THE CONCEPTUALISATION OF SUICIDE BY BAPEDI ELDERS IN GA-SEKORORO, LIMPOPO PROVINCE

By

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DECLARATION

I declare that the mini-dissertation, “The Conceptualisation of Suicide by Bapedi Elders in Ga-Sekororo, Limpopo Province”, hereby submitted to the Sefako Makgatho Health Sciences University, for the degree Master of Science in Clinical Psychology, has not previously been submitted by me for a degree at this or any other university; that it is my work in design and execution and that all material contained herein has been duly acknowledged.

__________________________________________  _________________________
Initials & Surname (Title)  Date

Student Number: ________________
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The National Research Foundation’s contribution towards this research is hereby acknowledged. Opinions, findings, conclusions and recommendations expressed in this research are that of the author(s) alone, and the NRF accepts no liability whatsoever in this regard.
Dedication

I hereby dedicate this dissertation to my mother, Pulane Robina Mahlo, my late father, Matome Silas Mahlo and my late sister, Salome Mahlo. This would have not been possible without all of you. Thank you for believing in me, unconditionally loving and supporting me throughout my journey, both personally and academically.
Abstract

The indigenous African understanding and meaning of suicide is not well researched nor documented. Most studies on suicide in Africa in general, and South Africa in particular, have continuously followed imitative Eurocentric ways of enquiry. The purpose of this study is to correct this shortfall through the exploration of the cultural conceptualisation of suicide by Bapedi elders in Ga-Seororo, Limpopo Province. Among the specific objectives of the study were to: (1) understand the notions of suicide held by Bapedi elders; (2) explore the common methods used to commit suicide among the Bapedi; (3) investigate the rituals performed by Bapedi people following death by suicide; and (4) determine which suicide prevention ceremonies are performed by Bapedi. An Afrocentric theoretical framework and methodology that utilised narrative inquiry design were adopted in this study. Seven Sepedi speaking senior citizens from the age of 60 and older, who are known to be influential and knowledgeable about the Bapedi culture, were selected using purposive sampling. The conversational method was utilised to collect data. The study revealed unique cultural knowledge and experiences from elders regarding suicide. Furthermore, the study discovered cultural links to suicide triggers and the methods used to commit suicide in Ga-Sekororo. The results also revealed the significance of rituals after death by suicide and the implications of cultural deviation therefrom. Appropriate recommendations for psychologists working with African cultural communities are made.

Keywords: suicide, suicidal behaviour, afrocentric, culture, elders
Table of Contents

Declaration of Originality ................................................................................................ ii
Acknowledgements ......................................................................................................... iii
Dedication ....................................................................................................................... iv
Abstract ............................................................................................................................. v

Chapter 1: Introduction .....................................................................................................1
  1.1 Background to the Study ......................................................................................1
  1.2 Research Problem ...............................................................................................3
  1.3 Operational Definitions of Concepts ...................................................................4
  1.4 Purpose of the Study ...........................................................................................5
    1.4.1 Aim of the study .........................................................................................5
    1.4.2 Objectives of the study ..............................................................................5
  1.5 Outline of Chapters .............................................................................................5

Chapter 2: Literature Review ............................................................................................7
  2.1 Introduction ..........................................................................................................7
  2.2 Epidemiological Aspects of Suicide .....................................................................7
    2.2.1 Global epidemiology on suicide .................................................................7
    2.2.2 Epidemiology on suicide in Africa .............................................................8
    2.2.3 Epidemiology on suicide in South Africa ..................................................9
  2.3 Socio-Demographic Risk Characteristics ............................................................10
  2.4 Suicide Risk Factors in South Africa .................................................................10
  2.5 Methods Commonly Used to Attempt and Commit Suicide..............................13
    2.5.1 Hanging .....................................................................................................13
    2.5.2 Self-poisoning ...........................................................................................14
    2.5.3 Use of a gun ............................................................................................14
  2.6 Cultural context ......................................................................................................15
  2.7 The Concept of Life and Death: An African Perspective ......................................17
    2.7.1 Good and bad deaths .................................................................................18
    2.7.2 Death by suicide: An African perspective ..................................................19
  2.8 Death Rituals in Africa .........................................................................................20
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.9</td>
<td>Northern Sotho “Bapedi” Death Ritual</td>
<td>20</td>
</tr>
<tr>
<td>2.10</td>
<td>Rituals Performed After Suicide in Some African Communities</td>
<td>21</td>
</tr>
<tr>
<td>2.10.1</td>
<td>Rituals for removing the corpse</td>
<td>22</td>
</tr>
<tr>
<td>2.10.2</td>
<td>Burial customs</td>
<td>23</td>
</tr>
<tr>
<td>2.10.3</td>
<td>Funeral rites</td>
<td>23</td>
</tr>
<tr>
<td>2.11</td>
<td>Significance of Rituals</td>
<td>24</td>
</tr>
<tr>
<td>2.12</td>
<td>Conclusion</td>
<td>24</td>
</tr>
<tr>
<td>Chapter 3: Theoretical Framework: An Afrocentric Perspective</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>3.1</td>
<td>Introduction</td>
<td>26</td>
</tr>
<tr>
<td>3.2</td>
<td>The Afrocentric Framework</td>
<td>26</td>
</tr>
<tr>
<td>3.3</td>
<td>Worldview</td>
<td>27</td>
</tr>
<tr>
<td>3.3.1</td>
<td>Ontology</td>
<td>28</td>
</tr>
<tr>
<td>3.3.2</td>
<td>Epistemology</td>
<td>28</td>
</tr>
<tr>
<td>3.3.3</td>
<td>Axiology</td>
<td>29</td>
</tr>
<tr>
<td>3.3.4</td>
<td>Cosmology</td>
<td>29</td>
</tr>
<tr>
<td>3.4</td>
<td>African Worldview</td>
<td>30</td>
</tr>
<tr>
<td>3.4.1</td>
<td>The interconnectedness of all things</td>
<td>31</td>
</tr>
<tr>
<td>3.4.2</td>
<td>The spiritual nature of human beings</td>
<td>31</td>
</tr>
<tr>
<td>3.4.3</td>
<td>Collective /inclusive nature of family structure</td>
<td>31</td>
</tr>
<tr>
<td>3.4.4</td>
<td>Ubuntu (the value of interpersonal relationships)</td>
<td>32</td>
</tr>
<tr>
<td>3.5</td>
<td>African Epistemology</td>
<td>32</td>
</tr>
<tr>
<td>3.6</td>
<td>African Views on Mental Illness</td>
<td>33</td>
</tr>
<tr>
<td>3.7</td>
<td>Critique of African Epistemology and Worldview</td>
<td>35</td>
</tr>
<tr>
<td>3.8</td>
<td>Conclusion</td>
<td>36</td>
</tr>
<tr>
<td>Chapter 4: Research methodology</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>4.1</td>
<td>Introduction</td>
<td>37</td>
</tr>
<tr>
<td>4.2</td>
<td>Indigenous Methodologies</td>
<td>37</td>
</tr>
<tr>
<td>4.3</td>
<td>Research Approach</td>
<td>37</td>
</tr>
<tr>
<td>4.4</td>
<td>Research Design</td>
<td>39</td>
</tr>
<tr>
<td>4.5</td>
<td>Population and Sampling</td>
<td>40</td>
</tr>
<tr>
<td>4.6</td>
<td>Materials, Apparatus and Instruments</td>
<td>40</td>
</tr>
<tr>
<td>4.7</td>
<td>Data Collection</td>
<td>41</td>
</tr>
<tr>
<td>4.8</td>
<td>Data Analysis</td>
<td>42</td>
</tr>
<tr>
<td>4.9</td>
<td>Quality Criteria (Trustworthiness)</td>
<td>44</td>
</tr>
</tbody>
</table>
4.9.1 Credibility .........................................................................................44
4.9.2 Reflexivity ..........................................................................................45
4.9.3 Consistency ........................................................................................45

4.10 Ethical Considerations ........................................................................45
4.10.1 Permission for the study ............................................................46
4.10.2 Informed consent .......................................................................46
4.10.3 Confidentiality ..........................................................................46
4.10.4 Ubuntu .......................................................................................46

4.11 Conclusion ..........................................................................................47

Chapter 5: Results ...........................................................................................................48

5.1 Introduction ........................................................................................48
5.2 Demographic Details ..........................................................................48
5.3 Summary of Themes and Sub-Themes ...............................................49
5.4 Participants’ Notions of Suicide ..........................................................50

5.4.1 Participants’ understanding of suicide ................................................50
5.4.2 Participants’ knowledge of signs of suicidal behaviour .................52
5.4.3 Participants’ cultural explanation of suicide (suicide as se-ila) .......53
5.4.4 Suicide treated as private or secret matter ..........................................54
5.4.5 Death by suicide believed to results in restless spirit .........................54

5.5 Participants’ Perception of Suicide Triggers ............................................55

5.5.1 Anger and impulsivity ........................................................................55
5.5.2 Romantic Relationships Problems ..................................................56
  5.5.2.1 Conflicts in the relationship ...........................................................56
  5.5.2.2 Cheating partners ........................................................................57
  5.5.2.3 Abusive relationships ..................................................................58
5.5.3 Financial constraints ..........................................................................58
5.5.4 Heredity / genetic predispositions (Le abelwa) ...............................59
5.5.5 Suicide as a vengeance death (Go tshinya letšwa) .........................60
5.5.6 Witchcraft ..........................................................................................61
5.5.7 Lack of support from the family and community ...............................62
5.5.8 Youth suicide ......................................................................................62
  5.5.8.1 Avoiding or escaping pain ............................................................63
  5.5.8.2 Dysfunctional problem solving skills: ........................................63
  5.5.8.3 Substance abuse ..........................................................................64
5.6 Methods Commonly Used to Commit Suicide

5.6.1 Hanging

5.6.2 Use of guns

5.6.3 Ingestion of poison

5.7 Places Where Suicide is Commonly Committed

5.7.1 Isolated forest

5.7.2 Home

5.8 Rituals Followed by Surviving Relatives after Suicide

5.8.1 The corpse of a suicide victim is not allowed at home or family yard

5.8.2 Rituals for preventing suicide

5.8.3 Participant’s views on the ritual of healing death

5.9 Treatment after Surviving a Suicide Attempt

5.10 Participants’ Views on How to Manage Suicidal Behaviour

5.10.1 Communication as a prevention method

5.11 Concluding Remarks

Chapter 6: Discussion of Findings

6.1 Introduction

6.2 Participants’ Understanding of Suicide

6.3 Participants’ Knowledge of Signs of Suicidal Behaviour

6.4 Suicide as ‘se-ila’ and a Private Matter

6.5 Death by Suicide Believed to Result in Restless Spirit

6.6 Participants’ Perception of Suicide Triggers

6.6.1 Psychological factors

6.6.1.1 Anger and impulsivity

6.6.2 Social factors

6.6.2.1 Relationship problems

6.6.2.2 Infidelity

6.6.2.3 Abuse

6.6.2.4 Financial constraints

6.6.2.5 Lack of support from the family and community

6.6.3 Cultural factors

6.6.3.1 Cultural deviation

6.6.4 Biological factors
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.6.4.1</td>
<td>Heredity / genetic predispositions (Le-abelwa)</td>
<td>88</td>
</tr>
<tr>
<td>6.6.5</td>
<td>Mystical factors</td>
<td>89</td>
</tr>
<tr>
<td>6.6.5.1</td>
<td>Suicide as a vengeance death (Go tshinya letswa)</td>
<td>89</td>
</tr>
<tr>
<td>6.6.5.2</td>
<td>Witchcraft</td>
<td>89</td>
</tr>
<tr>
<td>6.6.6</td>
<td>Suicide Triggers amongst the Youth</td>
<td>90</td>
</tr>
<tr>
<td>6.6.6.1</td>
<td>Avoiding or escaping pain</td>
<td>90</td>
</tr>
<tr>
<td>6.6.6.2</td>
<td>Dysfunctional problem solving skills</td>
<td>90</td>
</tr>
<tr>
<td>6.6.6.3</td>
<td>Substance abuse</td>
<td>90</td>
</tr>
<tr>
<td>6.7</td>
<td>Methods Commonly Used to Commit Suicide</td>
<td>91</td>
</tr>
<tr>
<td>6.7.1</td>
<td>Hanging</td>
<td>91</td>
</tr>
<tr>
<td>6.7.2</td>
<td>Use of guns</td>
<td>92</td>
</tr>
<tr>
<td>6.7.3</td>
<td>Ingestion of poison</td>
<td>92</td>
</tr>
<tr>
<td>6.8</td>
<td>Places Where Suicide is Commonly Committed</td>
<td>93</td>
</tr>
<tr>
<td>6.9</td>
<td>Rituals Followed When One Dies by Suicide</td>
<td>93</td>
</tr>
<tr>
<td>6.10</td>
<td>Healing Death (Go-alafa lehu)</td>
<td>96</td>
</tr>
<tr>
<td>6.11</td>
<td>Communication as a Prevention Method</td>
<td>97</td>
</tr>
<tr>
<td>6.12</td>
<td>Appreciation for Collaboration between Western and African Epistemology</td>
<td>97</td>
</tr>
</tbody>
</table>

Chapter 7: Researcher’s Reflections Regarding the Research Project

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1</td>
<td>Locating the Researcher in the Study</td>
<td>99</td>
</tr>
<tr>
<td>7.2</td>
<td>Impact of age</td>
<td>101</td>
</tr>
<tr>
<td>7.3</td>
<td>Time</td>
<td>102</td>
</tr>
<tr>
<td>7.3.1</td>
<td>Arranging an appointment</td>
<td>102</td>
</tr>
<tr>
<td>7.3.2</td>
<td>The opening conversation (Ice breaker)</td>
<td>103</td>
</tr>
<tr>
<td>7.4</td>
<td>Data collection method challenged</td>
<td>104</td>
</tr>
<tr>
<td>7.5</td>
<td>Language</td>
<td>104</td>
</tr>
<tr>
<td>7.6</td>
<td>Concluding remarks</td>
<td>105</td>
</tr>
</tbody>
</table>

Chapter 8: Summary and Conclusions

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1</td>
<td>Summary</td>
<td>107</td>
</tr>
<tr>
<td>8.2</td>
<td>Concluding remarks</td>
<td>109</td>
</tr>
<tr>
<td>8.3</td>
<td>Limitations</td>
<td>110</td>
</tr>
<tr>
<td>8.4</td>
<td>Recommendations</td>
<td>111</td>
</tr>
</tbody>
</table>

References

Appendix 1a: Conversational Schedule (English version)
Appendix 1b: Conversational Schedule (Sepedi version).................................131
Appendix 2a: Letter to Ga-Sekororo Tribal Authority - English version ..........132
Appendix 2b: Letter to Ga-Sekororo Tribal Authority – Sepedi version..........133
Appendix 3a: Participant Consent Letter and Form...........................................134
Appendix 3b: Sefako Makgatho Health Sciences University, English Consent Form ....................................................................................................................135
Appendix 4a: Semamaretšwa 3b: Lengwalo le fomo tša motšeakarolo tša tumelelano ....................................................................................................................137
Appendix 4b: Sefako Makgatho Health Sciences University Sepedi Consent Form ....................................................................................................................138
Appendix 5: Ethical clearance............................................................................140
Appendix 6: Turn It In report.............................................................................141
List of Tables

Table 1
Demographic information of the participants ............................................................48

Table 2
Summary of themes and subthemes .................................................................49
Chapter 1: Introduction

1.1 Background to the Study

For many years, academic theories of suicide have been conceptualised from a Eurocentric perspective. This is mainly because psychology has continued to be dominated by Eurocentric approaches. Thus, Eurocentric psychological theories are primarily applied in most countries and are erroneously deemed universal (Juma, 2011; Nsamenang, 2007; Nwoye, 2015). The challenge with Eurocentric psychology is that it is pervaded by cultural bias and errors in establishing psychological concepts (Fanon, 1967; Nwoye, 2015; Nsamenang, 2007; Chukwuokolo, 2009). Indigenous African understanding and elucidations of mental illnesses such as suicide, amongst others, were relegated to the level of non-significance through colonisation. The colonisation era unfairly imposed Eurocentric ideologies on Africans (Bulhan, 2015; Fanon, 1967) by proclaiming Eurocentric explanations and models as the only principled ways of understanding (Nwoye, 2015; Chukwuokolo, 2009; Fanon, 1967). As a result, indigenous African philosophy and psychology were deemed inferior and unscientific (Chukwuokolo, 2009; Fanon, 1967). A critical impact of colonialism is that the way Africans used to attain knowledge, comprehend their history, conceptualise their world and the meaning they attached to define themselves has not been adequately investigated (Bulhan, 2015).

It is imperative to note that the Eurocentric approaches to psychology in Africa are deemed to be ineffective and unaccommodating to African cultures and meaning (Fanon, 1967; Nwoye, 2015; Nsamenang, 2007). For instance, Eurocentric psychology does not accommodate African people’s beliefs in ancestral spirits, Badimo, rituals and spirituality (Sodi, 2009; Mkhize, 2004; Nwoye, 2015). Furthermore, Eurocentric psychology has been criticised as being insufficient and misrepresentative in its fixed individualistic conception of
the person while excluding communal influences (Fanon, 1967; Nwoye, 2015). Africans, in contrast, perceive an individual and the community as mutually inter-dependent and coexistent in a synergic manner (Fanon, 1967; Nwoye, 2015). Therefore, there is a need to trace the African indigenous understanding and meaning of suicide.

Colonial systems continue to operate in different forms even in post-colonial South Africa. Eurocentric philosophies remain unchanged in institutions such as universities, law, courts and others (Bulhan, 2015; Chukwuokolo, 2009). The universalisation of Eurocentric psychology is further fuelled by its unquestionable inclusion in both undergraduate and post graduate psychology curricula in African universities (Bulhan, 2015; Nsamenang, 2007, Juma, 2011; Baloyi, 2009). This Eurocentric education system has led to an increased number of African scholars who adopt and use alien theoretical frameworks. However, it is important to acknowledge the recent inclusion of African epistemology, psychology and indigenous research methodologies in some clinical psychology training programmes in some South African universities, most notably Sefako Makgatho Health Science University, University of Limpopo, University of South Africa and University of Kwa-Zulu Natal (Dr L Baloyi, Personal communication, April 07, 2016).

The purpose of African psychology is to ensure that scholars, regardless of their race, are sufficiently well cultured in the African tradition while being educated in the Eurocentric system. This is to ensure that clinical psychologists acquire relevant cultural competency skills to become informed reservoirs of African knowledge, tradition, ethics, culture and psychology; while being well knowledgeable on contributions of Western psychology (Nwoye, 2015).

It is against this background that the research problem as discussed in the next section has developed, and the imperative for this research has arisen.
1.2 Research Problem

The indigenous African understanding and meaning of suicide is not well researched nor documented (Schlebusch, 2012). Most studies on suicide in Africa in general, and South Africa in particular, have continuously followed imitative Eurocentric ways of enquiry. For instance, most of the available literature on suicide is based on autopsies (Schlebusch, 2012). Studies on autopsies may easily be noted as unethical and insensitive to some African cultures. Such studies do not fully capture the communal indigenous cultural conceptualisation of suicide. As Nwoye (2015) puts it:

In this context, their error of commission was that of standing too far away from their African cultural perspective through over-deference to the Euro-American, white-centred frame of reference. This made much of their output lack conviction and pertinence, and to sound almost like mere echoes of Western scholarship and intellectualism limited in their potency and relevance for addressing the needs and problems of people in rural and urban Africa (p 99).

There are a limited number of publications on suicide in Africa, partly because of the prejudiced assumption that suicide occurs less in African communities (Vaughan, 2012). Suicide in most parts of Africa is underreported due to its association with negative cultural sanctions. However, recent South African studies have reported a rise in suicide (Reddy et al., 2010; Schlebusch, 2012). Rontiris (2014) has pointed out that, in order to clearly understand the rise in suicide, there is a need to investigate the perceptions and beliefs that African people attribute to suicide. This is because every culture has its own knowledge and understanding of psychological distress (Bojuwoye & Sodi, 2010). Studies by Saxena, Krug and Chestnov (2014) as well as Vijayakumar, John, Pirkis, and Whiteford (2005) have also found a strong correlation between indigenous cultural influences and suicide risk factors.
The process of decolonisation of psychology at different institutions of higher learning has necessitated that scholars embark on African indigenous research. As a result, there is a need to move away from the universalised Eurocentric explanation of suicide to a more culture-competent description (Hjelmeland et al., 2008). It is imperative that researchers become culture- and context-specific and sensitive in order to obtain a comprehensive and accurate understanding of suicide as understood from the African experience.

