remedies was developed over ages and passed down orally from generation to generation through trial and error.

5.4 Efficacy and safety of the herbal medicine

Medicinal plant use is an important part of Africa's traditional healthcare system, and it's one of the oldest and most diverse of all therapeutic approaches (Mahomoodally, 2013), but unfortunately, it is the least recorded in the literature. In this study, *bolebatša* was identified for its effectiveness in treating diverse mental health problems, and importantly, has not been associated with any adverse side effects. In spite of such claims, Maroyi (2019) records that *bolebatša* has not been empirically fully evaluated. There is no clinical evidence on the efficacy and safety of the herb, although, like many other traditional herbs *bolebatša* has been used by THCPs for centuries and passed from one generation to the next (Magwede et al., 2019; Maroyi, 2019). Literature also acknowledges that there is still scarcity of clinical evidence to show the effectiveness and safety of most traditional herbs (Mahomoodally, 2013; Mensah et al., 2019). A handful of studies, however, according to Nortje, (2016) have been conducted on the effectiveness of traditional medicines in the treatment of mental health problems. According to the author, common mental health problems such as depression, anxiety, somatisation, and interpersonal and social difficulties appear to be more likely to respond to traditional healing approaches. Participants believe that *bolebatša* has no negative side effects; nonetheless, excessive use has been linked to the danger of memory loss or some sort of forgetfulness (Van Wyk et al., 2009).

5.5 Conditions managed with the herb

Psychological conditions

Several disabling mental conditions are treated with *bolebatša*, and these are: a) bereavement and grief b) psychological trauma, and c) adjustment disorders.

Management of bereavement and grief: *bolebatša's* perceived healing benefits

After the loss of a loved one, the majority of African communities approach traditional health practitioners to inquire about the nature of the death. In some cases, the consultations are also intended to establish what necessary bereavement rituals needed to be performed, including herbs to use in the wake of death (Seretlo-Rangata, 2017). Similarly, the current study revealed that for bereavement care THCPs prescribe *bolebatša* for the bereaved which, in addition to being taken orally, is used in some rituals that are performed. The use of *bolebatša* in the management of bereavement and grief was noted in previous studies (Makgahlela & Sodi, 2017, Magwede et al., 2019). The significance of bereavement rituals and herbs was noted in previous studies; amongst other uses, they facilitate communication and healing between the living and the ancestors; the latter are believed to possess some supernatural powers that if appeased could help protect the living relatives (Baloyi & Makobe-Rabothata, 2014; Seretlo-Rangata, 2017).

Bereavement is related with emotional distress, obsessive and painful recollections of the deceased, and they can become overwhelming and disabling to the griever, according to traditional healers. Some of the symptoms linked to bereavement by THCPs are -

flashbacks, insomnia, fear and anxiety as well as concentration difficulties. With this knowledge, THCPs use *bolebatša* to induce forgetfulness of painful memories linked to bereavement and also to ease the pain of loss. A comparable finding was also established in the study by Makgahlela and Sodi (2017), and Magwede et al., (2017). What is lacking, however, is scientific empirical data on the mechanism of action and brain interaction sites to prove the acclaimed *bolebatša*'s healing benefits in bereavement (Maroyi, 2019; Sobiecki, 2014)

Management of psychological trauma

The study findings showed that the herb also helps in the management of psychological trauma. This benefit can be linked to the herb's claimed ability to induce forgetfulness of painful memories (Mabogo, 1990; Magwede et al., 2016). Traditional healers know trauma to result in frightening and recurrent upsetting memories, therefore, by using this herb and inducing forgetfulness of such troubling memories and images, THCPs reckoned that healing can be achieved (Mlangeni, 2017; Mlonyeni, 2019). The study by Mlangeni (2017) also revealed that THCPs rely on other types of medicinal herbs to treat trauma. Similarly, there is little literature on the use of traditional medicines in the treatment of psychological trauma, as there is for many other mental health issues (Makgahlela & Sodi, 2017; Martin et al., 2013; Tshoba, 2014). This therefore calls for further investigations into herbal remedies used in African societies for the management of psychological trauma.