It is this paucity of literature on suicide in Africa as well as the need to develop a more culturally relevant understanding of suicide in South Africa that has motivated the researcher to embark on exploring the African indigenous conceptualisation and meaning of suicide by the Bapedi elders of Ga-Sekororo, Limpopo Province. From the African epistemological paradigm, elders are seen as the embodiment of ethics and wisdom (Bujo, 1998; Falola & Genova, 2005; Ozumba & John, 2017). They are the conduits of authentic knowledge. It is hoped that this study will increase the body of knowledge on indigenous knowledge systems (IKS) with regard to suicide. The researcher is not aware of any study that has investigated the indigenous understanding of suicide in South Africa.

1.3 Operational Definitions of Concepts

Suicidal behaviour: refers to a collection of behaviours that include suicide ideation, planning for suicide, suicide attempt and suicide itself (Saxena et al., 2014). Suicidal behaviour is an intentional killing of oneself. In the context of this study, suicidal behaviour is any behaviour that is self-harming, and it includes suicide ideation (thoughts of engaging in behaviour that is intended to end one’s life), suicide planning (formulating of a detailed plan to kill oneself) and suicide attempt (engaging in self-harming behaviour with an intention to kill oneself, also referred to as parasuicide).
Suicide: is defined as the act of intentionally killing oneself (Saxena et al., 2014). In the context of this study, suicide means deliberately ending one’s life.

Afrocentric: Explanation of concepts by Africans from their own understanding and experiences (Asante, 2007).

1.4 Purpose of the Study

1.4.1 Aim of the study

The aim of the study was to explore the conceptualisation of suicide by Bapedi elders in Ga-Sekororo, Limpopo Province.

1.4.2 Objectives of the study

- To understand the notions of suicide held by Bapedi elders.
- To explore suicide predisposing risk factors according to Bapedi elders.
- To explore the common methods used to commit suicide.
- To explore the rituals performed by Bapedi people following death by suicide.
- To determine which suicide prevention ceremonials are performed by Bapedi.

1.5 Outline of Chapters

In this chapter, the researcher provided an overarching background of the study including a discussion of the research problem. The aim and objectives of the study were also presented. In the next chapter, the researcher will provide a literature review pertaining to suicide. The adopted Afrocentric theoretical framework that guided the research will be discussed in chapter three. Chapter four will provide a discussion on the methodology that was followed and will
include a discussion of the research approach, design, population and sampling, data collection and analysis. The quality criteria and ethical considerations that were observed will also deliberated upon in chapter four. The researcher will present the findings and the discussion of the findings in chapter five and six respectively. The researcher will also discuss his reflection in chapter seven; followed by chapter eight which will discuss the summary, limitations and recommendations.
2.1 Introduction

In this section, suicide epidemiology, including the socio-demographic risk characteristics and the suicide risk factors in the South African context, will be discussed. The influence of culture on suicide will also be discussed. An African conceptualisation of the life cycle will be explored. In addition, African views towards death and the rituals performed following death by suicide will be presented.

2.2 Epidemiological Aspects of Suicide

Suicide and suicidal behaviour remain notable public problems. The International Association for Suicide Prevention (IASP) (2012) has identified suicide as one of the prominent causes of death worldwide.

2.2.1 Global epidemiology on suicide

The World Health Organization (WHO) (2012) pointed out that at least a million people across the globe die by suicide every year. The global suicide prevalence is estimated to be between 11.6 and 16 per 100 000 population. This translates to 18 per 100 000 deaths by suicide amongst males and 11 per 100 000 amongst females worldwide (WHO, 2012). Research has found that men tend to act impulsively and use more lethal methods that result in death than women. However, women are reported to make more non-lethal suicide attempts than men (Saxena et al., 2014). By 2014, the World Health Organization found suicide to be 15th leading cause of death worldwide. Schlebusch (2012) stated that Asia, China and India have recently reported the highest rate of completed suicide, marking a shift of high suicide rates from Western European countries to developing countries. The global rate of suicide has increased
by 60% in the last few years (WHO, 2012). Suicide is also reported to be the second cause of
death amongst the youth from the age of 15 to 19 years old globally. It is considered to be one
of three major causes of death amongst those between the ages of 15 to 44 years (IASP, 2012).
It is estimated that by the year 2020, at least 1.5 million people across the world will die by
suicide; this translates to one person dying every twenty seconds (Saxena et al., 2014).

2.2.2 Epidemiology on suicide in Africa

Only 10% of African countries report their mortality data to the World Health
Organization (Lester, 2008). This is due to the fact that suicide is still perceived as taboo in
many African communities (Saxena et al., 2014). As a result, there is limited knowledge of
suicide trends in Africa. Not only are the statistics of suicide in African countries underreported
but the literature from African countries is also limited. Thus, for many years several
researchers sustained an un-evidenced assumption that suicide rates in African countries were
low (Vaughan, 2012). However, regardless of these assumptions, available research has found
similarities in suicide trends in African countries when compared to Western countries
(Kinyanda, Wamala, Musisi, & Hjelmeland, 2011). For instance, a study analysing data from
2002 to 2012 from the Karonga in rural northern Malawi, found suicide to be the third cause
of death with drowning and road injury being the leading causes (Chasimpha et al., 2015).
Additionally, a high prevalence of suicidal behaviour has also been reported amongst the youth
in Uganda and Zambia, ranging at 19.6% and 31.9% respectfully (Swahn, Bossarte, Elimam,
Gaylor & Jayaraman, 2010).

However, little is known about the indigenous African explanations of suicide across the
African continent. It is hoped that this study will begin to address this gap.
2.2.3 Epidemiology on suicide in South Africa

In South Africa, the tenth National Injury Mortality Surveillance System (NIMSS) and several other studies found suicide to be responsible for approximately 10% of non-natural deaths, making suicide the fourth leading cause of death in South Africa (Donson, 2009; Bantjes & Kagee, 2013; Schlebusch, 2012), and a third leading cause of death amongst the youth (Schlebusch, 2005; Matzopoulos et al., 2015). Incidents of suicide are high in South Africa. A longitudinal study on child and adolescent suicide in South Africa found higher incidents of suicidal behaviour than those found in the United States of America (Cluver, Orkin, Boyes & Sherr, 2015).

The South African Youth Risk Behaviour Survey conducted in 2008 suggested that suicide attempts amongst the youth are high, with 29.1% of the youth having made suicide attempts that required medical care. The province with the highest number of learners who had made suicide attempts that necessitated medical attention was Limpopo Province with 32.2%, followed by the Kwa-Zulu Natal Province at 30.9% and Mpumalanga at 30.6% (Reddy et al., 2010). Interestingly, in the first South African Youth Risk Behaviour Survey conducted in 2002, Limpopo Province had the highest number of suicide attempts amongst learners at 34.1%. It was then followed by Mpumalanga Province with 23.1% of the learners having made suicide attempts that required medical attention (Reddy et al., 2003). It is interesting to note that in the more rural provinces, there is an increased risk of suicide. It is not clear why this is the case.

Most related literature on suicide in South Africa is based on quantitative research (Schlebusch, 2012; Schlebusch, Vawda & Bosch, 2003); and there is limited qualitative research done in South Africa and almost none to investigate the indigenous conceptualisation of suicide by the native Africans, from an indigenous worldview. This validates the imperative need to understand suicide from the experiences of indigenous African rural dwellers.
2.3 Socio-Demographic Risk Characteristics

Suicide rates differ by gender, age and geographical area (Saxena et al., 2014). In high-income countries, the suicide rate is reported to be three times higher in men compared to women, particularly middle-aged men (with a male to female ratio of 3.5), whereas in low-income countries the ratio is 1.6; that is, the suicide rate is 57% higher in males than in females (Saxena et al., 2014). In the South African context, there is a higher rate of suicide amongst males than females with a male to female ratio of 5:1. However, more females are inclined to non-fatal suicide attempt than males with a female to male ratio of 3:1 (Schlebusch, 2012).

WHO (2012) has identified African youth aged 18 years and younger as a high risk group for suicide. Taking into consideration the recent global and South African literature, it is evident that suicidal behaviour is shifting from the elderly to younger individuals (Maphula & Mudhovozi, 2012; Reddy et al., 2010; Matzopoulos et al., 2015; Cluver et al., 2015; Schlebusch, 2012). Although the socio-demographic dynamics contributing to suicide vary globally, those most susceptible, such as the elderly, the youth and those who are socially alienated, are in utmost need of effective prevention approaches. It is therefore critical to investigate the primary causes and perceptions towards suicide in order to develop an effective culture sensitive plan for each country and its communities (WHO, 2012). This necessitates the exploration of indigenous knowledge and understanding of suicide from an African lens, using local African experiences.

2.4 Suicide Risk Factors in South Africa

Several South African studies have found that the correlates of suicidal behaviour were mostly the presence of other mental illness, a history of suicide attempt, socioeconomic problems, dysfunctional social support and interpersonal relationship problems (Khasakhala et
al., 2011; Shilubane et al., 2012; Obida & Govender, 2013; Maphula & Mudhovozi, 2012). This is indicative that suicidal risk factors can exist at several levels, and at multiple interaction points. WHO (2012) noted that, whenever risk factors are present, it should be anticipated that there will be high incidents of suicidal behaviour.

An autopsy analysis register at three government-owned mortuaries in the Durban area found that the majority of suicide fatalities were unemployed or casual workers with very low income (Naidoo & Schlebusch, 2014). Another study conducted amongst youth suicide attempt survivors in Vhembe district, Limpopo province, found a correlation between suicidal behaviour and unemployment. Youth suicide attempts survivors attributed their attempts to financial difficulties (Maphula & Mudhovozi, 2012). Similar correlations of suicidal behaviour and financial difficulties were also found amongst patients with history of suicide attempt in Tshilidzini Hospital, Limpopo Province (Obida & Govender, 2013).

A nationwide survey was conducted in South Africa using the World Health Organization Composite International Diagnostic Interview (CIDI) to assess the relationship between suicidal behaviour and psychiatric diagnoses. 4185 South Africans were surveyed. From the 4185, 61% of the participants who reported suicide ideation also reported having been diagnosed with a psychiatric disorder. 64% of those who reported making suicide plans and 70.3% of those who had made suicide attempts also stated a prior mental disorder. The study found post-traumatic stress disorder to be the strongest predictor of suicidal behaviour (Khasakhala et al., 2011).

Other studies in rural areas of Limpopo province also found a strong correlation between suicidal behaviour and depression (Obida & Govender, 2013; Shilubane et al., 2014). Shilubane et al.’s (2014) study further found that most of the participants attributed their suicide attempts to ill-treatment by their parents. Participants felt unfairly treated and rejected by their parents in favour of other siblings and also reported having poor relationships with their
siblings (Obida & Govender, 2013; Maphula & Mudhovozi, 2012; Shilubane et al., 2012). Shilubane et al. (2014) found that this high correlation of suicidal behaviour and dysfunctional families could also be due a high number of parents migrating to Gauteng province for employment opportunities. Poor communication and relationship difficulties between partners were also found to be a causative factor for suicidal behaviour (Maphula & Mudhovozi, 2012).

Obida and Govender (2013) found that one of their participants had attributed suicidal behaviour of a family relative to witchcraft. This finding correlated with findings of a study conducted amongst the Ovambo tribe in Northern Namibia where witchcraft was highly attributed to be a cause of suicidal behaviour (Bartholomew, 2015). Similarly, the Akan tribe of Ghana also attributed suicide to supernatural forces such as witchcraft. They believed that no individual in his or her right mind would commit suicide. Furthermore, the Akans also attributed suicide to ancestral punishment for moral and social contraventions similarly to incest (Adinkrah, 2015).

Shilubane et al. (2014) found that some participants attributed their suicidal behaviour to partner violence and rape. A similar study by Obida and Govender (2013) found that most of their participants attributed their suicide attempts to partner violence, lack of trust and rejection. These findings, especially amongst the youth, correlated with the findings of the second South African Youth Risk Behaviour Survey conducted in 2008 which validated high incidences of youth rape at 13.7% and youth partner violence at 17.8 % (Reddy et al., 2010).

As reflected in the literature above, suicidal behaviour continues to increase in South Africa’s rural provinces. The documentation of suicidal risk factors amongst indigenous Africans is vital to developing a communally culture-sensitive nationwide suicide prevention strategy. It could assist in determining the nature, type and relevant interventions required in South Africa.
2.5 Methods Commonly Used to Attempt and Commit Suicide.

Studies have noted several factors mediating the methods used to commit suicide which include the availability of means, knowledge about the lethality of method, access to means, intentions and ethno-cultural factors (Bantjes & Kagee, 2013; Naidoo & Schlebusch, 2014; Obida & Govender, 2013). Methods commonly used include self-hanging, poisoning and gunshots. Other methods include self-drowning, jumping from high places and self-burning (Adinkrah, 2015; Shilubane et al., 2012; Obida & Govender, 2013). Several studies have shown that males predominantly opt for more fatal methods of committing suicide when compared with females (Donson, 2009; Rontiris, 2014; Maphula & Mudhovozi, 2012).

2.5.1 Hanging

Several South African studies have found hanging to be the most predominantly used method of suicide (Naidoo & Schlebusch, 2014; Mars, Burrows, Hjelmeland & Gunnell 2014; Maphula & Mudhovozi, 2012; Banjes & Kagee, 2013). Furthermore, a study by Naidoo and Schlebusch (2014) investigating the socio-demographic characteristics of individuals’ committing suicide in Durban, KwaZulu Natal province between 2006 and 2007, found self-hanging to be accountable for at least two-thirds suicides in both 2006 at 61% and 2007 at 62%. Additionally, the same study found hanging to be the most preferred method of choice amongst the unemployed when compared to those who were employed. Similar findings were made in the Eastern Cape Province where self-hanging was mostly used amongst the uneducated and unemployed (Meel, 2003). Furthermore, a study amongst high school learners in the Vhembe district of Limpopo Province also found hanging to be the most preferred method of suicide (Maphula & Mudhovodzi, 2012). Naidoo and Schlebusch (2014) posited that hanging is the most dominant method of choice amongst the unemployed and rural dwellers because of its simplicity, effectiveness and financially cheap accessibility.
2.5.2 Self-poisoning

Several studies have found the ingestion of poisonous toxins to be the second most widely used method of committing suicide (Shilubane et al., 2012; Obida & Govender, 2013; Maphula & Mudhovozi, 2012). Shilubane et al. (2012)’s study among black adolescents in Limpopo province found self-poisoning to be the most preferred method. The participants reported having ingested paraffin, an excess of medications and even Jeyes fluid in their effort to attempt suicide. Additionally, a mortuary study in Free State province, Bloemfontein, found poisoning to be the third commonly used method after hanging and shooting (Bantjes & Kagee, 2013). Obida and Govender (2013) also found ingesting poison to be the most used method amongst patients in Tshilidzini hospital. A finding by Donson (2009) found that self-poisoning is the most used method of committing suicide amongst females.

2.5.3 Use of a gun

Shooting oneself with a gun has also been noted as one of the commonly used methods of committing suicide in South Africa (Bantjes & Kagee, 2013; Mars et al., 2014; Naidoo & Schlebusch, 2014; Maphula & Mudhovozi, 2012). The mortuary study in Bloemfontein found self-shooting with firearm to be the second most used method of suicide (Bantjes & Kagee, 2013). The use of firearms to commit suicide is found to be common amongst males (Donson, 2009; Maphula & Mudhovozi, 2012; Banjes & Kagee, 2013). This concurs with several South African studies which have found the fatal suicide ratio to be higher amongst males (Donson, 2009; Rontiris, 2014; Maphula & Mudhovozi, 2012; Schlebusch, 2012). Naidoo and Schlebusch (2014) found that the use of firearms is also a commonly used method amongst the highly educated. This is due to their knowledge of firearm lethality, effectiveness and their easy access.
2.6 Cultural context

Cultural and religious experiences often influence beliefs about the origins of mental illness and shape attitudes towards the mentally ill. Every culture has its own exclusive means of explaining illnesses and of bringing health to people. Therefore, the Eurocentric conceptual framework mirrors only a marginal view among the cultures of the world. Bojuwoye and Sodi (2010) argued that culture is an essential factor in healthcare and that each culture has its own unique ways of conceptualising illnesses, health and healthcare. Therefore, the meaning that indigenous communities attach to mental illness can only be meaningfully explored and understood within their cultural context (Kabir, Iliyasu, Abubakar, & Aliyu 2004). For example, most Africans believe that any distraction in socio-cultural relations can create imbalances that might be exhibited in the form of physical illness and mental health problems (Juma, 2011). This is a view that is not present in Euro-centric understandings.

Culture does not only influence people’s perceptions towards a certain illness and its perceived causes but is also a strong determinant of preferred treatment routes. Furnham (1997) noted that preconceived cultural meanings and attitudes towards an illness particularly affect the seeking of professional help and the adherence to recommended treatment. For instance, if a therapeutic method is recommended or utilised for a patient who does not believe in the Western theories pertaining to the cause and cure of a mental illness, the patient suffering from such illness may not adhere to the treatment process. It is therefore important for the causal explanations and treatment of a particular mental illness to be meaningful to a patient in terms of his/her cultural context and realities. For instance, in a phenomenological study of indigenous healing in a Northern Sotho community, Sodi (1998) found that indigenous healers ascribed culturally-congruent labels to classify the physical and psychological symptoms that were presented by their clients. The study found that diagnoses which were linked to the patient’s culture resulted in increased treatment adherence.
Higher suicide rates have been reported among indigenous people across the world when compared to the rest of the population. For instance, a high suicide incidence were reported amongst the American Indians in the United States of America, Inuits in the Arctic regions of Canada, Australian aboriginals, and aboriginal Maori in New Zealand (Saxena et al., 2014). All of these indigenous community share historical suffering at the hand of colonisation whereby they were socio-economically and culturally relegated to the margins of society. This highlights the significant role of culture in understanding suicide incidences. South Africa is a multicultural country; therefore, it is particularly imperative to consider the cultural aspects of suicidal behaviour within the South African society and context in order to draft comprehensive successful prevention programmes.

Suicide incidence and risk factors vary across regions and countries due to different cultural influences. For instance, while suicide is frequently deemed problematic in most societies, the Yoruba in Nigeria perceive suicide as an acceptable and honourable way of dying to avoid shame (Lanre-Abass, 2010). Similarly, Hjelmeland et al. (2008) also found that most Norwegian students perceived suicide to be acceptable. On the contrary, Ghanaian and Ugandan students perceived suicide as a taboo and a way of obtaining revenge or to punish someone. It is interesting to note the major cultural differences regarding suicide between the Ghanaians and Ugandans when compared with their neighbouring Yoruba tribe of Nigeria. This demonstrates how a different cultural background influences people’s perception of suicide and suicidal behaviour. A more intriguing instance is the difference in cultural views between two Nigerian tribes, the Yoruba and Igbo. Contrary to the Yoruba, the Igbo also perceive suicide as taboo (Ukwu & Ikebudu, 2013). These differences have considerable significance when approaching the prevention of suicide. Therefore, it is imperative for the researcher to explore the cultural connotations attached to suicide; in this study, the connotations as narrated by the elders of Ga-Sekororo.
2.7 The Concept of Life and Death: An African Perspective

The African concept of life is significantly influenced by African culture and traditions. The African conceptualisation of life differs significantly from the Western conceptualisation of life. For instance, Njoku described African life using four points (as cited in Asuquo, 2011). He stated that African life involves a) God *Modimo* as the originator and sustainer of both life and the universe; b) the ancestors who are involved in communal lives of Africans; c) the land, without which life is meaningless; and d) the mutual interdependence of an individual and his or her community. He argued that life is created by God, and governed by the ancestors and the interdependent interaction between an individual and the environment (family, community and land).

Dei (2012) also highlighted the notion that in Africa one is consistently spiritually interconnected to the earth or land and one’s physical and social environment. This interconnectedness finds expression in what Nobles (1980) as cited in Neville, Tynes and Utsey (2009) referred to as the oneness of being. From the African perspective, there are two interdependent realms of existence that govern life; the visible (material) and the invisible (spiritual) worlds (Nwoye, 2015; Dei, 2012; Baloyi & Makobe-Rabothata, 2014). This means that an African life involves various inter-reliant dimensions that comprise the physiological, social, psychological and spiritual aspects. Similarly, Kanu (2014), Nsamenang, (2006) and Mbiti (1969) have pointed out that, in Africa, a life does not exist in isolation but is rather shaped and defined within a community; everyone is somebody, and is committed to everyone and experiences are shared within the community.

Death is perceived as a continuous cycle of life amongst Africans. Baloyi and Makobe-Rabothata (2014) described death as a natural transition from the visible world into the invisible world. Physical death marks the transition from the visible physical being, as one evolves into the ancestral realm. Contrary to Western psychology, there is a commonly shared belief
amongst most Africans that, after death, one becomes an ancestor, “the living dead”, Badimo (Nwoye, 2015; Mbiti 1969; Nsamenang, 2006; Asuquo, 2011). Nsamenang (2006) described death as an integral part of human development where it is observed as a transition from physical living into the ancestral selfhood. Therefore, this study also seeks to explore whether those who die by suicide transcend into the ancestral world or not, as explained by the elders of Ga-Sekororo.

2.7.1 Good and bad deaths

From an African perspective, death is believed to be either good or bad (Asuquo, 2011; Kanu, 2014). The cause of death determines whether the death is good or bad, thus dictating the types of funeral and rituals to be performed (Olumati, 2015; Van der Geest, 2004). Good death occurs when the individual is believed to have lived his or her life fully till the natural end (Asuquo, 2011; Kanu, 2014). Therefore, death is deemed to be good or acceptable when it occurs in old age and when one has achieved a sense of spiritual fulfilment (Olumati, 2015; Nsamenang, 2006; Van der Geest, 2004). Bad death or unacceptable death is one that comes too early before one is fully matured. This includes death from homicide, suicide, accidents, a mother’s death during childbirth and death due to certain illness such as leprosy (Adinkrah, 2015; Olumati, 2015; Kanu, 2014; Van der Geest, 2004).

Most African cultures share the belief that death by suicide is an abomination and contaminating to the land and diviners (Adinkrah, 2015; Asuquo, 2011; Kanu, 2014; Van der Geest, 2004). Adinkrah (2015), Asuquo (2011) and Mwandayi (2011) stated that the spirit of an individual who dies by suicide is rejected by ancestors and left to restlessly wander the earth. Asuquo (2011) similarly asserted that an individual who dies by suicide does not become an ancestor but rather an evil spirit.
It is believed that suicide not only affects the deceased’s immediate family but also the entire community. According to the Akan tribe of Ghana, individuals who die by suicide are chastised for disgracing their family and bringing a long lasting dishonour to their relatives and the community (Adinkrah, 2015). Death by suicide unlocks impending ancestral fury and a torrent of social destruction unless soothing rituals are performed to prevent the upheavals (Adinkrah, 2015).

The researcher is not aware of any study that has captured the Bapedi culture’s conceptualisation of what entails good and bad death. However, this study may provide a way of bridging this gap.

2.7.2 Death by Suicide: An African Perspective

Several studies found that suicide in most African cultures is regarded as the most shameful and reviled of all deaths, and is considered to be worse than murder (Adinkrah, 2015; Asuquo, 2011; Kanu, 2014; Van der Geest, 2004). Consequently, those who die by suicide are not permitted full funeral rites. It is believed that there is no suitable burial ceremony for anyone who dies by suicide regardless of their age (Ukwu & Ikebudu, 2013; Kanu, 2014; Van der Geest, 2004).

For most African cultures, life is important above all and should be valued (Adinkrah, 2015; Kanu, 2014; Asatsa, Muema & Matee, 2014; Hjelmeland et al., 2008). However, there are exceptions even within African cultures. For example, the Yorubas in Western Nigeria perceive suicide as acceptable when compared to a life of shame, dishonour and indignity (Lanre-Abass, 2010; Kanu, 2014). The Yoruba celebrate death from suicide if it entails one avoiding shame and a life of disgrace.
2.8 Death Rituals in Africa

Rituals serve as routines that allow people an opportunity to sustain and express emotions in relation to a specific event (Mwandayi, 2011; Kgatla, 2014). Hence, rituals are used in every culture to highlight a significant transition; for instance, there are rituals performed during birth, marriage or death, or at regular intervals depending on one’s culture (Kyalo, 2013; Mwandayi, 2011; Nsameng 2006). Furthermore, in Africa, rituals can be described as symbolic and repetitive ways in which individuals connect with the ancestors (Kyalo, 2013; Baloyi & Makobe-Rabothata, 2014).

A study by Asatsa et al. (2014) amongst the Batsotso tribe of Kenya found that rituals possess therapeutic values. The study highlighted psychological benefits from bereavement rituals. For instance, rituals were found to assist the bereaved in releasing their emotions, receiving family and community support, accepting death and being able to continue living life in the absence of the deceased.

2.9 Northern Sotho “Bapedi” Death Ritual

The following discussion is a brief summary of the rituals that are followed by the Bapedi in Limpopo Province. The discussion is based on Professor Kgatla’s study investigating the rituals performed by elderly Northern Sotho (Bapedi) people after death in the family.

According to Kgatla (2014), rituals after death are performed collectively amongst the direct family and extended relatives. Contrary to the Eurocentric approach to death, the pain and mourning is shared by the community amongst the Northern Sotho people. For instance, if the father dies, it’s not only the wife and children that are considered to have suffered great loss, but also the community as a whole. This has been highlighted by several studies amongst African communities; individuals cannot be separated from their community for they are
interdepend-able (Nwoye, 2015; Nsamenang, 2006; Mbiti, 1969; Asuquo, 2011; Kanu, 2014). This interconnection is revealed by the fact that the Northern Sotho people bury their loved ones where their ancestors were also buried regardless of residential changes or relocation. They are willing to spend a fortune just to ensure that their loved ones are buried alongside their ancestors.

After death, specific rituals are often administered by an elder or a family traditional healer. If rituals are not properly adhered to, the deceased ancestor may proclaim it as a sign of disrespect and bring about punishment or sudden death of other family members. A bull and other ritual animals are slaughtered as part of the rituals (Adinkrah, 2015; Kgatla, 2014).

After the funeral, the family is expected to perform rituals that will protect the living from sudden deaths. Depending on the beliefs of the family, members of the family are bathed in water mixed with roots of shrubs or muti. People who had attended the funeral are expected to wash their hands with water mixed with herbs and prepared by the diviners to cleanse and ensure that death does not follow them.

After all the rituals are performed, the family members’ heads may be shaved. This is an indication of the beginning of ceremonial mourning; distant relatives can only leave after the first head shaving ritual has being performed (Kgatla, 2014). Only after the heads have been shaved can the possessions of the deceased such as clothes be divided and shared amongst family members and relatives.

### 2.10 Rituals Performed After Suicide in Some African Communities

In some African communities, when one dies by suicide, the elders perform rituals to appease and cleanse the land. The family of the victim is expected to perform rituals to prevent suicide from occurring again in the same family (Kanu, 2014; Ukwu and Ikebudu, 2013).
Literature on indigenous understanding of suicide by Bapedi or other native South African culture remains scarce. The researcher hopes to contribute in addressing this gap by carrying out the present study. However, there is some literature on rituals in other parts of the continent.

### 2.10.1 Rituals for removing the corpse

In many African communities, the place, land or space in which a person commits suicide is considered unclean (Adinkrah, 2015; Asuquo, 2011; Kanu, 2014; Van der Geest, 2004). The Akan tradition of Ghana requires ritualistic pouring of alcohol and prayers before a suicide corpse is removed from the place of death. The prayer is to rebuke the deceased for bringing shame and disrepute onto the family and community and also to ask the Gods and the land to spare the living (Adinkrah, 2015). Following death by suicide, the Akan tribe also necessitates that the corpse be physically punished. This idea is shared by the Batsotso tribe of Kenya who beat the body of the person who has died by suicide before removing the body from the place of death (Asatsa et al., 2014). The aim of the beating is to drive away the suicide spirit. This is done to avoid reincarnation of the spirit of those who die by suicide.

Even though they have a spirit restoration ritual (*kurova guva /magadziro*) that appeases and requests the ancestors to accept the spirit of a person whose spirit is believed to have been restlessly wandering the earth after death, the Shona people of Zimbabwe will not perform this ritual for someone who died by suicide, because of the fear that reinstating such spirits could bring adversities to the family (Mwandayi, 2011). From many indigenous African viewpoints, it is believed that the spirits of those who have died by suicide have the capacity to reincarnate themselves in another person or in the form of a new-born and repeat the suicide in the same family (Opoku, 1989).
2.10.2 Burial customs

Those who die by suicide are typically denied burial rites. Adinkrah (2015) reported that, among the Akan tribe, the corpse of the dead is usually buried in the same physical state that it was found in. For instance, if the suicide occurred in the forest, the corpse is transported straight to the place of burial, either the cemetery or forest but is never brought to the deceased’s village or house. The corpse is covered in old cloth and buried directly in the ground. If there is a casket, the cheapest casket is to be used. In some South African cultures, the corpse of someone who committed suicide does not enter the yard; family members and relatives are expected to view the corpse at the gate entrance of the yard or compound (Dr Baloyi, Personal communication, September 02, 2016).

Ukwu and Ikebudu (2013) highlighted the serious implications of suicide amongst the Igbo people and the rituals that are performed. For instance, if one commits suicide by hanging from a tree, not everyone is allowed to touch or bring down the corpse. In addition, the tree is immediately cut down as a precautionary measure to prevent others from committing suicide there. It is also regarded as an evil tree. If the tree is in the forest or a farm, a grave hole is dug directly under the spot where the victim is hanging so that, when the rope is cut, the victim falls into the grave. This custom is similar to that of the Akan tribe (Adinkrah, 2015). Furthermore, if suicide is committed in the house, the Igbo believe that the house ought to be demolished and the body taken to an evil land for burial (Ukwu & Ikebudu, 2013).

2.10.3 Funeral rites

In most African societies, when one dies by suicide, singing of dirges, drumming or dancing are not allowed during the funeral (Kanu, 2014; Adinkrah, 2015). Family members are not permitted to mourn, weep or display any signs of sorrow publicly. People are not permitted to pay tribute to the deceased or to administer any post-burial thanksgiving services. The night-
vigil rite *molelelo* in Sepedi is not observed. Furthermore, there should be no cooking or drinking during the funeral ceremony (Adinkrah, 2015; Kanu, 2014; Ukwu & Ikebudu, 2013). This is summed up by the Sepedi idiom “moipolayi ga a llelwe” (loosely translated to mean there is no mourning for one who deliberately kills oneself). In the context of many African cultures, it is disgraceful to be denied full burial rites and funeral obsequies.

### 2.11 Significance of Rituals

From an African perspective, wellness and illnesses are entrenched in metaphysical origins. Thus, patients are likely to benefit most from directive external treatment, notably ritual performance such as cleansing in cases of bad-luck. Mpofu (2006) pointed out that ritual performance is one of methods used by traditional healers to cast away malicious spirits. This was well captured by Senghor as, *I feel, I dance the other, I am* (as cited in Airoboman & Asekhauno, 2012).

However, patients can also benefit from internally oriented healing techniques such as body incisions for protection against evil spirits (Juma, 2011). The African process of healing rituals involves the use of proverbs, singing, dancing, stories, and poetry, depending on the cultural context and the type of illness. These activities are the main components of the therapeutic process. These rituals serve as expressions of the patients’ thoughts, feelings, social and cultural identities. Therefore, these rituals serve as feasible scientific methods of connection and dialogue.

### 2.12 Conclusion

The literature review reveals that suicide is a global crises affecting both developed and developing countries. Suicide in most African countries remains underreported due to limited
research in this area. This is partly due to the taboo associated with suicide. South African studies have highlighted an increased rate of suicide in rural areas and provinces such as Limpopo and KwaZulu Natal. It is, however, uncertain what the reasons for the rise in suicide in rural areas are. South African studies have pointed out several factors that correlate with suicidal behaviours such as other mental illnesses and poor interpersonal relationships. Methods commonly utilised to attempt or commit suicide include hanging, self-poisoning and shootings.

Studies have also indicated the influence of culture of people’s conceptualisation of suicide. The literature review also highlighted the significance of rituals performed following death by suicide. The review also noted a gap and dire need for a more Afrocentric understanding of suicide as explained by Africans in Africa.
Chapter 3: Theoretical Framework: An Afrocentric Perspective

3.1 Introduction

In this chapter, the researcher discusses the Afrocentric perspective that is adopted as the theoretical framework for this study. He will also elaborate on this framework by exploring African worldviews and epistemology. The African perception of suicide, which is considered to be a global mental health problem, will be investigated. Lastly, a critique of this framework will be presented.

3.2 The Afrocentric Framework

The Afrocentric framework is an approach that prioritises the cultural perspective of Africans as explained by Africans in the investigation and rationalisation of any phenomena (Mkhize, 2004; Mazama, 2001). The main purpose of the Afrocentric framework is to institute a lively and realistic argument around the way Africans perceive and describe themselves (Asante, 2007). This framework seeks to diminish the Eurocentric misinterpretation of African problems (Asante, 2007).

Furthermore, the Afrocentric approach emphasises the significance of African cultural influences in the process of understanding and describing illnesses amongst Africans (Asante, 2007). Bojuwoye and Sodi (2010) have pointed out that each society has its own cultural and knowledge system for explaining and conceptualising illness and health. In support of this view, Dei (2012) asserted that each culture is fundamental to knowledge production and consequently governs people’s understanding of human functioning and behaviour. Therefore, in order to respond appropriately to the continuous suicide rise in rural areas (Reddy et al., 2010; Reddy et al., 2003), there is a dire need to understand the cultural meaning and
understanding of suicide as articulated by Africans. In the context of this study, the Afrocentric perspective assisted the researcher to explore the cultural understanding and experiences of suicide by Bapedi elders, using their linguistic expressions.

The Afrocentric framework helped in ensuring that relevant and culture sensitive information regarding suicide, as explained by the Bapedi elders, was explored and noted. The framework also helped in ensuring that information was gathered in a respectful manner, in line with the African philosophy of *Ubuntu*. The African understanding of suicide can also assist in deriving, profound cultural and psychological prevention programmes in line with African people’s belief systems.

The terms Africentric, African-centred, Afrocentric or African worldview, are often used interchangeably (Graham, 1999; Nobles, 1972; Thabede, 2008). These terms represent the thoughts and practices which are embodied within the history, tradition and experiences of the African people as explained by them. The terms describe the cultural values that are held by people of African origin throughout the world (Mbiti, 1969; Graham, 1999). Therefore, in the context of this study, the terms Afrocentric, African centred and African worldview are used synonymously.

### 3.3 Worldview

According to Hernes and Metzger (2017), the appraisal of people’s relation to nature and worldview provides a clear conceptualisation of their perceptions and behaviours. In the context of this study, an understanding of Africans by perusing their worldview is expected to provide a richer understanding of suicide from an African perspective. It is therefore imperative to consult native communities, and comprehend their views on suicide.
Mkhize (2004) and Olsen, Lodwick and Dunlap (1992) defined worldview as a set of basic cognitive, perceptual, and affective assumptions that a group of people collectively develop and adopt in order to explain their reality, place and purpose in the world. Therefore, one’s community, culture and relationships with nature influence the development of their worldviews (Hernes & Metzger, 2017; Olsen et al., 1992). Worldviews provide individuals with basic principles of how they ought to organise their actions in the world (Du Plessis & Brandon, 2015).

Throughout its history, the literature on worldview has been dominated by the concepts of ontology, epistemology and axiology (Hedlund-de Witt, 2012). These concepts are also used to explain the African worldview (Hedlund-de Witt, 2012; Grills, 2002; Du Plessis & Brandon, 2015). The Afrocentric explanations of these concepts: ontology, epistemology and axiology as well as cosmology, which has been identified as a central component in the African worldview, are discussed below.

3.3.1 Ontology

Grills (2002) described ontology as an orientation to the nature of reality. Ontology is about what can be known about the nature of the world (Mkhize, 2004; Vidal, 2008). It refers to the assumptions made regarding the composition, organisation and nature of reality (Hedlund-de Witt, 2012). In simple terms, ontology deals with the establishment of what entities are real and can be assumed to exist. For instance, the belief in the existence of God and Gods (ancestors or Badimo) forms part of the Bapedi people’s ontology. African ontology acknowledges the significance of the spiritual dimension of people’s reality.

3.3.2 Epistemology

Epistemology is a branch of philosophy that is defined as the study of knowledge and its origin, limitations, scope, justification and the meaning of human nature (Hedlund-de Witt,
2012; Omoregbe, 1998; Kaphagawani & Malherbe, 2002). Given the above, epistemology can be defined as the study of human nature, as well as the approaches and foundations of attaining valuable human knowledge (Nwoye, 2015). In Western epistemology, knowledge is derived through empirical science. However, science is only one way of the many other ways through which authentic and useful knowledge is gained (Ani, 2013). From an African viewpoint, knowledge is also derived from other sources and sites, for instance, from ancestors, art, intuition, poetry, music and, in the context of this study, elders.

3.3.3 Axiology

Axiology focuses on ethical value systems that are shared in human interactions and how they relate to nature (Grills, 2002). It is essentially concerned with what virtuous life entails. On this basis, axiology is concerned with moral and ethical values that individuals uphold (Hedlund-de Witt, 2012). From an African perspective, the ethical principle of Ubuntu illustrates the axiology concept well as it places an emphasis on the significance of interconnectedness between individuals, community, nature and spirituality.

3.3.4 Cosmology

According to Grills (2002), cosmology is concerned with the relationship between one’s reality and the divine one. Its emphasis is on the philosophy that there is connection between individuals and God, Badimo (Gods), plants and animals (Mkhize, 2004). These connections mutually influence each other in a holistic way. Thus, from an African perspective, harmony should be achieved between these connections to maintain cosmic unity. When the connections are upset, it might lead to mental illnesses and, in the context of this study, suicidal behaviour.

Du Plessis and Brandon (2015) have pointed out that worldviews are not only limited to scientific understanding but are also influenced by individuals’ value systems and ideologies. Du Plessis and Brandon (2015) similarly argued that all worldviews are limited by their
ontological and epistemological grounding and thus cannot be deemed universal. Accordingly, Western worldviews are often individualistic, dualistic, mechanical, reductionist and objective in nature with high inclinations to neglect cultural, spiritual and inter-subjectivity in the perception of the world (Nwoye, 2015). The African worldview, is however, based on its cultural notions of *Ubuntu* and an integrated world, it is principally concerned with communally collective and cooperative views of the world with a central desire to maintain cosmological harmony (Nwoye, 2015).

### 3.4 African Worldview

The notion of an African worldview emerged as response to a shift from the Euro-American universalised paradigms to a more culturally pluralistic paradigm that is accommodating to indigenous communities (Graham, 1999). The African-centred worldview endorses indigenous epistemologies, ideologies and values as vital to the understanding of Africans (Graham, 1999; Nwoye, 2015). In line with this, the current study focuses on the Bapedi indigenous understanding of suicide.

The African worldview refers to the way Africans conceptualise their world, which in turn influences their ways of knowing and doing (Baloyi & Makobe-Rabothatha, 2014). The African conception of a human being is based on African ideologies of the self as a relational being. This self-in-relation is well captured by Mbiti (1969): “I am because we are, and since we are, therefore I am” (p 141). This relates closely to the South African concept of *Ubuntu* (IsiZulu), *Botho* (Sepedi) and *Vumunhu* (xiTsonga).

The African worldview is underpinned by the following principles and values: the interconnectedness of all things, the spiritual nature of human beings, collective identity, and
Ubuntu, the value of interpersonal relationships (Asante, 1987; Graham, 1999; Akbar, 1976). These will be discussed below.

3.4.1 **The interconnectedness of all things**

From an African-centred worldview, there is an interconnection between all universal elements. This includes the interconnection between people, inanimate objects and animals. All of these elements are perceived as interdependent on each other (Nwoye, 2015; Mbiti, 1969; Dei, 2012). There is no separation between the material and spiritual realms. In the case of this study, the researcher sought to investigate how this interconnectedness is affected when a person dies by suicide.

3.4.2 **The spiritual nature of human beings**

The African worldview embraces a strong interpersonal relationship with others in order to maintain cosmic order. The universe, nature, humans, and the spirit are all considered as one (Bakari, 1997; Dei, 2012; Nsamenang, 2006; Mbiti, 1969; Graham, 1999). Spirituality is described as the imperceptible element that connects all people to each other and to God/Gods. In this context, it was interesting to note the spiritual implications associated with suicide as explained the Bapedi elders of Ga-Sekororo.

3.4.3 **Collective /inclusive nature of family structure**

The African worldview holds the view that an individual cannot be separately understood from their community. Mbiti (1969) pointed out that, when something happens to an individual, it also affects the community. Similarly, the African worldview perceives children as the collective responsibility of the community (Graham, 1999). In the context of this study, this idea implies that suicidal behaviour amongst Africans is perceived as a communal problem. This is a view also shared by the Bapedi culture; for example, when someone dies by suicide, people will ask, from which tribe or family clan does the person come from (*Ke ngwana wa*
kgoro efe, goba wa ga mang?). The person is not identified individually but by his or her family clan or tribe.