Use in adjustment-related problems

Adjusting to life's stressors is a natural part of living; however, if stressors become too much, they can lead to major mental health issues including despair and anxiety. For the management of adjustment problems, the study established that THCPs use *bolebatša*. To exemplify, THCPs mentioned that they prescribe the herb for trainees in traditional medicines, so as to induce forgetfulness of their life problems and families whilst undergoing training. In so doing, they enhance their adjustment to the training process which can be mentally demanding. These findings match those from a study conducted by Magwede et al., (2017) with Vha Venda THCP, whereby it was established that these healers facilitate adopted children's adjustment to new homes by prescribing the herb for them.

Generally, the herb is associated with the ability to induce forgetfulness of painful memories which can be overwhelming and stressful for the affected parties. Such memories could lead to excessive worry, sleep difficulties, and a prolonged mental distress. It is in this regard that THCPs proactively use *bolebatša* to counteract the painful nature of such traumatic memories. There are, however, no recorded clinical evidence to suggest that *bolebatša* indeed has the acclaimed memory-altering, sedative and anti-depressant functions claimed by THCPs, thus, empirical studies to validate these claims are needed (Magwede et al., 2017; Maroyi, 2019). Some researchers have suggested that the herb might be working on a placebo effect as was also noted by Makgahlela et al., (2017); whether this is correct or not, cannot be ascertained because the herb's pharmacological properties and interaction in the brain are still unknown (Magwede, 2017; Maroyi, 2019). In spite of the numerous ethnobotanical studies documenting the

use of traditional herbs in the treatment of mental health problems (Mabogo, 1990; Magwede et al., 2019; Meshram et al., 2014), a common limitation is always the lack of scientific empirical studies to validate the culturally-claimed healing benefits of traditional medicines (Sobiecki 2014).

Spiritual conditions

African healing practices are holistic and encompass issues of the spirit and soul (Gureje et al., 2015; Truter, 2007). The current study findings indicate that the herb is also used in the management of spiritual conditions, amongst others - during the ancestral-calling initiations and for prevention of attacks by sinister forces such as witches. Storrs (1995) study found similar results by revealing that the herb is associated with provoking ancestral spirits in villages of Zambia.

Traditional African medicine practitioners believe that illnesses have both natural and supernatural roots, and that they should be treated with both medical and spiritual methods (Ezekwesili-Ofili & Okaka, 2019). This is because it is thought that some cultural or societal disorders are caused by supernatural forces such as enraged spirits or witches. It may be for these reasons that in the current study it was found that *bolebatša* is also used for protections against spiritual attacks and acts of witchcraft. The herb's ability to induce forgetfulness is said to also be used to make witches forget about bewitching a particular household or individual. Similar findings were recorded in studies done by Mabogo (1990) and Magwede et al., (2019) on the benefits of *bolebatša*. How

the herb yields such spiritual outcomes is worth attention by spiritually or parapsychologically-oriented researchers, in the future.

5.6 The role of spirituality in traditional medicine

African spirituality involves deep human values, attitudes, cultural beliefs, and practices; divination and rituals are the tools used to address imbalances and to maintain ideal states of being (Marumo & Chakale, 2018). Before the performance of almost every activity, THCPs consulted with or inform the ancestors; for instance - before going to the field to harvest the herbs, when they find the herb - and lastly, they will thank the ancestors after harvesting. Treatment is not universal; it is tailored to patients, according to how the ancestors reveal to THCPs, through the divination of bones. According to Asante and Mazama (2009) the ancestors are familiar with the people because they have lived among them and have a great understanding of the nature of everyday life; hence, THCPs contact the ancestors before, during, and after every action. Wreford, (2005) and Natrass, (2006) revealed that clients come to see the traditional healers who use various divination techniques to ask ancestors for involvement in diagnosing and treatment of the illnesses. Prescribed healing remedies vary from healer to healer, although, it usually involves herbal-based remedies and appeasements to the ancestors, however, they are all dependent on revelations from the ancestors.