3.4.4 *Ubuntu (the value of interpersonal relationships)*

The philosophical concept of *Ubuntu* is utilised to deliberate on the significance of the value of interpersonal relationships. Ramose (2002) describes *Ubuntu* as the spirit of togetherness. The concept of *Ubuntu* implies that “no man is an island”, that is, we do not exist in isolation. A threat to the balance of harmony between the individual and his or her community may create tension and results in harmful implications (Tschaepe, 2013). For instance, Mufamadi (2001) found that isolation or distance from others is regarded as a mental illness from an African perspective. Self-withdrawal and isolation are at times also identified as some of the symptoms of suicidal behaviour. The concept of *Ubuntu* affects healing as well as perceptions of illness. Baloyi (2009), for example, argued that healing is also communal. Therefore, any healing ritual requires a wholistic approach.

3.5 **African Epistemology**

Suicide, mental illnesses and other diseases have existed throughout history in Africa. The science of healing illnesses has also existed throughout history in Africa, long predating colonisation. This science involved the use of herbs, potions, lotions and spiritual dimensions. Therefore, it can be deduced that Africans have been generating innumerable forms of knowledge such as psychotherapy and indigenous psychology long before colonisation (Okere, 2005; Mkhize, 2004).

The notion of African epistemology is based on the recognition that knowledge, reality and rationality can be understood using African ideas as explained by the African traditional and cultural experience without resorting to Eurocentric or other alien conceptual frameworks.
As a result, African epistemology is profoundly rooted within ontological knowledge or the African way of ‘being’.

There are varied forms of knowledge in African epistemology. They include communal knowledge, knowledge from elders, inferential knowledge, spiritual knowledge, verbal tradition and wholistic knowledge (Ndubisi, 2014). Evidence of African epistemology can be traced as far back as 4000 BCE (Bakari, 1997). Throughout history, a great volume of African knowledge and wisdom has been transferred down from the elders to the younger generation through oral discourse.

The notion of African epistemology reiterates Aristotle’s statement that “all men by nature desire to know” and possess some form of knowledge within a cultural context (as cited by Okere, 2005, p.22). Ndubisi (2014) agreed, stating that “the desire to know is innate in every human being” (p. 33). This implies that all humans, regardless of race or culture have some form of epistemology. Since all humans have an epistemology, all people therefore have knowledge which is based on their culture and experiences (Okere, 2005).

The differences between epistemologies can be profound and have far reaching consequences. It is therefore imperative for researchers and clinicians to have a clear understanding of suicide from an African epistemological paradigm when treating Africans.

### 3.6 African Views on Mental Illness

The conception of mental illness is determined by various elements, including the historical background, cultural factors, level of scientific knowledge and abilities and capacity to conduct scientific enquiry, educational levels, as well as many others factors (Njenga, 2007).

In many parts of Africa, mental health problems such as suicide are understood to be present when an individual shows behavioural signs and symptoms that are perceived to deviate
from social norms (Mufamadi, 2001; Mzimkulu & Simbayi, 2006). For example, a study by Mufamadi (2001) found that several symptoms were associated with mental illness, including hostility, speaking illogically, alienation, shouting loudly, confusion and strange behaviours. Some mental health problems are also considered to result from heredity, witchcraft, sorcery, disregard of cultural norms and spirit possession (Mufumadi, 2001; Sorsdahl, Flisher, Wilson & Stein, 2010). Furthermore, Tsala-Tsala (1997) and Chavunduka (1978) have reported that, in Africa, every disease is acknowledged as having a supernatural origin. Wessels (1985) also indicated that some people may be motivated by jealousy or evil intentions to harm others by afflicting them with mental illness.

Many African cultures believe that disrupting behaviour and the contravention of cultural taboos often results in bad luck and ill-health. According to Nzewi (1989), for example, the Yorubas and Igbos of Nigeria, the Hehe of Tanzania, the Luo in Kenya, and the Amhara in Ethiopia share this view. In addition, Beuster (1997) reported that, in most traditional African communities, unacceptable behaviours such as alcoholism, substance misuse and dependences, relentless and unsettled conflicts in relationships are believed to be responsible for mental health problems. Most African communities hold a belief that one arouses mystical fury by ingesting or inhaling intoxicants such as drugs, which might lead to the development of mental illness (WHO, 2002).

From an African perspective, mental illness is not considered as something to be cured or controlled but as something to be understood and acknowledged. Emphasis is on understanding the meaning of the illness. African psychotherapy does not focus on how an illness manifests but rather why it manifests (Mkize, 2003). Furthermore, African treatment focuses on who and not what caused the illness (Juma, 2011). The enquiry is primarily focused on whether the illness is caused by witchcraft or angered ancestors (Uys, 1989).
From the African worldview, symptoms are perceived as evidence of a conflict between the client and other individuals, notably the living dead, spirits and the non-material forces that pervade society. It is imperative for African therapists to comprehend the social meaning of the symptoms (Mkize, 2003). Uys (1989) explains that the African therapeutic healing process focuses on the person in totality, as a whole, and frequently comprises of close and distant relationships. This healing process includes dancing and singing at the patient’s home while chasing away malicious spirits. The process concludes with a feast involving the sacrifice of an animal to appease the spirits and the drinking of traditional liquor. Thus, for Africans, the illness is everybody’s business; the family and the community are just as concerned as the victim who bears the message.

3.7 Critique of African Epistemology and Worldview

There are some African philosophers who support the notion of an African worldview and epistemology as a way of knowing that is exclusively African. Other analytic African philosophers reject this notion as merely a narrow epistemological “mindset” that does not accommodate the lived experiences of all Africans (Udefi, 2014). However, Mkhize (2004) has clearly argued that to “say that there is an African Worldview does not mean every member of a culture should subscribe to it, in the same manner that not every European subscribes to individualism as way of life” (p 35). Furthermore, Okere (2005), Baloyi and Makobe-Raborthata (2014), Nwoye (2015) and Bulhan (2015) have acknowledged and even emphasised the existence of multiple epistemologies within the African continent.

Some African philosophers have been accused of making unverified assumptions that African epistemology is far superior when compared to the Western epistemology. This is perceived not only as intellectually dishonest but also as an attempt to oppress other epistemologies (Airoboman & Asekhauno, 2012). However, Nwoye (2015) stressed that the
purpose of African psychology is to ensure that scholars, regardless of their race, are sufficiently well cultured in the African tradition while being educated in the Western system. It is therefore necessary for one to acquire such skills in order to become an informed translator of African knowledge, psychology, tradition, ethics and culture while still being well grounded in the central contributions of Western psychology. It is, however, important to note that Africa epistemology has no inclination to dominate other knowledge but rather to create a space for the African knowledge to be considered free from other dominating cultures. This clearly illustrates that African epistemology acknowledges Western epistemology and its contributions (Baloyi, 2009).

3.8 Conclusion

Throughout history, Eurocentric psychology has resulted in the marginalisation of the African epistemological paradigm and imposition of unfitting theoretical frameworks on Africans. In an effort to correct this, it is imperative to ensure that psychologists working in African communities become well knowledgeable about the African understanding of mental health. The aim is not to denigrate the contributions of the Eurocentric ways of inquiry but rather to ensure that psychologists in general and clinical psychologists in particular are well cultured in both the African and Eurocentric paradigms. In order to engage the problem of suicide in indigenous African communities; there is need to conceptualise the world in ways that are consistent with African people’s beliefs and to apply that knowledge in dealing with the rise in suicide, especially in the rural areas.
Chapter 4: Research methodology

4.1 Introduction

This chapter provides a discussion of the research design and methodology followed. The initial part sets the context by reflecting on the appropriateness of indigenous methodologies. Then the researcher critically deliberates on the qualitative approach and narrative inquiry adopted in this study and outlines the type of sampling method used. Next, the researcher describes how data was collected and analysed. Lastly, the researcher discusses quality criteria and ethical considerations.

4.2 Indigenous Methodologies

Indigenous research methodologies study a phenomenon from an indigenous worldview. They take into account the ontology, epistemology and axiology of the phenomenon under investigation (Peters, 2013). Indigenous methodologies are defined as inquiries that take into account methods and techniques drawn from traditional customs and knowledge by and for the indigenous people (Denzin, Lincoln & Smith, 2008). Therefore, indigenous research methodologies also privilege local knowledge. This linked well with the aim of this study which explored the Bapedi people of Ga-Sekororo’s local knowledge regarding suicide.

4.3 Research Approach

This study adopted the qualitative research approach. According to Creswell (2009), qualitative research is concerned with describing and understanding a phenomenon as narrated by the participants, particularly one that is little known. It provides in-depth description of beliefs and knowledge in a particular cultural and social context. It is on this basis that the study
was conducted in Ga-Sekororo, within a collaborative interactive context including both the researcher and respondents.

A qualitative research approach is also in keeping with the Afrocentric framework and indigenous research methodologies because they all emphasise the significance of collaborative ways of inquiry (axiology) that include collaboration between the researcher and participants.

Although qualitative research accommodates indigenous research methods, there is still a tendency from some researchers to approach and view experiences of indigenous people through the Western lens. The inclination to approach qualitative research from a Western perspective has in most cases resulted in the imposition of Western ways of knowing and doing on indigenous communities (Kovach, 2009). This is well-articulated by Linda Smith (1999) who argued that “the word itself, ‘research’, is probably one of the dirtiest words in the indigenous world's vocabulary” (p 1). Kovach (2009) pointed out that there are two main challenges encountered in the effort to link qualitative research and indigenous methodologies, namely, language and knowledge. Indigenous knowledge is fluid and idiosyncratic to a particular ethnic language (Wang & Geale, 2015; Kovach, 2009). Often there are words or meanings that may not be captured in English without losing their fundamental meaning, an issue that has been mentioned in the African context (Ramose, 2002). This may be particularly challenging for researchers who cannot speak indigenous languages.

Another challenge in terms of using indigenous methodologies is knowledge. Knowledge is local and cultural and such knowledge may contradict Western ways of doing and understanding (Okere, 2005; Kovach, 2009). Persisting in using methodologies that do not take into account such knowledge leads to distortion and confusion. It is important, therefore, to use research methods that reflect local knowledge and respect indigenous worldviews (Kovach, 2009). Accordingly, the researcher followed an Afrocentric approach to qualitative research
which privileged local knowledge and stressed the quality of interactive and relational ways of inquiry. Such an approach naturally becomes reflexive (Kovach, 2010). For these reasons, the researcher did not present himself as an expert but rather adopted a mutually interactive and relational relationship with the participants, an approach that was enhanced by following the principles of *Ubuntu* and by using the Sepedi language which is the dominant language in Ga-Sekororo.

4.4 Research Design

The research design adopted in this study was qualitative narrative inquiry. Several scholars describe narrative inquiry as an approach to understanding and exploring experiences (Clandinin & Huber, 2010; Clandinin & Caine, 2008; Moen, 2006). Narrative inquiry into experiences necessitates collaboration between the participants and researcher (Clandinin & Caine, 2008; Moen, 2006) and places an emphasis on the interdependence between an individual’s experience and context (Moen, 2006; Clandinin & Huber, 2010; Clandinin & Caine, 2008). This affirms one of the Afrocentric framework’s basic assumptions, namely, interconnectedness (Nwoye, 2015; Mbiti, 1969; Dei, 2012).

Narrative inquiry places emphasise on the meaning of the stories (Wang & Geale, 2015; Moen, 2006). It explores the participants’ subjective truth within their sociocultural context rather than objective truth (Wang & Geale, 2015). This allowed participants to freely articulate their experiences without any restrictions or fear of judgement (Clandinin & Huber, 2010). Adopting narrative inquiry assisted in answering the research questions within the context of Ga-Sekororo as the sampled Bapedi elders narrated past and present stories regarding their cultural understanding and the meanings of ritual performed following suicide.
4.5 Population and Sampling

The sample was drawn from the population of elders in Ga-Sekororo, Mopani District in Limpopo province. The researcher chose elders because, according to the African paradigm, they are considered to be the custodians of accurate and genuine traditional knowledge. Elders are also seen as the intermediaries, architects and generators of sincere cultural knowledge and the reservoirs of communal wisdom that is accrued over time (Falola & Genova, 2005; Ozumba & John, 2017). Statistics South Africa (2014) profiled individual from the age of 60 years and older as elders.

Participants were selected through purposive sampling. The researcher purposively selected a sample of seven Sepedi-speaking senior citizens age 60 and older, who are known to be influential and knowledgeable about the Bapedi culture, with a preference for those who had close relatives whom they have lost to suicide. All of the participants were born and still reside in Ga-Sekororo. The researcher continued to collect data until the point of data saturation, as recommended by Morse (1995).

4.6 Materials, Apparatus and Instruments

The researcher utilised pen and paper to note down non-verbal behaviours to incorporate within the research. An audio recorder was utilised to record the conversations. This assisted the researcher in transcribing narratives verbatim for analysis purposes. The researcher used a conversational schedule to help guide the conversations and to ensure that all objectives were attended to (see Appendix1a: Conversational schedule—English version and Appendix 1b: Conversational schedule – Sepedi version).
4.7 Data Collection

The conversational method was utilised to collect data. The conversational method is an acceptable and respectful process of gathering indigenous knowledge within indigenous communities (Kovach, 2010), and it is in line with indigenous worldviews that take into consideration the significance of oral discourse as an authentic way of producing, preserving and conveying knowledge. The conversational method gathers knowledge through story-telling which is congruent with the adopted Afrocentric framework.

The conversational method involves a dialogical engagement between the researcher and the respondents using their own indigenous language (Kovach, 2010; Bishop, 1999), in which the researcher is perceived as a participant rather than an observer or data collector (Bishop, 1999). Such collaborative storying assists in rediscovering indigenous people’s experiences and, being rich in spiritual and philosophical guidance, preserving knowledge, heritage, ways of knowing and being for future generations (Ormiston, 2010; Bishop, 1999). This relational method of exploring information, in other words, demonstrates a level of respect for African epistemology, in contrast to interviews which are interrogative and at times intrusive. This method of data collection also assists in building a stronger trustful relationship between the researcher and the respondents (Kovach, 2010; Bishop, 1999). Thus, the researcher’s conversations with the participants were dialogic, reflective and relational, congruent with the Ubuntu approach defined by Ramose (2002).

During the conversations, the elders were asked to share their cultural insight and experiences regarding suicide in Ga-Sekororo in Sepedi. The conversations were later transcribed and translated into English. However, it is imperative to note that, when analysing and interpreting data, preference was given to the original Sepedi words in order to preserve their true meaning.
4.8 Data Analysis

Content analysis was utilised to analyse the data. Content analysis is commonly used to analyse a phenomenon with limited research literature (Hsieh & Shanon, 2005; Zhang & Wildemuth, 2009). Content analysis helped the researcher to avoid using preconceived categories when analysing data (Hsieh & Shanon, 2005; Zhang & Wildemuth, 2009) allowing the categories and names for categories to flow from the data as suggested by Hsieh and Shanon (2005). As a result, the researcher was able to analyse information directly from the participants’ words without imposing his own ideas.

The researcher embarked on analysis by following the steps of content analysis as outlined by Zhang and Wildemuth (2009) which are supported by Hsieh and Shanon (2005).

**Step 1: Prepare the data.** This step entailed going through the collected data. The researcher listened to the recorded audio tapes repeatedly and transcribed the data into written text. This helped to familiarise the researcher with the data and helped to ensure that suppositions and personal bias or theoretical views were suspended. Common themes could already be identified during this stage.

**Step 2: Defining the unit of analysis.** This stage involved classifying the basic unit of text. Basic messages or ideas derived from the transcripts were unitised before coding. This stage also involved noting down the phrases from the narratives that seemed to capture key thoughts or concepts (Creswell, 1998). The research questions were also used to deduce themes that served as the units of analysis.

**Step 3: Develop categories and a coding scheme.** This stage involved the identification of themes, common ideas and meanings from the collected data. This is the process of coding. Coding marks a significant shift from data gathering to analysis (Saldaña, 2009). Codes serve as a way to label, compile and organise data. Codes also allowed the researcher to summarise
and synthesise data. The researcher used the transcripts to code the data by identifying similar phrases and meanings. Codes that shared similar themes or represented similar ideas were grouped together into categories.

**Step 4: Testing of coding scheme.** This stage involved checking for coding consistency. The codes were evaluated to check if they were addressing the research questions and objectives. This helped to validate the consistency of the coded data and the categories. This process ensured that doubts and problems concerning the codes and categories were sufficiently addressed. As suggested by Weber (1990), the researcher checked for coding consistency and revised the coding rules until coding consistency was achieved.

**Step 5: Coding and assessing of consistency.** This stage involved checking the rest of the coded data for consistency. The researcher continued to check for coding consistency in order to ensure reliability (Weber, 1990).

**Step 6: Draw conclusions from coded data.** This step involved making sense of the themes or categories identified. The researcher deduced themes from the coded data. The researcher re-evaluated the themes and achieved an understanding of each. The researcher also evaluated the patterns of relationships between categories; and compared the identified themes with available literature as suggested by Bradley (1993).

**Step 7: Reporting of the findings.** The final stage included developing an interesting and readable report that provides a sufficient and truthful description of the topic under study to allow people to understand the basis for an interpretation and the description (Patton, 2002) on suicide. The findings and interpretation are presented in text in the next chapter.
4.9 Quality Criteria (Trustworthiness)

Several scholars recommend that, for a qualitative study to be trustworthy, it should possess the principles of credibility, transferability, dependability and conformability (Shenton, 2004; Reason & Rowan, 1981). However, given the indigenous approach of this study, not all of these principles were applicable. The implicit aim of any indigenous study is to present a raw, honest, truthful and non-stereotyped knowledge and experience of the indigenous communities within their cultural context (Denzin et al., 2008; Wang & Geale, 2015; Meon, 2006). This suggests that the findings will be highly local and context-specific. In addition, this study utilised conversational and narrative collaborative interaction between the researcher and the respondent, taking into account the significance of culture and context. This implies that the findings of such a study cannot be generalised, transferred or replicated in other situations as is required by the principles of conformability, transferability or dependability. Thus the finding of such a study ought not to be judged in terms of the Western paradigms (Denzin et al., 2008).

Trustworthy principles that do align with the adopted paradigm include credibility, reflexivity and consistency. These are briefly outlined below.

4.9.1 Credibility

This is similar to internal validity, in which the aim is to demonstrate that the inquiry was conducted in such a way that assures that the participants were precisely identified and described, and that no other factors explain the results except the inquiry itself (De Vos, Delport, Fouché, & Strydom, 2011). To guarantee the credibility of this study, the methodology followed in the study and the selection of respondents is clearly outlined.
4.9.2 Reflexivity

Due to the qualitative collaborative nature of this study, the principle of reflexivity was adhered to (Lambert, Jomeen & McSherry, 2010; Kovach, 2009). According to Kovach (2009), reflexivity involves the researcher’s engagement in introspection during the process of meaning making. Reflexivity is regarded as an essential process when conducting qualitative studies in which the researcher is continuously reflecting on his or her own values, perceptions and actions and how they may impact the data collection, analysis and interpretation (Lambert et al., 2010; Kovach, 2009). The researcher in this study continuously reflected on his own values and perception to ensure that they did not affect the research process. Furthermore, the researcher followed all the steps outlined in the methodology when collecting and analysing the data to ensure that the respondents’ ideologies were preserved as they were.

4.9.3 Consistency

Golafshani (2003) refers to consistency as the constant depiction of a particular attribute as elucidated and narrated by the respondents. The researcher ensured the consistency of the results by constantly pursuing interpretations in as many different ways as possible, and also by following all the proposed steps of data analysis as stipulated.

4.10 Ethical Considerations

Ethics are responsibilities that ought to be adhered to when conducting research. They place emphasis on the protection of the respondents’ privacy, wellbeing and dignity (Wang & Geale, 2015). Due to the interactional and relational nature of this study, the researcher was aware of his dual role as a fellow conservator and professional. The ethical guidelines that were adhered to are highlighted below.
4.10.1 Permission for the study

The researcher obtained ethical clearance from the Sefako Makgatho Health Science University’s Research and Ethics Committee (SMUREC) before the study was conducted. The researcher also approached the Ga-Sekororo tribal house to obtain gatekeeper permission to interview the participants (Appendix 2a and 2b: Letter of permission to the traditional leader – English version and Sepedi version).

4.10.2 Informed consent

The researcher informed the participants about the nature and purpose of the study before the study was conducted. Considering that only elders were included, Sepedi language was used in the conversation. The participants were provided with information concerning the study. Given the context and age of some of the participants, an audio recorded consent was considered to be a more respectful way of obtaining consent (Appendix 3: Informed consent letter and form – English version and Sepedi version). Lastly, participants were informed that participation was voluntary and that they could withdraw at any stage if needed.

4.10.3 Confidentiality

The researcher ensured that any personal information such as personal details and biographical data was and still is kept confidential and only known to the researcher and supervisors. The identities of the participants are kept anonymous as pseudonyms are used to identify the participants.