5.7 Conclusion

The Sepedi traditional health practitioners count on the use of *bolebatša* for bereavement care, psychological trauma and adjustment problems through inducing forgetfulness of

unpleasant memories. Besides the known benefit of inducing forgetfulness, the herb was also recommended for reduction of common mental health symptoms that may lead to suicides and other severe pathologies. In the light of these findings, is still not easy to categorize the *bolebatša* herb, because its pharmacological properties are not known. Lastly, the herb was also found to hold spiritual healing and protection benefits that THCPs use; this may also need further exploration.

CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusion

The purpose of this study was explore Bapedi's THCPs' personal experiences with the usage of *bolebatša* in bereavement management in Mopani District. The objectives of the study were as follows:

- To establish traditional healers' views of the nature of *bolebatša*;
- To determine and describe their experiences on how the herb is harvested and prepared for medicinal purposes; and
- From their lived experiences, to ascertain the medicinal benefits associated with the use of *Bolebatša* for the bereaved people.

The study was qualitative in nature and comprised of nine traditional health-care practitioners, who shared their lived experiences on the use of *bolebatša*. Significant findings that emerged from the studies were - the description and preparation of the herb for medicinal purposes, perceived benefits and conditions managed by the herb (for example, management of mental distress, bereavement, and trauma as well as spiritual conditions). The results brought to light its vitality in mental health, unlike other studies that paid attention to the herb but never elaborated on how the herb was prepared and used to treat mental health conditions.

6.2 Recommendations

The study found that traditional healers acclaim *bolebatša*'s therapeutic benefit of inducing forgetfulness which has been effectively used to treat mental-health problems,

such as bereavement, psychological trauma, and adjustment-related problems with no adverse side effects, unlike some of the western medicines used in the same light. There is no clinical evidence, however, to suggest that this herb indeed has the acclaimed memory-altering, sedative and anti-depressant functions by THCPs. There is, thus, no empirical studies to validate these claims. African traditional healers view illness as having both natural and supernatural causes; the herb's ability to induce forgetfulness is said to also make witches forget about bewitching particular households and individuals. To this effect, this calls for further investigations into the herb's acclaimed benefits by researchers. In particular, the study recommends for investigations into bolebatša' safety, efficacy, and brain interaction sites. Generally, there's a need for investigations in herbal medicines and mental health which would open avenues for collaborations between traditional healers and health scientists.

Based on the THCPs' claimed benefits of the herb's healing of psychological conditions, it calls for more collaboration among the Government and various healthcare professionals. Support traditional healing financially to improve their facilities and funding towards research to validate and the documentation of indigenous knowledge in the use of medicinal herbs in treating mental health.

6.3 Limitations

Presented below are the limitations that the researcher encountered with the present study:

- The mistakes or incorrect substitution of original data supplied by the participants may have occurred during the translation of the interview data from Sepedi into English.
- There is a scarcity of literature addressing mental health and the use of traditional herbs to treat it; there is a wealth unknown information.
- Traditional health-care practitioners were not volunteering the names of similar-functioning herbs; this would pose a barrier in future similar research.

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Appendices

Appendix 1A: Interview Guide (English Version)

Objective	Interview questions
1. To establish traditional health care practitioners' views regarding the nature of <i>Molebatša</i> .	a) What is <i>Molebatša</i> and what does it look like?
2. To determine and describe their experiences related to how the herb is harvested and prepared for medicinal purposes.	b) How is the herb (<i>Molebatša</i>) harvested for medicinal purposes?
	c) How is the herb prepared and prescribed for medicinal purposes during grief and bereavement management?
3. From their lived experiences, ascertain the medicinal benefits associated with the use of <i>Molebatša</i> for the bereaved people.	d) What are the psycho-therapeutic benefits for the bereaved people when using <i>Molebatša</i> as part of bereavement care?