4.10.4 Ubuntu

Given the nature of this study, the researcher engaged with the participants from an Ubuntu philosophical point of view. An Ubuntu approach entails being humane, respectful and polite (Ramose, 2002). This required that the researcher had to be respectful and sensitive when
observing and interacting with the participants in accordance with Bapedi ba Ga-Sekororo’s culturally established protocols.

### 4.11 Conclusion

This chapter presented the research methodology. The selected methodology of qualitative narrative inquiry was in line with the adopted Afrocentric framework, ensuring that the findings of the study are true to the reality and experiences of the Bapedi elders of Ga-Sekororo. The next chapter will present the results or findings of the study.
Chapter 5: Results

5.1 Introduction

In this chapter, the findings of the present study are presented. The demographic information of the participants is presented in a tabular form (see Table 1). Themes that emerged from the analysis of the data include: (1) participants’ notions of suicide; (2) participants’ perception of suicide triggers; (3) methods commonly used to commit suicide; (4) places where suicide is commonly committed; (5) rituals followed when one dies by suicide; (6) treatment after surviving a suicide attempt; and, (7) participants’ views and experiences on how to manage suicidal behaviour.

5.2 Demographic Details

The table below shows the demographic information of the participants. This includes the participants’ gender, age and place of residence within Ga-Sekororo. All the participants have close family relatives who they lost due to suicide.

<table>
<thead>
<tr>
<th>Participant no:</th>
<th>Gender</th>
<th>Age</th>
<th>Residential Area in Ga-Sekororo</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Male</td>
<td>66</td>
<td>Lorraine</td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
<td>71</td>
<td>Lorraine</td>
</tr>
<tr>
<td>3</td>
<td>Female</td>
<td>82</td>
<td>Lorraine</td>
</tr>
<tr>
<td>4</td>
<td>Female</td>
<td>72</td>
<td>Moshate</td>
</tr>
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<td>7</td>
<td>Female</td>
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<td>Lorraine</td>
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5.3 Summary of Themes and Sub-Themes

The table below presents the main themes and subthemes that were identified during the data analysis.

Table 2

Summary of themes and subthemes

<table>
<thead>
<tr>
<th>Theme number</th>
<th>Main Theme</th>
<th>Subtheme</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Participants’ notions of suicide</td>
<td>Participants’ understanding of suicide</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Participants’ knowledge of signs of suicidal behaviour</td>
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<td></td>
<td></td>
<td>Participants’ cultural explanation of suicide (Suicide as se-ila)</td>
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<td></td>
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<td>Suicide treated as private or secret matter</td>
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<td></td>
<td></td>
<td>Death by suicide believed to result in restless spirit</td>
</tr>
<tr>
<td>2.</td>
<td>Participants’ perception of on</td>
<td>Anger and impulsivity</td>
</tr>
<tr>
<td></td>
<td>suicide trigger</td>
<td>Romantic relationships problems</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Conflicts in the relationship</td>
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<td></td>
<td></td>
<td>Cheating partners</td>
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<td></td>
<td>Abusive relationships</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Financial constraints</td>
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<td>Heredity / genetic predispositions (Le abelwa)</td>
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<td>Suicide as a vengeance death (Go tshinya letšwa)</td>
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<td>Witchcraft</td>
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<td></td>
<td></td>
<td>Lack of support from the family and community</td>
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<td></td>
<td>Methods commonly used to</td>
<td>Suicide triggers amongst the youth</td>
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<td></td>
<td>commit suicide</td>
<td>Avoiding or escaping pain</td>
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<td>Dysfunctional problem solving skills</td>
</tr>
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<td></td>
<td></td>
<td>Substance abuse</td>
</tr>
<tr>
<td>3.</td>
<td>Methods commonly used to</td>
<td>Hanging</td>
</tr>
<tr>
<td></td>
<td>commit suicide</td>
<td>Use of guns</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ingestion of poison</td>
</tr>
<tr>
<td>4.</td>
<td>Places where suicide is</td>
<td>Isolated forest</td>
</tr>
<tr>
<td></td>
<td>commonly committed</td>
<td>Home</td>
</tr>
<tr>
<td>Theme number</td>
<td>Main Theme</td>
<td>Subtheme</td>
</tr>
<tr>
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<td>-----------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>5.</td>
<td>Rituals followed by surviving relatives after suicide</td>
<td>The corpse of a suicide victim is not allowed at home or family yard</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rituals for preventing suicide</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Participant's views on the ritual of healing death</td>
</tr>
<tr>
<td>6.</td>
<td>Treatment after surviving a suicide attempt</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Participants' views on how to manage suicidal behaviour</td>
<td>Communication as a prevention method</td>
</tr>
</tbody>
</table>

### 5.4 Participants’ Notions of Suicide

Five subthemes were identified under participants' notions of suicide: Participants’ understanding of suicide, participants’ knowledge of signs of suicidal behaviour, participants’ cultural explanation of suicide (suicide as *se-ila*), suicide treated as private or secret matter, and death by suicide being believed to result in a restless spirit. These subthemes will be elaborated below.

#### 5.4.1 Participants’ understanding of suicide

The participants seemed to have a common understanding of what suicide entailed. All of the participants shared the notion that suicide is an act of deliberately killing oneself. The excerpts below indicate the participants’ explanations of suicide:

*Suicide entails killing oneself without giving an explanation...the person would not even leave a note that explains what made him angry. You will just find the person hanging on a rope* [Participant 1, male, 66 years old].

*We are speaking about people who would deliberately hang themselves to death...we would just bury the person to rest from whatever was bothering them. They usually do not say what it was* [Participant 2, female, 71 years old].
People who intentionally kill themselves. They hang themselves in the house without even informing anyone about their intention to die [Participant 3, female, 82 years old].

An individual would kills himself/herself because of problems. The person might not inform anyone what those problems are, but rather just take a decision to kill oneself [Participant 6, female, 69 years old].

From the extracts above, it can be inferred that the participants define suicide not only as an act of intentionally killing oneself, but also killing oneself without giving an explanation. This suggests that people are inclined to keep their suicide ideations secret. These perceptions are also supported by the following excerpts which reflect some of the participants’ personal experiences with relatives in this regard:

My niece refused to tell us her reasons for the suicide attempt. She ignored us when we enquired about her reasons for her suicide attempt. [Participant 1, male, 66 years old]

My nephew killed himself; he caught all of us by surprise...we don’t know what led him to commit suicide. To this day, no one knows what might have triggered his suicide. [Participant 5, female, 84 years old].

Given the above narratives, it appears that most of participants are of the view that people who commit suicide do not demonstrate any observable signs nor leave any explanations for their suicide. This suggests that people who attempt or commit suicide lack effective communication skills, using suicide as a destructive way of communicating their distress. In addition, their lack of communication may also be attributed to fear of being judged by the community, and this will be deliberated upon later in this chapter.
5.4.2 Participants’ knowledge of signs of suicidal behaviour

The extracts above indicate that most of the time suicide occurs unexpectedly. This means that it is difficult to identify signs of suicidal behaviour. Therefore, it also makes it challenging to develop prevention methods. The extract below reiterates this:

When someone wants to commit suicide, you would not see it. Even family members who are staying with the person may not see it [Participant 1, male, 66 years old].

However, in contrast, one of the participants reported that she had witnessed some signs of suicidal behaviour. She said:

I remember with one of my neighbours. His mother came to ask for assistance. She told me that her son wants to commit suicide. When I asked him what his challenges were, he said something unexpected; he said that he does not belong to this world anymore [Participant 6, female, 69 years old].

Another participant indicated that suicide victims do sometimes leave a suicide note explaining their actions. She said:

These days it is better because some of them would at least write a note that explains why they resorted to committing suicide [Participant 2, female, 71 years old].

The above extracts suggest that, although participants emphasised the lack of explanation inherent in their understanding of suicide, they have diverse experiences regarding where there are signs of suicidal intentions. Some suggest that there are no signs, while others indicated that they can observe suicidal intentions. The signs mentioned give an indication that people with suicidal behaviour usually present with complex behaviour. It can therefore be inferred that signs of suicidal behaviour are sometimes not predictable.
5.4.3 Participants’ cultural explanation of suicide (suicide as se-ila)

In this study, more than half of the participants (57%) attached cultural notions to suicide. They perceived suicide as *se-ila*, implying something that is culturally forbidden. This is reflected by the following extracts:

*Di a ila means doing something that is culturally prohibited and forbidden. For instance, if you eat something that is forbidden, you might develop an illness. This is because such behaviour is forbidden (di a ila) It’s culturally forbidden for one to kill himself [Participant 1, male, 66 years old].*

*When someone dies by suicide, a cow is not slaughtered in honour of their death. You buy the meat, not slaughter a cow. Di a ila. Most people are not even aware that such things are forbidden ... Di a ila means something is culturally forbidden and not open for debating [Participant 2, female, 71 years old].*

These assertions seem to define suicide as an act that is culturally intolerable and a behaviour that cannot be pardoned regardless of the reasons. Given this cultural connotation, the surviving family of someone who has died by suicide is at a risk of being judged and rejected by the community. This might be a contributing factor to the reasons why some people do not communicate their suicidal ideations.

Consistent with the description of suicide as a forbidden act, some participants’ thoughts of suicide are also grounded on moral principles that perceive suicide as an act that is punishable. This is illustrated by the excerpts below:

*God is watching them, they will pay. If there is a God, these people who commit suicide will have a big judgement day [Participant 2, female, 71 years old].*
How do you rest when you don’t know how things are wherever you are going?

Suicide is not a solution; you will probably suffer in the afterlife if you die by suicide. [Participant 6, female, 69 years old].

Given the above extracts, the participants seem to share the notion that suicide is an unacceptable way of dying. It is considered to be a cultural and moral abomination.

5.4.4 Suicide treated as private or secret matter

The findings of this study further suggest that nearly a third of the participants observed that most family members in the community do not disclose to the community when a family member dies by suicide.

Whenever someone attempts or commits suicide, the community is not informed. The family keeps it as a secret. This is to avoid been judged by the community....During the funeral, some families prefer that the cause of death remain a secret [Participant 6, female, 69 years old].

Some families prefer to tell only close relatives, but during the funeral service, they would not announce that the deceased died from suicide [Participant 3, female, 82 years old].

It appears that whenever people die by suicide or attempt to commit suicide, the family members avoid disclosing this to anyone. Instead, they tend to keep it as a private matter. This is done to avoid rumours and stigmatisation from the community.

5.4.5 Death by suicide believed to results in restless spirit

This study’s findings suggest that more than two third of the participants believe that, when a person dies by suicide, their spirit does not rest but rather suffers and wanders the world torturing others. This is reflected in the extracts below:
...you don’t know where you are going when you die. Your spirit will probably suffer more in the afterlife if you commit suicide than you currently experiencing on earth [Participant 1, male, 66 years old].

When a person dies from an accident, for instance, like my neighbour, their spirit becomes troublesome. Even the spirit of my neighbour is troubling his family. It is similar to those who die by suicide. This is because their spirits are not resting well. It is different from someone who dies a normal death such as dying from an illness [Participant 2, female, 71 years old].

How do you rest when you don’t know how things will be wherever you are going? It was not a solution [Participant 6, female, 69 years old].

Based on these statements, it can be suggested that participants believe that when a person dies by suicide, their spirit wanders around, and does not transcend into the spiritual world of ancestors as expected in the African paradigm.

5.5 Participants’ Perception of Suicide Triggers

5.5.1 Anger and impulsivity

Anger and impulsivity were identified by all of the participants as triggers of suicide. This is reflected in the excerpts below:

A person would become angry without giving any explanation, the following day you find them hanging from the roof of the house [Participant 1, male, 66 years old].

According to African culture, when a person commits suicide sometimes it is because the person would be upset or angry [Participant 4, female, 72 years old].
Suicide is caused by anger. A person would become so angry to a point of resorting to suicide. Suicide also results from acting impulsively. If you have anger and are impulsive, then you are likely to do things that are extreme such as committing suicide [Participant 5, female, 84 years old].

The findings suggest that when people are unable to control their anger, they act impulsively which sometimes results in suicide. So the participants perceive death by suicide as an impulsive reaction to anger. People commit suicide when they fail to inhibit their aggressions.

5.5.2 Romantic Relationships Problems

The majority of participants identified problems such as conflict, infidelity and abuse in romantic relationships as triggers for suicide. These subthemes are explored below.

5.5.2.1 Conflicts in the relationship

The findings of this study indicate that the majority of participants (71%) perceived conflicts in relationships or marriages as a significant contributor to suicidal tendencies. This is echoed in the following quotations:

When one lives with a woman, most often there will be a lot conflicts and arguments at home. There would be no love. Most men end up committing suicide because of this [Participant 1, male, 66 years old].

People commit suicide because of problems. Some is because of arguments in a relationship, such as quarrelling with a wife. [Participant 2, female, 71 years old].

Most women commit suicide when they have relationship problems with their men. Usually they would hang themselves [Participant 3, female, 82 years old].
Men kill themselves because of uncontrollable anger, especially after quarrelling with their wives. You will find that he is not happy at home [Participant 4, female, 72 years old].

When there is no love at home. When there are many conflicts at home. People end up hanging themselves [Participant 7, female, 60 years old].

The quotes above suggest that conflicts and loss of love between partners in a relationship results in suicidal tendencies. Conflicts in romantic relationships are perceived as suicide triggers for both men and women.

5.5.2.2 Cheating partners

The findings of this study found that more than half of the participants (57%) are of the view that other relationship factors such as cheating on one’s partner can result in the other partner committing suicide. This is echoed by the following excerpts:

These days women learn and adopt other Western cultures which lead them to commit suicide, especially when the husband has other partners, we have forgotten our roots and upbringings... a man will hang himself because his wife was cheating. It is un-African for a woman to date two men. It is only acceptable for men to have multiple partners [Participant 4, female, 72 years old].

There are women who commit suicide, due to relationship problems. Sometimes she would listen to rumours that her husband is cheating and she would kill herself [Participant 5, female, 84 years old].

The extracts above show that infidelity is a suicide trigger for both men and women. However, the first quote highlights the belief that, in African culture, it is acceptable for men to have multiple partners whereas it is forbidden for a woman to do the same. It can be observed from these extracts that women are sometimes blamed for their husbands’ suicides.
5.5.2.3 Abusive relationships

In this study, abuse was also considered by 29% of the participants as one of the factors that contribute to suicidal behaviour. The quotations below validate this:

The abuse of children and women is a common occurrence these days. There are fathers who are abusing their children. Some fathers would even sexually assault their own children. This kind of behaviour usually results in their wives committing suicide. [Participant 1, male, 66 years old].

Women would commonly hang themselves. The root of their problem is often because of abuse by their husbands. Women resort to suicide as a way of escaping from the abuse [Participant 3, female, 82 years old].

In this case, the participants see abuse as a trigger for women but not men to commit suicide. This probably results from the view that men are more likely than women to abuse their partners and children. The notion of suicide as an escape also appears in this sub-theme.

5.5.3 Financial constraints

The extracts below indicate that participants also identified financial difficulties as one of the contributing factors to suicide.

Some people commit suicide because of financial problems, especially when one owes others lot of money and struggles to pay back. Then the person would decide to commit suicide as a way to escape the problems [Participant 2, female, 71 years old].

People commit suicide for different reasons. A person can commit suicide because of difficulties looking after their children financially. Some people perceive suicide as a way out of challenges [Participant 6, female, 69 years old].
I remember my cousin. He was in constant conflicts with his wife. His wife had created a lot of debts. It was not long ago. He became very angry and committed suicide [Participant 7, female, 60 years old].

As these narratives show, financial problems that lead to suicide include the inability to financially support a family and been consumed by debts that one fails to pay. Again, the notion of suicide as an escape from burdens arises in this sub-theme.

5.5.4 Heredity / genetic predispositions (Le abelwa)

It emerged from this study that participants believe that suicidal tendencies can be carried in the genes and inherited. This is evidenced by the following excerpts:

One of my neighbour, a policeman by profession. He is actually from the same household as that one I told you about, the man who was acting oddly and wanted to commit suicide [the man’s brother]. He also had suicide ideations, he wanted to kill himself with a gun because he believed that would give him rest [Participant 6, female, 69 years old].

Some people’s suicide death are due to hereditary predisposition (le abelwa). Elders will even indicate that the name given to the suicide victim is similar to a name that was given to a relative who died by suicide. They would say that the person had inherited the suicide tendencies [Participant 4, female, 72 years old].

Suicide can be caused by genetics in a particular family; whereby the people from that family are impulsive. They cannot control their anger, they act impulsively...

It is something that they are born with. You will notice such trait from childhood [Participant 5, female, 84 years old].

The reason the corpse of someone who died by suicide or accidentally is not allowed to enter the home yard is because it is believed that if the corpse enters his
Participants had a variety of explanations for how suicidal tendencies might be inherited. One participant suggested inheritance was based on a predisposition that was more common if a person was named the same as a relative who had committed suicide. Another participant blamed the inheritance of personality traits such as impulsivity for the phenomenon. Another participant also noted that suicidal behaviour could be spiritually inherited from a family member who had died by suicide especially if proper cultural rituals where not adhered to during the funeral.

5.5.5 Suicide as a vengeance death (Go tshinya letšwa)

Some participants (57 %) believe that a person can be swayed to commit suicide as part of a revenge for something that they might have done. This is illustrated by the following excerpts:

*It is almost similar to witchcraft, whereby someone would mix some muti portions and casts a spell to kill another person. Then the family of the deceased also casts a spell back and so that the person who initially cast the spell would commit suicide* [Participant 3, female, 82 years old].

*The other man who hanged himself had actually killed someone’s goat. The owner of that goat indicated that something bad will happen to whoever killed his goat. It means that the owner of the goat cast a death spell, so that the person who had killed his goat would also kill himself* [Participant 6, female, 69 years old].

These extracts indicate that mystical or magical powers can be used to influence others to commit suicide. They mention spells that can be cast to influence others in this direction,
particularly as a way of punishing them for their wrongful doing. It is a form of a revenge by the victim on the perpetrator.

### 5.5.6 Witchcraft

The extracts below suggest that almost half of the participants (43%) believed that people can be bewitched to intentionally kill themselves. This is reflected by the following narratives:

*Witches can make a person commit suicide. It’s black magic. One may go to a traditionalist who practice witchcraft and give them something that belongs to you. They will then use that to fuel you with uncontrollable anger which will escalate and push you to commit suicide. Sometimes they will make you get into a car accident. It is a culture that still exists amongst most black communities* [Participant 1, male, 66 years old].

*Another cause of suicide is witchcraft. They would put together muti prepared through black magic for one to step on and then go on to commit suicide...they pour something on the ground (meleko), when you step on it, that’s when the concoction enters your body or stomach and moves through the veins. The concoction is poured in the streets where most people usually pass, it will not cause harm to other people only to the person it was formed and directed to, so that he can commit suicide. It is caused by pure jealousy, people in this world are full of jealousy. They do not want see other people’s children succeed* [Participant 3, female, 82 years old].

*According to our African culture, witchcraft plays a big role in suicide. A person can be bewitched to become confused and commit suicide* [Participant 4, female, 72 years old].
Witchcraft is considered to be an inherent part of black people’s culture, and some participants identify witchcraft as one of the biggest contributors to suicide amongst the black communities. Jealousy is considered to be the cause of the bewitching act.

5.5.7 Lack of support from the family and community

One of the participants in the study perceived suicide as resulting from poor social support from one’s family and community. This is evidenced by the following excerpt:

According to our culture, when a child behaves disruptively, it means that there is a possible breach of cultural norms by the family. If we do not do things according to culture, the child will start having problems and complications that affect the entire family...If a person attempts to commit suicide at least two to three times, it is then because the person lacked support from all of us as a community. Lack of support causes an increase in suicidal tendencies [Participant 4, female, 72 years old].

It is important to note that the lack of social support mentioned here specifically results from an individual or a family deviating from culture and acting disruptively. This may be related to the idea that suicide is perceived as a communal responsibility, and also that suicide is related to cosmic disharmony, a disturbance in the world.

5.5.8 Youth suicide

The participants also highlighted concerns regarding suicide amongst the youth. Upon enquiry, they mentioned the tendency of youth to opt for suicide as a way of escaping painful situations. This echoes a similar idea that arose in the themes of problems in romantic relationships (specifically abuse) and financial constraints. This tendency among the youth is perceived to be due to their lack of problem-solving skills. Substance abuse was also noted as one of the major cause of suicide amongst the youth.
5.5.8.1  Avoiding or escaping pain

When asked about the cause of suicide amongst the youth, participants indicated that young people resort to suicide as a way of escaping pain. This is evidenced by the following extracts:

*Young people easily get angry. Sometimes feel mistreated. They sometimes feel burdened and believe that suicide is the only way to escape from their perceived suffering* [Participant 1, male, 66 years old].

*Many things trigger people to commit suicide. Some commit suicide after experiencing heated arguments with loved ones, just to escape or hoping for a relief...My neighbour said that he felt mistreated at home. He would exaggerate things. He said he wanted to kill himself so that he could rest from the mistreatment* [Participant 6, female, 69 years old].

*I think young people commit suicide when something upsets them. They commit suicide in order to escape from the problems. They believe that by killing themselves, they will become relieved from their problems* [Participant 7, female, 60 years old].

Based on the excerpts above, it can be inferred that the participants perceive suicide amongst the youth as an effort to end all pain, despair, and troubles in their lives. The youth opt to commit suicide when they are overwhelmed by environmental demands.

5.5.8.2  Dysfunctional problem solving skills:

It emerged from the findings that the participants identified dysfunctional problem solving skills as a contributor to suicide amongst the youth. This is echoed by the following quotations:
Young people commit suicide because of their inability to solve problems [Participant 5, female, 84 years old].

A person commit suicide because of problems. The person might not tell anyone what the problems are, but instead take a decision to commit suicide. They believe that this will help relieve their problems and they will rest [Participant 6, female, 69 years old].

It is interesting to note that one participant identified youths’ inability to communicate their psychological distresses as a particular problem. It can be inferred that poor communication between partners in a relationship can also contributed to suicide.

5.5.8.3 Substance abuse

Substance abuse was also identified by some of the participants as a trigger of suicide amongst the youth. This is evidenced by the following excerpts:

The youth commit suicide after smoking heroin (nyaope). These drugs are the ones making them to commit suicide [Participant 1, male, 66 years old].

A young man who lived not far from her went out to drink alcohol at the local tavern and when he got back, he just hanged himself with a rope in the house. We also do not know his reasons [Participant 6, female, 69 years old].

There seems to be link between substance abuse and suicide. In most traditional African communities, unacceptable behaviours, including alcoholism and substance misuse, can cause mental health problems. Such an idea would also link this sub-theme to the theme of lack of social and family support.
5.6 Methods Commonly Used to Commit Suicide

5.6.1 Hanging

It emerged from this study that the most commonly used method of committing suicide that participants knew of and had heard of people using more often over the years was hanging. This is illustrated by the following extracts:

_The one method that I have come across the most is hanging. One of my uncles killed his wife using an axe. He then used a rope to hang himself. We found both of them dead_ [Participant 1, male, 66 years old].

_I have a nephew who went to the forest alone and hang himself there, near Makhutswi River_ [Participant 2, female, 71 years old].

_The use of a rope to hang when committing suicide has become a norm. It is the most common method used_ [Participant 5, female, 84 years old].

_One young man hanged himself close to the river. We still do not know what his reasons for committing suicide was. We just heard that he had hanged himself. Another one also hanged himself with a rope close to the same river. We also don’t know his reasons…In the past, there were no guns available. People killed themselves by hanging with a rope. Most were hanging themselves on trees. Some would go and hang themselves deep in the forest_ [Participant 6, female, 69 years old].

It is interesting to note the historical context here, suggesting that the use of a rope to hang oneself was the most commonly used method to commit suicide both in the present and the past. As Participant 6 comments, its common use could be because of its accessibility in terms of resources when compared to guns which most people do not have readily available.
5.6.2 Use of guns

Participants identified the use of gun to shoot oneself as another method that is used to commit suicide. This is demonstrated by these excerpts:

*These days, a man would shoot his wife, children, and then also shoot himself* [Participant 1, male, 66 years old].

*A man will shoot his children and then also shoot himself with a gun. We usually hear of this. But using of guns are things occurring in this modern time* [Participant 2, female, 71 years old].

*A man can shoot his wife and then shoot himself* [Participant 3, female, 82 years old].

It seems that the use of guns, as indicated by these extracts, is associated with men and also involves them shooting and killing their wives and children before turning the gun on themselves. The use of guns is associated with masculinity or power. Note the echo of the suggestion in the previous theme that using guns is a more recent development.

5.6.3 Ingestion of poison

The quotes below suggest that another method commonly used to commit suicide involves the ingestion of poisonous products and overdose of medication. This is reflected by the narratives below:

*The granddaughter took her grandmother’s diabetes medication that was already in the house in an attempt to commit suicide* [Participant 1, male, 66 years old].

*Some women would drink poisonous substances used as herbicides in the farms where they work. You’ll find that they keep the chemicals in the house, when*
there’s a dispute with the man in the house the woman takes the poison and kill
herself [Participant 3, female, 82 years old].

Based on the extracts above, it can be suggested that the ingestion of poisonous products
or overdose of medication as a method of committing suicide is more common among women.
When compared to the methods used by men, it seems that women opt for more passive method
of committing suicide.

5.7 Places Where Suicide is Commonly Committed

The findings from the participants (71%) suggest that the commonly preferred places for
committing suicide are ones where the person can be alone, either because they are isolated
locations, such as by the river, or because others have left.

5.7.1 Isolated forest

I have a Nephew who went to the forest alone and hanged himself there, near
Makhutšwi River [Participant 2, female, 71 years old].

My aunt’s child hanged himself on a tree with a rope, nearby the river Morola
[Participant 5, female, 84 years old].

5.7.2 Home

The person would wait for everyone to leave the house, then when alone, they
commit suicide...My uncle waited for the children to leave the house and when he
was left alone with his wife, he killed her with an axe and he also used a rope to
hang himself [Participant 1, male, 66 years old].
Some hang themselves in the house. They would wait for everyone to leave the house first and hang themselves when they are sure that they are alone [Participant 5, female, 84 years old].

These extracts suggest that when people are motivated to commit suicide, they will take precautions to ensure that they are alone before making an attempt. These preparations create a higher risk of fatality when compared to those who attempt suicide in the presence of other people or in places where they are likely to be rescued.

5.8 Rituals Followed by Surviving Relatives after Suicide

5.8.1 The corpse of a suicide victim is not allowed at home or family yard

The majority of participants (71%) indicated that, in accordance with the Bapedi culture, the corpse of a person who has died by suicide is not allowed to enter the yard at home during the day of burial. This is illustrated by the excerpts below:

The corpse of a person who dies by suicide is not allowed to enter his or her home yard during the funeral service...I remember with my uncle who hanged himself and killed his wife. Their corpses were not allowed to enter their home. From the mortuary, the corpse were stopped at the gate of their home where the service was held. Then they were transported to the graveyard for burial. [Participant 1, male, 66 years old].

During the funeral service held at home, the deceased doesn’t enter the home yard, the service however is held in the yard and then proceeds to the graveyard for burial [Participant 3, female, 82 years old].

When a person has committed suicide, on the day of burial the corpse does not enter the home yard, we put it outside the gate [Participant 4, female, 72 years old].
There is this other person not far from here who committed suicide while he was away at work. The family erected a tent outside the home yard close to the gate. During the funeral service held at home, the corpse did not enter the yard from the mortuary. After the service, the corpse was then transported to the graveyard for burial [Participant 6, female, 69 years old].

During the funeral service, the corpse of a person who dies by suicide is not supposed to enter the house or yard. Even my cousin’s coffin did not enter the yard or house [Participant 7, female, 60 years old].

These views regarding people who die by suicide are also extended to people who die from violent or accidental incidents. This is illustrated in the following extracts:

If a person commit suicide or is murdered with a gun or knife, their corpse is not to be allowed to enter their home yard during the funeral service [Participant 2, female, 71 years old].

The case of suicide is treated similarly to death from knife stab or being shot, the corpse is not allowed to enter the home yard [Participant 4, female, 72 years old].

A person who dies by suicide or from knife stabs, from car accidents or gun shots. Basically all sudden and mostly accidental deaths. The corpse of that person is culturally not expected to enter their home yard during the funeral. They are to be taken straight to the graveyard...Not far from here, there is a woman who died from a car accident, and her corpse was also not allowed inside her home yard. It remained at the gate, and then after the service at home, the corpse was transported to the graveyard for the burial [Participant 6, female, 69 years old].

It emerged from this study that when people die suddenly and violently, whether by accident or murder or suicide, the person’s corpse is not allowed to enter their home yard and
is kept outside the gate while the funeral service is held inside before being taken directly to the graveyard. The reason for this is that these deaths are regarded as bad sudden deaths as illustrated by the following excerpt:

*When a person dies from an accident or suicide, they would say that the person was struck by lightning* [Participant 2, female, 71 years old].

The participants believe that, if the corpse was allowed to enter the yard, the spirit of the deceased person would cause other suicides or violent deaths amongst their family members. This is evidenced by the following excerpts:

*It is believed that if the corpse enters his home, it will bring to forth evil spirits which will results in another family member committing suicide. The spirit of the deceased will cause many problem, mostly related to suicidal tendencies amongst the family members* [Participant 1, male, 66 years old].

*If the corpse of someone who died by suicide is allowed to enter their home yard or house during the funeral and a cow is also slaughtered; it will cause the suicide to reoccur again in the same household amongst the remaining family members* [Participant 2, female, 71 years old].

*When a person has committed suicide, killed in a car accident, shot by a gun or stabbed by a knife, the corpse is not allowed to enter his home yard a night before the burial as commonly expected. The corpse would arrive early in the morning of the burial day because if they can bring him in the house it is the same as bringing in the bad omen which will lead to one of the family members dying in the same way as the deceased* [Participant 3, female, 82 years old].

*They say that if the corpse enters the yard at home, it will cause another incident in which the family members might commit suicide in the house again...* There was
this funeral at Madeira. The people had died from a car accident. The coffins were also stopped at the gate, they were not allowed to enter the yard. Then from there, they took them straight to the burial site. It was said that the car accident were a repeat because they had previously allowed a family member’s corpse who died by car accident to enter the yard and house a night before the burial [Participant 6, female, 69 years old].

Bringing the corpse into the yard is not the only ritual that is avoided in cases of violent deaths. The extracts below indicate that other common burial rituals are not allowed for this type of death.

*When a person dies by suicide, the meat that is cooked during the funeral is not salted...A cow is not slaughtered, as traditionally expected. The family would rather buy the meat at butchery. A similar treatment is given to people who die by accident. For instance, when my neighbour died by car accident last year, a cow was not slaughtered* [Participant 2, female, 71 years old].

*Christians have the tendency to force things. They would allow the corpse to enter the home yard while they sing, that will bring bad luck into that family because culture doesn’t allow that. It leads to situations whereby one of the child in the family complications or someone dying* [Participant 4, female, 72 years old].

The extracts above indicate that when a person dies by suicide or other violent deaths, rituals such as night-vigils, singing, slaughtering of a cow and salted food are prohibited. These normal burial rituals are not followed in order to protect the remaining family members and the community.

It is interesting to note that two of the participants indicated that this norm of not allowing the corpse not to enter the yard or house are actually adoptions of other cultures:
Not allowing the corpse into their home yard after death by suicide is a new thing I see these days. People are trying to change how things were done. They say ‘if a person has committed suicide or hit by a car he does not enter the yard,’ those are amongst the things peoples of today do...This thing is the culture of today that most people have adopted, a black culture. There were no such thing in the past, we did not know of them, we only learned about them now as when we are old...back in the days they would let the deceased enter, and let people see him [Participant 5, female, 84 years old].

These days, it seems like we are adopting other people’s cultures. I noticed with this other school pupil who had passed on. During the funeral, they erected the tent outside the yard. The coffin was stopped there at the tent, and never allowed to enter the yard... No, it is not our culture. I insist that they are following or adopting other people’s cultures. This thing of not allowing the corpse to enter the yard or house in not our culture, it is other people’s culture [Participant 6, female, 69 years old].

Given these submissions, there seems to be a contrast of cultural beliefs amongst the participants. Some participants share the belief that corpse from suicide death are not to enter their home while others strongly dismisses these view as foreign to the Bapedi culture of Ga-Sekororo. The cultural contrasts are a reflection of how culture is not static but always in the process of changing. This is because culture is a creation by people, and people are always in a state of becoming.

5.8.2 Rituals for preventing suicide

The participants reported that there are no rituals that can used to prevent suicide from occurring. This is reflected in the subsequent excerpts:
Appeasing the ancestors used to be helpful. But suicides were still common
[Participant 1, male, 66 years old].

There are no cultural ritual to prevent suicide. It cannot be prevented [Participant
3, female, 82 years old].

Culturally there is no prevention for suicide, but others go to traditional healers to
help them collect the deceased’s spirit from the place of death to a resting place
[Participant 5, female, 84 years old].

Although there are no cultural or traditional rituals that can be performed to prevent
suicide from occurring, the practices of appeasing ancestors are noted as helpful in reducing
the probability of suicide incidents. These findings seem to support the sub-theme discussed
earlier which indicated that participants struggled to identify the signs of suicide. If signs are
difficult to identify, then the formation of prevention methods would also be a challenge.

5.8.3  Participant’s views on the ritual of healing death

According to the participants, when a person dies, there is a ritual that needs to be
performed to heal death. This is illustrated by the following excerpts:

In accordance with our culture, after the death of a family member, the elders are
entitled with the responsibility to seek a traditional healer to come to the house and
dispense muti throughout the house and yard. This is called healing death
[Participant 1, male, 66 years old].

Healing death is a normal cultural rite followed after burial of any family member.
After burial, we come back home and have food. The following day, all family
members go to the river to bath. A traditional healer will also be present. The
traditional healer will also burn muti at home for the family to inhale. A black child
is born from death, life and muti. Death is to be healed [Participant 2, female, 71 years old].

Back in the days, after the burial, in the break of the dawn the whole family would make their way to the nearest river strip off their clothes and bath, then go back home. Upon arrival at home, grandmother would make a fire and pour some traditional incense to inhale its smoke. You put a blanket over shoulders while inhaling the smoke. You inhale the smoke to strengthen your body [Participant 3, female, 82 years old].

Based on these excerpts, it seems that the healing of death involves the use of traditional muti and the assistance of traditional healers. Traditional healers are entrusted with the responsibilities of conducting rituals that will protect the family members and the community in large. They help to advise the family about which rituals to conduct.

Participants further revealed that, whenever death occurs, even those who follow Christianity and disregard African culture will lean back to traditional ways. This is echoed by the subsequent extracts:

*What I know is that when there are funerals. Even Christians do not follow their Christianity but rather adhere to cultural ways of doing things. Traditional healers give them muti to use to bath for seven days. This muti helps heal death and prevent bad luck…actually Christianity is not exactly our way of doing, it is instead other people beliefs, specifically the whites. We black people believe in our culture, we believe in muti [Participant 1, male, 66 years old].

A certain traditional healer was telling us the other day that most of the Christian speak ill of them, but at night they would secretly visit them for consultations...I know Christian who follow this tradition in secret. They would wait for everyone
to leave after the funeral. They would call the village headman to come help them with the process of healing death. After a funeral at home, when this Christians really get life threatening illnesses, they would request cultural assistance for the process of healing death [Participant 2, female, 71 years old].

The above excerpts indicate that participants still regard cultural rituals as significant and believe that any deviation from them could even result in life threatening illnesses. The following excerpts indicate that the participants are of the view that the process and ritual of healing death are important in preventing illnesses that are associated with death.

The traditional healer dispenses muti all over the house to heal death. This helps to chase away evil spirits that have caused a family member to commit suicide...the process of healing death is used to help prevent diseases related to deaths and also prevent spirit of death. This is because death comes with illnesses [Participant 1, male, 66 years old].

When you inhale those incenses, they strengthen your body. It helps to prevents backaches problems that you may encounter as you get older. It is a culture but nowadays people no longer perform those rituals that is why when they get older they start to bend when they walk due to back pains [Participant 3, female, 82 years old].

Given the above extract, it can be suggested that participants believe that the ritual of healing death is important in preventing lifelong illnesses and the evil spirits of those who died by suicide. The participants also demonstrated a concern regarding loss of culture and practicing of these rituals. This is further demonstrated in the following extracts:

These days, most people are following the Christian culture and are no longer adhering to their culture [Participant 1, male, 66 years old].
The problem is that these days people say they pray. They’re forgetting the culture...modern people are no longer healing death [Participant 2, female, 71 years old].

...these days of our cultures are slowly diminishing because if a person performs the ritual of inhaling the smoke people associate it with witchcraft. The olden ways of doing things are no longer practised, even the mourning procedures have died [Participant 3, female, 82 years old].

Based on the above extracts, it does appear that the participants are negatively affected by the threatened loss of culture. However, participants are also not interested in totally dismissing Western culture. This is shown in following excerpt:

Culture my child, while you busy studying at school, do not abandon it. Although you are learning from the Western culture, please mix it with African ways. If we abandon our African culture we will be in trouble. I think that’s why they encourage you to do research such as these one...It is a good thing that you are conducting this research, it encourage people not to throw away their culture [Participant 4, female, 72 years old].

In the extract above, the participant seems to acknowledge the contribution of the Western culture, but believes that the youth should be encouraged to carry on with and practice their African culture in conjunction with Western cultural practices.

5.9 Treatment after Surviving a Suicide Attempt

Two out of seven participants highlighted that there are no changes in how a person is treated following an attempt as illustrated below:
The community does not change their perception of the person after an attempt. They perceive them the same way as before [Participant 2, female, 71 years old].

People who attempt suicide are not treated any different after. For instance, You see Ma....’s son, he once tried to commit suicide at the forest (mosamakhutswi), he started screaming for help when he felt pain/when he was hurting himself, he was rescued by an elderly men who was passing by cutting off the rope he used to hang himself. He is still treated the same [Participant 3, female, 82 years old].

The following extracts demonstrate that some community members may show no concerns or worry themselves about someone who has attempted or even succeeded in committing suicide:

There is an idiom that stipulates that we should not cry for a person who killed himself because he did it on purpose [Participant 3, female, 82 years old].

Although some may even highlight that they should have let them die [Participant 2, female, 71 years old].

However, some participant believe that such a person should be treated with love, given support and monitored as illustrated below:

If someone attempts suicide and survive. We should treat that person with love and care. We should learn about the stressor that pushed the person to the edge. If we don’t do this, we will lose that person [Participant 4, female, 72 years old].

A person who attempt suicide and survives should be given support by family members and they should also try to limit shouting at them. Family members should also remain alert, in case the person tries to attempts again. Checking them at all times if whether they are not carrying any harmful things that they can use to commit suicide [Participant 5, female, 84 years old].
Based on the above extracts, it appears that, although some of the participants are of the view that people who attempt suicides are to be treated the same, another participant indicated that a suicide attempt by a family member often leaves other family members with the burden of constant anxiety and fear of the person attempting again. The survivors of suicide attempts become the responsibility of the family and community, to ensure that they are always safe.

5.10 Participants’ Views on How to Manage Suicidal Behaviour

5.10.1 Communication as a prevention method

It emerged from all of the participants that communicating one’s challenges is the only way to prevent suicide. This is evidenced by the following statements:

*When people have problems, they should speak to family members who might help to resolve them instead of committing suicide. If I have a problem, I should come to you and explain it to you. Then you might be able to advise or help me. Your advice would then help me solve my problem* [Participant 3, female, 82 years old].

*Killing one self is not a solution. When faced with problems, the only solution is to find someone to speak to about these problems. When you speak to someone else, together you might find better solutions. The next person can help you to see that killing yourself is not a solution. Problems can be resolved through communication* [Participant 6, female, 69 years old].

To further demonstrate the significance of communication, some participants gave instances where they used communication to help those who attempted suicide to deal with their maladaptive behaviour:

*After my niece had made the attempt, we advised her to talk to her grandmother or other relatives when there is something that has made her angry instead of*
resorting to suicide. If she feels bothered or mistreated by her grandmother she should talk to other family members and this would be resolved [Participant 1, male, 66 years old].

*I told him that what he was doing was not a solution. He is worrying his mother and causing her stressors. If he is angry, he should sit whoever made him angry down and speak to them in an effort to resolve the problems* [Participant 6, female, 69 years old].

Although there are no cultural rituals that can used to prevent suicide, communication was regarded by all the participant as the best way to prevent suicide from occurring. Communication is regarded as a relational way of sharing distresses with others. As indicated elsewhere in this study, everyone is connected to everyone. Every person is a communal responsibility and sharing of problems allows others to play their role in assisting.

5.11 Concluding Remarks

This chapter identified the notions held by Bapedi elders, their perceptions on suicide triggers and methods commonly used to commit suicide. It also emerged from the findings that there are rituals that should be adhered to by surviving family members of a suicide victim. There seems to be a link amongst most of the themes identified. For instance, the cultural notions held regarding suicide influences the stigma held by the community. These, in turn, result in community members not communicating their intentions, thus reflected by difficulties identifying the signs of suicide. Due to these negative cultural connotations, some may even hide a suicide death of a family member and, as such, not follow all the rituals; especially the ritual of not allowing the corpse to enter the yard at home. This in turn may result in the evil spirit influencing other family members to also commit suicide. It is a form of vicious cycle.
Chapter 6: Discussion of Findings

6.1 Introduction

In this chapter, the researcher will present and discuss the findings of the study in relation to the information gathered and the literature reviewed. The findings will be deliberated upon in accordance to themes that emerged in chapter five.