Appendix 1B: Interview Guide – Sepedi Version

Maikemišetšo	Dipotšišo tša poledišano
1. Go utolla ka seemo sa Molebatša bjoo e lego mošunkwane woo o šomišwago nakong ya go tlhokofalelwa.	a) Nna Molebatša ke eng, gona bo lebelelega bjang?
2. Go hlaloša ka mokgwa woo mošunkwane wo o epšwago ka gona le go lokišwa go re e be moreana.	b) Bo epšwa bjang gore bo tle bo šomišwe bjalo ka moreana wa go lebatša, kudu gore motho a lebale motho woo hlokofetšego?
	c) Nna mošunkwane wo o dirwa eng le gona bašomiši ba bona ba laelwa bjang ge ba bo šomiša nakong ya morago ga go hlokofalwelwa?
3. Go tseba gore mohola wa ona ke eng mo monagano nakong ya go tlhokofalelwa go ya le ka mokgahlo wa dingaka tša setšo.	d) batho bao ba hlokofaletšwego ba ka holega bjang monaganong ge ba šomiša Molebatša mabapi le go lebala ka go hlokofalelwa ka ge bo bonwe ke dingaka tša setšo tša maphelo gore bo ka alafa?

Appendix 2A: Consent Form (English Version)

Department Of Psychology
University Of Limpopo (Turfloop
Campus) Private Bag X1106
Sovenga
0727
Date _____

Dear participant

Thank you for your interest in this research project, which examines the psychology of bereavement rituals in the Northern Sotho community.

Your answers to the interview will be kept completely private. The researcher will make every effort not to identify you or reveal your name based on the responses you provide during the interview. Please keep in mind that your participation in this study is completely voluntary, and you have the right to withdraw at any time if you so desire.

Kindly answer all the questions as honestly as possible. It is critical that you take part in this research. Thank you for taking the time to read this and for your cooperation.

Kind regards

.....

Mabidilala M.C.
Masters Student

.....

Date

.....

Dr. Makgahlela M.W.
Supervisor

.....

Date

Appendix 2B: Participant Consent Letter – Northern Sotho Version

Department of Psychology
University of Limpopo (Turfloop Campus)
Private Bag X1106
Sovenga
0727
Letšatšikgweedi: _____

Thobela Motšeakarolo

Ke leboga go bontšha kgahlego ga lena go lesolo le la go nyakišiša ka botlalo boitemogelo bja bo ikgonaro setsong sa setshaba sa basotho morago ga lehu la yo mongwe wa lelapa.

Dikarabo tša lena go diputšišo tše di tla tshwarwa ka mokgwa wa sephiri. Monyakišiši o tla leka ka mešegofela gore a seke a le amanya le dikarabo tše le tla di fago, le ge ele go se utulle leina la lena bjalo ka motšeakarolo lesolong le. Le tsebišwa gore go tšea karolo ga lena go lesolo le go dirwa ka boithaopo, le gore le nale tokelo ya go ikogela morago nako efe goba efe ge le nyaka.

Le kgopelwa go araba diputšišo tše ka botshephegi bjo bogolo. Go tšea karolo ga lena go lesolo le go bohlokwa kudu kudu. Ke leboga nako ya lena le go bere.

.....

Mabidilala M.C.
Masters Student

.....

Date

.....

Dr. Makgahlela M.W.
Supervisor

.....

Date

Appendix 3(A): Participant Consent Form– English Version

Consent form

I, _____, hereby agree to participate in a mini-dissertation research project that is about the exploration of the use of a traditional herb, *Molebatša*, in bereavement care among the Bapedi cultural group in Mopani District.

The purpose of the study has been fully explained to me. Participation in the study is voluntary and I can withdraw my participation at any stage. I understand that this is an academic research project, in which the purpose is not necessarily to benefit me personally. I also understand that access to records that pertain to my information in the study will be restricted to persons directly involved in the study, and that the information I give is of importance. The information is strictly confidential.

Signature: _____

Date: _____

Appendix 3(B): Participant Consent Form – Sepedi Version

Foromo ya tumelelo

Nna, _____, ke dumela go tšea karolo mo nyakišišong ye kopana ya go utolla tšhomišo ya mošunkwana wa Molebatša, woo o šomišwago ke Bapedi ba Sedikong sa Mopani nakong ya go tlhokofalelwa.

Ke hlaloseditšwe ka botlalo mohola wa thuto ye. Ke tšea karolo mo thutong ye ka boithaupi. Gape, nka lesa go tšea karolo nako ye nngwe le ye nngwe ya poledišo. Ke a kwišiša gore se ke porotšeke ya nyakišišo ya thuto, yeo mohola wa yona e sego go nkholo. Ke a kwišiša gore dikgatišo tšeo di nago le tshedimošo yaka mo thutong ye di tla šomišwa ke motho yoo a amegago thwii mo thutong ye, gape tshedimošo yeo ke e fago e bohlokwa. Nka se amantšwe le tshedimošo ye phatlalatša.

Mosaeno: _____

Lešatšikgweri: _____

Appendix 4(A): Letter to Traditional Authority/Councillors In Mopani District – English Version

Department of Psychology
University of Limpopo (Turfloop Campus)
Private Bag X1106
Sovenga
0727
Date: _____

Traditional authority Mopani District
Private Bag X9687
Giyani
0826

Sir/ Madam

I _____, a student at the University of Limpopo (Turfloop Campus) hereby apply for approval to conduct research on: _____ . The targeted research sites for my research are areas around _____. I am fully aware of the guidelines and regulations relating to the study of this nature and agree to abide by the ethical rules as outlined.

Kind regards,

Mabidilala MC
MA Clinical student

Date

Dr Makgahlela M
Supervisor

Date

Appendix 4(B): Lengwalo la go ya go balaodi/bakgomana ba selete sa mopani

Department of Psychology
University of Limpopo(Turfloop Campus)
Private Bag X1106
Sovenga
0727
Letšatšikgwadi: _____

Balaodi/Bakgomana ba selete sa Mopani
Private Bag X9687
Giyani
0826

Nna _____,bjalo ka moithuti wa Yunibesithi ya Limpopo
(Khamphaseng ya Turfloop) ke kgopela tumelelo ya go dira nyakišišo ka:
_____. Mafelo
a nyakišišo ao a kgethilwego mabapi le nyakišišo ye ke ao a lego tikologong
ya _____. Ke
lemoga methalohlhali le melawane ka moka yeo e amanago le sebopego sa nyakišišo
ye le go obamela melao ya maitshwaro ka moka yeo e bontšhitšwego.
Wa lena

Mabidilala MC
Moithuti wa MA wa Kliinikhale

Letšatšikgwedi

Dr. Makgahlela M
Mohlhali

Letšatšikgwedi

Appendix 5: Ethical Clearance from the University of Limpopo



University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 3935, Fax: (015) 268 2306, Email: anastasia.ngobe@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE
ETHICS CLEARANCE CERTIFICATE

MEETING: 06 February 2019

PROJECT NUMBER: TREC/03/2019: PG

PROJECT:

Title: The exploration of Molebatša in bereavement care among the Bapedi cultural group in the Mopani district
Researcher: MC Mabidilala
Supervisor: Dr M Makgahlela
Co-Supervisor/s: Dr S Moripe
School : Social Sciences
Degree: Master of Arts in Clinical Psychology


PROF P MASOKO
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) This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.
- ii) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.
- iv) PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

Finding solutions for Africa

Appendix 6: Turn-it-in Report

Mabidilala MC_Final Thesis

ORIGINALITY REPORT

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Appendix 7: Pictures of *Bolebatša*



Figure 2. Picture of *Bolebatša* (root bark hairs of *Lannea schweinfurthii* var. *stuhlmannii*). by MC Mabidilala, 2020