6.2 Participants’ Understanding of Suicide.

It emerged from the present study that the Bapedi elders of Ga-Sekororo shared a similar understanding of suicide. They conceptualised suicide as an act of deliberately killing oneself or ending one’s life. This view of suicide is consistent with what other authors have defined as suicide (Kanu, 2014; Bantjes & Kagee, 2013; Saxena et al., 2014, 2012; Neville et al., 2009).

The findings of the study further indicate that people who attempt or commit suicide do not commonly verbally communicate their intentions. Therefore, it can be inferred that suicidal behaviour is a non-verbal destructive act of communicating distress to significant others. This finding lends support to the assertions by Bertolote and Fleischmann (2002), and Lester (as cited in Hjelmeland, 2010) who suggested that suicidal behaviour serves as an act of communicating emotional needs or the effort to influence others. Every behaviour is communicating something and has influence on others (Hjelmeland, 2010; Beevar & Becvar, 2009). Similarly, one cannot not have an impact on others. Therefore, suicidal behaviour is a reflection of previous destructive events and dialogues with significant others in a particular context (Hjelmeland, 2010). Punctuating from an African perspective, it means that the act of suicide can be described as a sign of relational disharmony between an individual and his environment.
6.3 Participants’ Knowledge of Signs of Suicidal Behaviour.

This study found the signs of suicidal behaviour to be difficult to identify. Participants found suicide to be an unpredictable occurrence. This is consistent with a study conducted amongst 50 school teachers in Limpopo Province by Shilubane, Bos, Ruiter, Van den Borne and Reddy (2015) which found that all of the teachers failed to identify signs of poor mental health prior to some of their students committing suicide. This finding also correlates with a study by Teichert (2013) which found that some psychologists had lost patients to suicide without being able to identify the signs of suicide ideations and intentions.

However, one participant in this current study reported an experience in which she had a dialogical discourse with someone who communicated his intention to commit suicide while other participants also highlighted the writing of suicide notes as one of the signs they have come across. Communicating the wish to die and writing a suicide note have been noted by previous studies as some of the warning signs of suicidal behaviours (Shilubane et al., 2015; Teichert, 2015; Packman, Marlitt, Bongar & Pennuto, 2004; Naudé, 2006). Knowledge and early identification of warning signs of suicide have also been noted as potential factors that can assist in the prevention of suicide (Shilubane et al., 2015; Shilubane et al., 2014). The challenge in identifying signs of suicidal behaviour can also be attributed to lack of effective communication of emotional distress as already noted above.

6.4 Suicide as ‘se-ila’ and a Private Matter

The study findings revealed a negative cultural connotation attached to suicide. The participants described suicide as se-ila. They defined se-ila as a culturally forbidden act that is considered taboo in the African culture. This correlates with findings by Rontiris (2014) who found that most black South African university students described suicide as ‘a sinful taboo’,
something that is frowned upon by culture, community, families and religion. Several studies amongst African cultures have also found suicide to be viewed as the most disgraceful, despicable and worst of all deaths (Adinkrah, 2015; Asuquo, 2011; Kanu, 2014; Van der Geest, 2004).

Due to this cultural connotation, death by suicide often elicits intense negative reactions from the community. This finding was further echoed by some of the elders who attached a moral grounding to their view of suicide and regarding it a punishable act by God. Traditional Africans believe that death by suicide can provoke the ancestors or spirits of the land to punish the entire community for the forbidden death (Adinkrah, 2015; Asuquo, 2011; Kanu, 2014; Van der Geest, 2004).

The negative cultural connotation can result in a fear of being judged negatively by the community. The fear of being judged and stigmatised might explain why most Africans find it difficult communicating their suicidal ideations. The current study also found that most families prefer to conceal deaths by suicide from the community due to its negative cultural meaning and stigmatisation. As a result, death by suicide creates dissonance between the family members of the victim and community members; thus disrupting communal peace and harmony. Due to the negative stigma attached to suicide, the family of the victim also run a risk of being blamed, isolated and rejected by the community. The isolation by the community might elicit other mental health problems in the victim’s family; and might even result in other family members also resorting to suicide as a way of escaping the stigma.

6.5 Death by Suicide Believed to Result in Restless Spirit

Another important finding emanating from the present study is the fact that death by suicide is believed to result in restless spirits. The study findings suggest that, when people
commit suicide, their spirit does not transcend to the ancestral ghost world but rather wanders restlessly in the world causing havoc to their family and community. This idea is similar to that expressed in a study by Adinkrah (2015) amongst the Akan tribe of Ghana, who found that the spirit of an individual who died by suicide is rejected by the ancestors and left to wander the earth. It also is similar to Asuquo’s (2011) study which found that an individual who dies by suicide does not transcend to become an ancestor but rather becomes an evil spirit.

Death by suicide is believed to elicit anger from the ancestors towards the suicide victim’s spirit, family and community (Adinkrah, 2015; Asuquo, 2011; Kanu, 2014; Van der Geest, 2004). Thus suicide can results in strained relationship between the living and the living dead. From an African epistemological paradigm, it is believed that a strained relationship with ancestors leaves one’s family and community members vulnerable to evil spiritual attacks. As such, if cleansing rituals are not performed, the same restless spirit of the deceased might in turn cause other people to commit suicide within the community. The impact of the restless spirit is discussed in detail later in this chapter.

6.6 Participants’ Perception of Suicide Triggers

The study findings indicate that suicide risk factors are multidimensional. The risk factors can be divided into psychological, biological, social, cultural and mystical factors. The risk factors include impulsivity and aggression, interpersonal problems, financial constraints, heredity, lack of social support, witchcraft and other mystical factors. There is no single elucidation of why people commit suicide (Saxena et al., 2014; Schlebusch, 2012).
6.6.1 Psychological factors.

6.6.1.1 Anger and impulsivity

The predominant views held in this study population regarding the cause of suicide include anger and impulsivity. The findings suggest that people tend to react impulsively to environmental challenges that are overwhelming. Several studies have noted impulsivity and aggression as common correlates of suicide (Klonsky, May & Saffer, 2016; Rontiris, 2014; Shilubane et al., 2014; Saxena et al., 2014; Banjes & Kagee, 2013; Schlebusch, 2012, Holtman, Shelmerdine, London & Flisher, 2011). This research further finds support from a study by Rontiris (2014) amongst African students at Wits University which identified impulsivity and stress as some of the contributing factors to suicidal behaviour. Similarly, a study amongst five suicide attempt survivors in a rural community in Cape Town also found that three of the participants had attributed their suicide attempt to racing thoughts and an action of impulsivity (Holtman, et al., 2011).

Anger is a sign of relational problems with significant others, which results in the disruption of spiritual peace and harmony. From the African epistemological point of view, the lack of relational harmony can create unwanted distance from ancestral protection leaving people vulnerable to evil spiritual attacks, which, as indicated, could trigger suicidal behaviour.

6.6.2 Social factors

6.6.2.1 Relationship problems

The findings of the current study indicate that poor quality of intimate partner relationships can negatively affect intimate interactions resulting in increased suicidal behaviour. Conflict in intimate partner relationships emerged in this present study as a one of the predominant factors leading suicidal behaviour. This confirms many studies that have identified interpersonal conflicts, quarrels and relationship discords as contributors of suicide
attempts and completed suicide amongst intimate partners, for example, Kazan, Calear and Batterham (2016), Raubenheimer and Jenkins (2015), Maphula and Mudhovhozi (2012) and Till, Tran and Niederkrontenthaler (2016).

6.6.2.2 Infidelity

Evidence from the present study also identified infidelity and lack of affection in relationships as suicide risk factors. The findings suggest that when infidelity is a result of the male partner’s cheating, it is culturally acceptable. However, this one-sided ‘culturally acceptable infidelity’ was noted to be a suicide trigger for women. The findings also suggested that infidelity is likely to lead to suicide when women cheat on their partners in their relationships. This finding supports a study by Vaughan (2012) in the Eastern Cape which found that some participants indicated that they have witnessed suicide of men due to the infidelity of their wives. The correlation of suicide and infidelity was also found in studies by Kazan et al. (2016).

From the Afrocentric paradigm, the significance of human interaction and relationships is highlighted by the principle of axiology (Grills, 2002). An individual is wholistically connected to other systems and any disruption to one of the relationships threatens peace and harmony, leading to tension and possibly harmful implications (Tschaeppe, 2013). Beuster (1997) also indicates that, in most traditional African communities, constant and unresolved conflicts in relationships are seen to contribute to mental health problems. Relationships are thus practical expression of the philosophy of Ubuntu. In the context of the current study, the interruption of relationships was found to lead to suicidal behaviour.

The findings of the present study stress the significance of communicating problems in relationships. This implies that when conflicts are effectively dealt with, the predisposition to suicide is lower and when conflicts are not resolved, the predisposition to suicide is higher.
Similar conclusions were made by Till et al. (2016), who found that conflicts in relationships are inevitable and are not detrimental if they are adequately solved.

### 6.6.2.3 Abuse

The present study also identified the abuse of women and children by men as one of the significant predictors of suicide. The types of violations that emerged include sexual abuse of children, and emotional and physical abuse of women by men. These findings are comparable to those of several other studies which found that child and gender-based abuse were strong predictors of suicide (Kazan et al., 2016; Sachs-Ericsson, Stanley, Sheffler, Selby & Joiner, 2017; Saxena et al., 2014; Mars et al., 2014; Niehaus, 2012).

Relationship conflicts, childhood abuse and infidelity, which have been identified in this present study as predictors of suicide, also have been previously identified as possibly causes of other mental disorders such as Major Depressive Disorder (Rontiris, 2014). Thus, this study, in support with other South African studies, highlights the possible correlation between mental disorders and suicidal behaviours (Rontiris, 2014; Shilubane et al., 2014; Zdanow & Wright, 2012).

### 6.6.2.4 Financial constraints

Financial problems emerged as one of the main contributors to suicidal behaviour. The finding indicates that people, especially men, tend to attempt or commit suicide to escape stressful financial problems. This is linked to traditional gender roles, especially in African families, where men are expected to provide for their families. Failure to do so results in feelings of inadequacy and thus negatively impacts on their self-esteem. Similar findings were made in a study by Bantjes, Kagee and Meissner (2017) amongst male participants in Western Cape. Such correlations between suicide and male gender roles are not limited to South African
context, however, as they have also been identified in other African countries such as Kenya (Wanyoike, 2015).

### 6.6.2.5 Lack of support from the family and community

The present study found that people run a risk of committing suicide when they lack social support from their family and community. In the African epistemological paradigm, lack of connectedness between an individual and significant others can results in disharmony, thus making one vulnerable to mental health problems (Tschaeppe, 2013). For instance, a South African study by Bantjes, et al. (2017) found that most men commit suicide due to social isolation from their family and community. Thus, suicide has communal implications, implying that it also requires communal intervention.

An African life does not exist in isolation but can only be defined within the context of its community (Kanu, 2014; Nsamang, 2006; Mbiti, 1969). This finding illustrates the African principle of interconnectedness, which finds expression in the wholeness of being which Nobles (1972) refers to as the oneness of being. Therefore, it is evident that interconnectedness and communal social support plays a significant role in the prevention of suicide. Social support would also provide one with a platform to share distresses, especially with elders who are experienced in dealing with challenges. This is an area to explore when providing suicide related psychotherapy to patients of African ancestry.

### 6.6.3 Cultural factors

#### 6.6.3.1 Cultural deviation

Cultural deviation by family or community members also emerged as the cause of suicide in this study. From the African perspective, deviation from cultural norms creates spiritual dissonance that has potential to elicit mental health problems (Juma, 2011; Mufumadi, 2001). Extreme cultural deviations can elicit anger from ancestors; which results in them punishing
the land and community with bad luck (Adinkrah, 2015; Asuquo, 2011; Kanu, 2014; van der Geest, 2004). The ancestral fury can manifest in the form of physiological illness and mental health problems such as suicide. Therefore, when working with patients of African ancestry, it is imperative for psychologists to understand the cultural norms, attitudes and beliefs they hold regarding suicide. For instance, Sodi (1998) notes that for healing to be successful, there is a need to be culturally-congruent to patient’s belief system.

6.6.4 Biological factors

6.6.4.1 Heredity / genetic predispositions (Le-abelwa)

Interestingly, participants in the current study reported heredity as one of the causes of suicide. Some participants believe that suicide could be attributed to impulsive genes that are biologically inherited, or passed on through a name given in childhood. Additionally, some participants credited suicidal behaviour to inborn insensitive personality traits. These findings are similar to other studies by Klonsky et al. (2016), Cluver et al. (2015), Saxena et al. (2014) and Schlebusch (2012) who also found a correlation between suicide and genetic predispositions. A study by Teferra and Shibre (2012) investigating the causes of mental disturbance amongst the Borana semi-nomadic population in southern Ethiopia also found that participants believed that mental illness could be inherited from parents.

One of the participants in this study also indicated that some people are prone to suicidal behaviour due to inborn inherited genes that make them insensitive to pain. Similarly, Klonsky et al. (2016) asserted that individuals who are born with lower sensitivity to pain often have a higher predisposition to suicide attempts. Some studies expand on these findings by highlighting that some individuals can also inherit neurobiological and psychological disorders such as depression and substance use disorders from family history which increase one’s suicide predisposition (Schlebusch, 2012; Saxena et al., 2014).
6.6.5 Mystical factors

6.6.5.1 Suicide as a vengeance death (*Go tshinya letswa*)

Evidence from the current study indicates that people can be persuaded into committing suicide. The participants believe that victims of other people’s delinquency can use *muti* to cast a spell that will persuade offenders to commit suicide. One may use *muti* to request assistance from ancestors to help punish those who affront one. This finding implies that one can be unconsciously persuaded to consciously possess suicidal ideations. This notion is supported by Adinkrah (2015), Nzewi (1989), Kabir et al. (2004), Bodibe (1992), Mzimkulu and Simbayi (2006) who reported that most traditional Africans believe that the ancestors can sometimes punish evil doers with psychological problems. It can therefore be concluded that suicide can be seen as a form of punishment for evil doing. This punishment is believed to be an ancestral facilitation to convey a message of dissatisfaction.

6.6.5.2 Witchcraft

Witchcraft also emerged in the current study as one of the predominant causes of suicide. The participants are of the view that people can be bewitched to commit suicide. The participants point out that bewitchment is a result of jealousy towards other community members’ successes. Witchcraft is used to fuel individuals with extreme anger to act impulsively and commit suicide. This finding is supported by Obida and Govender (2013), Bartholomew (2016) and Adinkrah (2015) who found that some of their participants attributed suicidal behaviour to witchcraft. Studies investigating the African worldview on mental health in different African countries also found that mental health problems were sometimes caused by witchcraft due to the jealousy of others (Chavunduka, 1978; Mufumadi, 2001; Tsala-Tsala, 1997; Sorsdahl et al., 2010). From an African epistemological perspective, these findings also
have implications for the healing process for the family. A focus on the “who” instead of “what” might have cause the suicide (Mkize, 2003) should be prioritised in terms of healing.

### 6.6.6 Suicide Triggers amongst the Youth

#### 6.6.6.1 Avoiding or escaping pain

The participants in the present study perceived suicide amongst the youth as an effort to escape from pain. The findings indicate that, when young people are overwhelmed with stressful life situations, they opt for suicide as a way to escaping their despair and agony. Bantjes et al. (2017), Maphula and Mudhovozi (2012), and Verrocchio et al. (2016) also found that most South African youth perceived suicide as a way of escaping unbearable psychological distresses such as intolerable feelings of humiliation, guilt, embarrassment and shame. This is an example of ineffective communication skills amongst the youth. For instance, Schlebusch (2005), and Maphula and Mudhovozi (2012) found that most young people lack the maturity and ability to orally communicate their pain. As a result, they engage in self-destructive suicidal behaviours as an effort to communicate the experienced pain to significant others (Bertolote & Fleischmann, 2002; Hjelmeland, 2010).

#### 6.6.6.2 Dysfunctional problem solving skills

The need to escape from pain by committing suicide was also linked to ineffective problem-solving skills in this study. This can further be linked to the lack of communication skills discussed earlier in this chapter. The findings imply that young people do not possess adequate ability to fully communicate their pain. Suicide is then seen as an attempt to communicate one’s problems (Rontiris, 2014; Schlebusch, 2012).

#### 6.6.6.3 Substance abuse

The participants in this study identified substance abuse as a contributor to suicidal behaviour amongst the youth. Interestingly, other studies have also found a strong link between
substance abuse and poor problem-solving skills, lack of communication, history of abuse, psychological disorders and financial constraints (Saxena et al., 2014; Bantjes & Kagee 2013; Sachs-Ericsson et al., 2017), all of which were identified as important triggers for suicide in this study.

The substances that were noted as the causes of suicide in the present study include alcohol and heroin notably known as *nyaope*. Wanyoike (2015); Bantjes and Kagee (2013) also found alcohol abuse to be the predominant cause of suicide amongst the youth. Several authors have indicated that young people use substances to alter their emotions, moods and to cope with difficult situations (Bantjes & Kagee, 2013; Sachs-Ericsson et al., 2017; Wanyoike, 2015; Shilubane et al., 2015). This implies that young people resort to substance abuse to deal with environmental challenges. The substance abuse by the youth is an impulsive response to life problems which leaves them disinhibited, impulsive, and with impaired judgement and problem solving abilities. As a result, they impulsively engage in suicidal behaviour.

6.7 Methods Commonly Used to Commit Suicide

The three methods of attempting or committing suicide that were identified in the present study include hanging, the use of guns to shoot oneself and the ingestion of poison. These methods are discussed below.

6.7.1 Hanging

It emerged from the current study that hanging was the predominant method to attempt or commit suicide. The participants described hanging as a method that had been commonly used across all ages throughout history due to its accessibility when compared to other methods. It is worth noting that, when narrating their experiences, all of the participants associated the method of hanging with men. In support of these findings, several other studies have also found
hanging to be the most commonly used method of attempting or committing suicide, especially by men (Naidoo & Schlebusch, 2014; Mars et al., 2014; Maphula & Mudhovozi, 2012; Bantjes & Kagee, 2013; Chasimpha et al., 2015; Matzopoulos et al., 2015; Rontiris, 2014).

6.7.2 Use of guns

The participants in the present study also identified the use of a gun to shoot oneself as another method predominantly used by men. In all the narrated experiences, this method was associated with violence and murder, in which a man would shoot his family and then turn the gun on himself. Several South African studies have also found shooting of oneself to be a commonly used method by men (Niehaus, 2012; Rontiris, 2014; Holtman et al., 2011).

The above findings indicate that men are prone to using more violent and aggressive methods in their suicide attempts. This finding is supported by Saxena et al. (2014)’s study which found that men are more likely to engage in fatal suicide attempts when compared to women. Holtman et al. (2011) also found a high correlation of violence and suicide amongst men at a rural community in Cape Town. Other South African studies have also found higher rates violent suicide attempts and deaths amongst males (Donson, 2009; Rontiris, 2014; Maphula & Mudhovozi, 2012; Schlebusch, 2012). This could be attributed to an ease access of guns amongst male in South Africa.

6.7.3 Ingestion of poison

The current study found that women are likely to ingest poison such as pesticide or overdose on medication when attempting or committing suicide. This finding is supported by several studies across South Africa in general (Bantjes & Kagee, 2013; Schlesbusch, 2012) and in Limpopo Province in particular (Shilubane et al., 2012; Obida & Govender, 2013; Maphula & Mudhovozi, 2012). These studies found that self-poisoning was a commonly used method of attempting or committing suicide, especially amongst women. This further correlates with
findings by Saxena et al. (2014) and Schlesbusch (2012) which indicated that women are more likely to engage in non-fatal suicide attempts than men. This finding of the methods used to attempt or commit suicide complements previous findings which postulated that men were more likely to die from suicide because they tend to use aggressive and violent methods when compared to women.

6.8 Places Where Suicide is Commonly Committed.

The participants in the study indicated that suicide was committed in isolation, whether at home or in the forest. Taking extreme measure to ensure that one is alone when making an attempt is an indication of the level of intent. High suicide risk individuals tend to take extra precautions to ensure that they are alone when making an attempt compared to those who attempt in the present of others or in places where they would easily be found and rescued. This finding lends support to a study conducted in Limpopo Province, Vhembe district, by Maphula and Mudhovozi (2012) which found that most young people attempted suicide in isolated areas such as in the forest or home alone. A South African gender-based study conducted at Bushbuckridge by Niehaus (2012) also found that men mostly attempted or committed suicide in private locations where they could not be found. This further supports the fatality of male suicide as previously discussed in relation to the methods used to commit suicide.

6.9 Rituals Followed When One Dies by Suicide

It emerged from the present study that it is forbidden for the corpse of a person who committed suicide to enter the yard or home during the funeral among the Bapedi. This is different to when a people die from old age or illnesses which are considered good deaths. This
implies that, when someone dies by suicide, they are not provided a normal funeral rite. Most African communities believe that when a person dies by suicide, they should not be given a suitable burial ceremony, regardless of their reason (Ukwu & Ikebudu, 2013; Kanu, 2014; Van der Geest, 2004). For instance, Adinkrah (2015) found that, when one dies by suicide, the corpse is transported straight to the place of burial, either the cemetery or forest, but it is never brought to the deceased’s village or house. However, findings by Kanu (2014) and Lanre-Abass (2010) amongst the Yoruba tribe of Nigeria indicate that death by suicide can be accepted if it means that the deceased has escaped unbearable physical or psychosocial suffering. In that case, it may be a good death, and the normal funeral rites may be used.

The findings of this study indicate that this practice of not allowing the corpse of a person who died by suicide to enter the home yard also extend to those who die from sudden incidents, such as dying from car accidents, gun shots, knife stabs or any violence-related death. Similarly, findings by Adinkrah (2015); Olumati (2015); Kanu (2014) and Van Geest (2004) indicated that death by suicide is equated with any violent death. Death from these type of events is regarded as bad death. In addition to the aforementioned rituals, when a person dies from suicide or violence, the family is not permitted to host a night-vigils ceremony, sing, slaughter a cow or salt the food. These findings are consistent with studies by Adinkrah (2015); Kanu (2014); Ukwu and Ikebudu (2013) which revealed that singing of dirges, drumming or dancing, mourning, weeping, post-burial thanksgiving service and the wake-keeping rite are not allowed during the funeral of someone who committed suicide. These practices find meaning in the Sepedi idiom that says moipolayi ga a llelwe, meaning “there should be no crying or mourning for someone who has committed suicide”.

The reason the corpse of a person who dies by suicide or an accident is not allowed at the home yard is because it is believed that the deceased person’s spirit will cause other family members to commit suicide or trigger violent death within the community. As previously
mentioned, it is believed that the spirit of someone who dies by suicide wanders the world and does not transcend to the ancestral world; instead it remains restless and can reincarnate in another family member, causing other suicides in the family and community (Adinkrah, 2015; Kanu, 2014; Ukwu & Ikebudu, 2013; Opoku, 1989; Asuquo, 2011).

It is worth noting that there was a contrast amongst the participants in terms of their views regarding these rituals. Two of the seven participants indicated that this ritual of not allowing the corpse to come home during the funeral was adopted from other cultures. This contrast gives an indication of how culture is constantly evolving with time. It is the difference between culture and tradition. Tradition remains constant, but culture is forever co-created by the people. This dissonance in views may also place one at risk of violating cultural norms unknowingly. Thus it is imperative for one to always consult with traditional healers, to ask the ancestors regarding norms to follow.

The participants in the study indicated that there were no cultural or traditional rituals that could be used to prevent suicide. This seems to relate to the finding noted earlier regarding participants’ difficulties in identifying suicidal behaviour. If signs of suicidal behaviour are complex and difficult to identify, so would be the construction of prevention programmes. Schwartz-Lifshitz, Zalsman, Giner, and Oquendo (2012) also noted that the identification and management of suicide risk remains complex across the world. They further indicated that, in order to address the suicide crisis, there is a need to implement efficient and inclusive prevention programs that would focus on several systems. In the context of this study, prevention methods could entail the inclusion of health policies that would encourage the collaborative psychoeducation of community members about the signs of suicide. From an African paradigm, prevention can only be successful if the focus is on several systems such as the individual, family and community. As noted earlier on, suicidal behaviour is a sign of an underlying problem that is communicated distractively.
6.10 Healing Death (Go-alafa lehu)

The findings from the present study revealed that there is a ritual of healing death that ought to be performed with the assistance of the traditional healer following the death of a family member. Traditional healers through consultation with ancestors would advise the family regarding the choice of ritual to perform. Healing death involves the use of *muti* with the assistance of the traditional healer to help cleanse the family members from the back luck that is often accompanied by death. The family members are bathed in the river with *muti*.

According to the participants in this study, this is an important ritual that is followed by all villagers, whether Christians or not. The participants noted that when these rituals are not adhered to as stipulated by culture, it often results in life threatening illnesses. These results are consistent with findings from Kkatla (2014) who investigated the rituals performed by elderly Northern Sotho people after death in the family and found that, after the funeral, the family is expected to perform rituals that will protect the family members from sudden deaths. Kkatla also found that these rituals are often administered by a family traditional healer. If the rites are not appropriately adhered to, the deceased might bring about punishment or the sudden death of other family members.

As previously stressed, if these rituals are not adhered to, the spirit of the deceased could also cause other family members to commit suicide. Rituals therefore play a critical role in protecting and preserving an African life. As of the participants indicated that an African life is born and preserved by rituals. It is therefore imperative for psychologists to familiarise themselves with this rituals in order to ensure that patients with history of suicide attempts are treated wholistically.
6.11 Communication as a Prevention Method

The only prevention of suicide identified in the present study is communication. The findings indicated that suicide can be prevented if the whole community becomes involved and openly communicates about suicide. As noted earlier, suicide is a result of failed and destructive communication. For instance, Rontiris (2014) indicated that, when people with suicidal ideations are not given a safe space to verbalise their internal distress or psychological pain, they would resort to suicide. Thus, communication of conflict and distress with others have been identified by several studies across the globe to be the most resourceful preventive method (Verrocchio et al., 2016; Till et al., 2016; Rontiris, 2014; Schwartz-Lifshitz et al., 2012). An improvement in communication skills not only helps in preventing suicidal behaviour but also equips an individual with the abilities to constructively deal with other life challenges. The significance of communication is in line with traditional African practice, where community members, leaders and elders would gather at the tribal house to help each other solve problem and challenges. The gathering used to provide a platform for community members to freely share their distress with an aim of coming up with culturally competent and spiritually fulfilling communal resolutions. Although the practice seems to have been lost in most communities, it is still practiced minimally at the chief and headmen (Di-ntona)’s house in Ga-Sekororo. A revival of this practice in other communities could assists in the reduction of suicide rates in African indigenous communities. Psychologists could also contribute to this practice by attending such meetings and facilitating culturally congruent mental health awareness campaigns about suicide.

6.12 Appreciation for Collaboration between Western and African Epistemology

One of the participants indicated a need for collaborative work between the African and Western paradigms. The participant highlighted that the collaboration would ensure that mental
health practitioners are culturally well trained and equipped with both paradigms in order to be culturally competent and effective contributors to the mental health system in South Africa. This finding indicates that the African elders are not narrow-minded nor linear in their thinking, but are instead open to other epistemologies. This line of thought correlates with that of Nwoye (2015) who advocated the need for African health care practitioners to be culture and context specific and sensitive in order to obtain a comprehensive and accurate understanding of psychological concepts as understood from the African experience while not negating the significant contribution of Western science.
Chapter 7: Researcher’s Reflections Regarding the Research Project

7.1 Locating the Researcher in the Study

From an African epistemological paradigm and according to post-modern thinking, the positioning of a researcher is an integral activity in the research process. This means that I am as much invested in the research process as the participants are in the data collection process. The research data was collected in Ga-Sekororo, Limpopo Province. I had conversations with the elders who reside in Ga-Sekororo. The elders shared traditional and cultural knowledge and experiences that they have accumulated across generations, regarding suicidal behaviour in their area. I was also born and bred in Lorraine village, one of the villages of Ga-Sekororo. I am closely related to Ga-Sekororo royal house-family. Hence, I share the surname Mahlo with kgoshi Sekororo. The following is a praise-song of the Mahlo family – the royal house of Ga-Sekororo:

Ke rena Banareng ba ga-Sekororo.

(Banareng of Mahlo clan)

Re boa Nkopetši bodula koma bja maathari abo namane bja mabelega batho!

(We emanated from Nkopetši the deep place of initiation school of young women who gave birth to the nation!)

Ga mma polo e boshego,

(From the mother penis of the night)

Ga mma mareto maphaso,

(From the mother -poetry –performing- rituals)
Bare banna le seke lakwa bohloko ga re lero ge re a le reta!

(It is said that men, do not feel offended we are not swearing at you but praising you!)

Agee phokungwane weee!

(It is right oh dear Phokungwane!)

Ke phokungwane seela -setle sa masepela ka letsheo bare ga se letsheo ke letshetshe,

(I am Phokungwane the nice flowing liquid of someone who likes to laugh, it is said that is not laughter but a disguise,)

Agee monareng weee!

(It is right oh dear Monareng!)

Ke motlogolo wa Masekane tsebe nkwele tša bogadi,

(I am the grand child of Masekane with big ears which can hear news from the in-laws,)

Ke kgokolokgokolo thito ya motlouma ya mohlomi e kgoloka ke meetse,

(I am a round-like root of the Jackal-berry tree the founder which is rolled by water,)

Ke moriri sebeodi sa makhutšwi ba re mohla o beula mešaša lefase la fetoga tšhwene.

(I am a shaved hair of Makhutšwi, it is said the day you destroyed the huts the earth looked like a baboon).
Ke mathedi moswana a lentswe tlapa la go šita ditšhwene go namela,

(I am a sliding rock which is difficult for the baboons to climb,)

Ke boa ga matlapa širog ke fete.

(I am from the place where I command –stones-to-step- aside- and let me pass.)

Agee phokungwane weee, owaa!

(It is right oh dear Phokungwane, owaa!)

Nna ke pudubudu ya moloko se tsebe! Ke tšhaba mediti

(I am the Antelope of an unknown clan!, I am respecting my seniors, let me stop!)

My family links to the royal family admittedly made it easier for me to gain access to Kgadi ya banareng ba ga-Mahlo (Main aunt to the Mahlo royal house) and to obtain permission to conduct the study in Ga-Sekororo. It also made it easier for me to explain who I was in order to attain access to the participants. The participants were already familiar with my family lineage and who I was. It is worth noting that these relations could also have had an impact on the information that the elders provided. It is likely that some elders found it easier to share the information, while others may have actually held back some information due to the mistrust that exists regarding researchers and the research process.

7.2 Impact of age

In terms of African culture and tradition, age is of critical importance in the discussion of traditional practices and knowledge. According to African culture, by virtue of the participants being elders, they were regarded as wisdom bearers (Bujo, 1998). It is for this reason that elders generally are not taken to old age homes. They are regarded as reservoirs and sites of genuine knowledge. This positions them as bearers of knowledge regarding suicidal
behaviours in a rural community such as that of Ga-Sekororo. The elders were sitting in a position of power to decide if they wanted to share information, and how much they were willing to share. The age factor also required me to adopt Ubuntu as an ethic and guiding philosophy of engaging with the elders. Ubuntu requires one to treat elders in a humane, polite and respectful manner (Ramose, 2002).

7.3 Time

7.3.1 Arranging an appointment

Initially, I thought that I would just make calls and arrange an appointment to have the conversations with the elders. It was only when I arrived home at Ga-Sekororo, and through conversations with some of the elders from my family, that I was told to throw away the fixed schedule that I had thought I would use, such as doing the interview in an hour and following a conversational guide.

The issue of time became a big challenge that I had to adjust to. During the MSc training in clinical psychology, we are taught that an interview with a client or participant should last for an hour. This Western-oriented perspective on time and training was contradictory to the concept of time as espoused by the elders in Ga-Sekororo. For instance, some of my participants were busy on their farms and I had to ask them to inform me when they would be available to have a conversation with me. This required me to renegotiate the issue of time in order to align it with that of the elders. The idea of collecting data in specific areas and within certain time constraints was also challenged. I collected the data under trees and in houses, depending on the participant’s preferences. The duration of the conversations varied with each participant’s context. Every participant is different. This aligns with the African epistemological paradigm that emphasises the significance of context.
7.3.2 The opening conversation (Ice breaker)

Following the African cultural conception of time and conversations, I had to adjust my understanding of time that I was trained in. Each conversation typically began with participants asking who I was and, in the process, trying to show the family bonds that I had with them. This was done in order for them to make connections regarding how we are related and how our ancestors are also connected. Some participants even suggested that the reason I had come to see them was beyond the research, and that this was rather an ancestral communication, and effort to reconnect us spiritually. This ancestral connection is important for Africans in order to engage in a meaningful conversation. When ancestors are linked, the researcher and participants’ inner divine presence are reactivated (Nobles, Baloyi & Sodi, 2016). This also enhances spiritual connectedness. The linking of ancestors helped in building rapport, spiritual connection and synergy between me and the participants.

It can already be observed from the reflections that the participants actively redefined the research process. From the onset, the participants were actively involved. Consequently, I and the participants co-constructed the research agenda. The researcher and the researched impacted and influenced each other (Becvar & Becvar, 2009). The participants’ active involvement from the onset also challenged the Western views of interviews where I was seen as an expert and leader of the process.

The conversations focused on the study at hand and also focused on my personal development in relation to culture. It felt like a role-reversal, as if I was in therapy. The conversations were also educational.

The opening conversation took approximately one and half hours to three hours before the conversation regarding the study would actually occur. It was different from my one hour interview sessions which I had been accustomed to during my training at the university. The
participants’ emphasis on connectedness also required me to be continuously reflexive and to guard against pushing my own personal agendas, beliefs or text-book prescripts that clinical psychologist are exposed to.

7.4 Data collection method challenged

I had thought of conducting unstructured interviews with the participants using English as a medium of communication. However, my supervisors advised me that language and style of interaction could impact the data collection process. My supervisors also emphasised the use of indigenous methodologies in my data collection that aligned with the culture of Ga-Sekororo and took into account that I would be working with elders. After careful consideration and literature review in this regard, I opted to have conversations with the elders. The conversational method that I opted to follow was adopted from Kovach’s (2010) approach which emphasises that one cannot use interviews in indigenous communities. Interviews are likely to position me as a leader, expert and knowledge bearer. The use of interviews could possibly have led to some elders withdrawing from participating. The conversational method allowed the elders the freedom to choose how the conversation unfolded.

7.5 Language

Language plays a significant role in communication and expression of concepts. The expression of indigenous knowledge is distinctive to a specific ethnic language (Wang & Geale, 2015; Kovach, 2009). Therefore, if a researcher is not familiar with the indigenous language of their participants, they might find it challenging deducing meaning of concepts articulated by the participants. Luckily, I am familiar with the Sepedi that is spoken in Ga-Sekororo. The Sepedi spoken in the area is different from other Sepedi dialects spoken
elsewhere in the country. This indicated to me that, when conducting research with elderly indigenous participants, one has to really understand the language and cultural practices of the community.

It is worth noting that the expectation to communicate the findings of this study in English as per university policies is a challenge as it posed a risk of losing fundamental meaning of cultural concepts, especially when translating these into English. This is an ethical issue. At the level of ethics, how ethical is it for the university ethics committee to prescribe and impose English on indigenous researchers and communities? The South African constitution makes provision for all language groups to adopt and use their (indigenous) languages. For this reason, conducting research in English in an indigenous context which is predominantly Sepedi posed a constitutional challenge.

In my view, this is a violation of the rights of local communities under the guise of ethical clearance and providing an unsustainable argument that English is the language of research. This constitutes a continued form of colonisation which implies that indigenous communities cannot formulate or clearly capture concepts in their indigenous languages without the use of ‘white-English’ guidance (Biko, 2002). Hindess (1977) described this as the inflexibility of the ‘scientific world’ which seeks to only validate concepts that conform to prescribed procedures, in this context, as guided by the university ethics committee.

7.6 Concluding remarks

The research project yielded interesting results regarding suicidal behaviour as perceived and understood from the cultural perspective of the elders of Ga-Sekororo community. It is imperative to note that the project also helped me in my academic and personal development.
For example, the information that I received helped me to understand my family lineage and expectations.

The research project also helped me to start thinking critically, and to raise questions such as who conducts research, for what reasons? For instance, the challenge of language already highlighted made me to begin to question research that has been conducted in indigenous communities by outsiders. Even if they use language experts, one has to be fully familiar with certain indigenous languages in order to fully capture the meaning of words. The language used in Ga-Sekororo is Sepedi sa Seroka, which is only spoken in that area and has no written form. Therefore, no ‘language expert’ regardless of academic achievement could fully capture or interpret it without having being born and bred in it.
Chapter 8: Summary and Conclusions

8.1 Summary

The aim of the present study was to explore the conceptualisation of suicide by Bapedi elders in Ga-Sekororo, Limpopo Province. The objectives of the study were:

- To understand the notions of suicide by Bapedi elders.
- To explore suicide predisposing risk factors according to Bapedi elders.
- To explore the common methods used to commit suicide.
- To explore the rituals performed by Bapedi people following death by suicide.
- To determine which suicide prevention ceremonials are performed by Bapedi.

The study comprised of seven participants. All of the participants were above the age of 60 years old and were born in Ga-Sekororo.

The following themes emerged based on the findings of the study: (1) participants’ notions of suicide; (2) participants’ perception of suicide triggers; (3) methods commonly used to commit suicide; (4) places where suicide is commonly committed; (5) rituals followed when one dies by suicide; (6) treatment after surviving a suicide attempt; and, (7) participants’ views and experiences on how to manage suicidal behaviour. These themes were further broken down into subthemes.

Based on the study findings, it was observed that, over the years, the participants had accrued remarkable knowledge and experiences regarding suicide. The participants shared the notion that suicide was an intentional killing of one self without verbally communicating the intentions. The lack of verbal communication of suicide ideations can be linked to the negative cultural connotation in whereby suicide is perceived as se-ila, something that is culturally
forbidden. The findings indicate that this negative cultural connotation regarding suicide creates fear of been judged and stigmatised by the community, thus resulting in the lack of verbal communication.

Due to the perceived culturally forbidden nature of suicide, families also conceal the suicide of relatives from the community. This concealment pushes family members into cultural deviations whereby certain rituals are not performed because, if they were to be performed, the community would be aware of the type of death that had transpired. It is believed that the cultural deviations of not adhering to prescribed rituals would in turn result in other suicides amongst the surviving family members and community. This is because when people commit suicide, their spirit do not transcend into the ancestral world but rather wander the world. Therefore, if rituals are not properly followed, then the spirits of the person who committed suicide would invade other family members and the community.

The rituals that were emphasised to prevent suicide from occurring in the family again include: not allowing the corpse of someone who died by suicide from entering home during the funeral and not following proper funeral rites, such as singing or killing a cow to accompany the death. Elders and traditional healers through consultation with ancestors are the ones who prescribe the type of rituals to follow. Death by suicide was also linked to all sudden incidental deaths such as dying from car accident or murder. These type of deaths are regarded as bad death and thus the rituals followed are the same.

The participants’ perceptions of factors triggering suicide seemed to vary based on the person’s psychological state of mind, biological, social, cultural and mystical factors. The role of heredity and witchcraft in contributing to suicidal tendencies were also noted. Hanging, the use of gun to shoot oneself and the ingestion of poisonous products where identified by participants to be the common method used to commit suicide, with men opting to for more fatal method when compared to women.
Communication was emphasised as the most effective way of preventing suicide. As history indicates, Africans have always resolved problems through sharing of problems in open gatherings, Kgorong, either at the headman ‘Ntona’ or royal house ‘Moshate’. Such gatherings were led by traditional leaders and elders, who would use their experiences to help the community solve their problems. This is also indicative of the communal nature of the people of Ga-Sekororo. They perceive suicide as a destructive way of communicating relational problems, which affect the entire community and not just direct family members of the victim.

Elders also highlighted the relational significance of using both the African and Western paradigms in psychotherapy. This is indicative of the sophistication and circular thinking of traditional leaders. Thus it implies that there is an open door for possible collaboration between traditional leaders and Western-trained health care practitioners.

8.2 Concluding remarks

It is evidenced from the findings of this study that suicidal behaviour and suicide have tormented indigenous African communities including the people of Ga-Sekororo for many years than reported by literature. However, this study also revealed that indigenous African communities have accrued wealth of generational knowledge on suicide. The findings indicate that indigenous people of Ga-Sekororo have always had knowledge on what suicide entailed, the triggering factors and how to collectively and effectively deal with it. For instance, the people of Ga-Sekororo have used community meetings hosted by the elders of the tribal house to deal with communal challenges, including problems of suicidality. Problems are then perceived communally and hence they are tackled collectively. Communication and rituals were identified as some of the main ways of dealing with challenges of suicide. Performing ritual to appease ancestors and the involvement of traditional healers also highlighted how
indigenous communities perceive all things as interconnected. These findings further reiterate the principles of African epistemology as noted in the writings by Nowye, Mkhize, Baloyi, Grills, Bukari, Ramose, Sodi, Nobles, Okere, Ndubisi and Udefi to count a few.

Given my experiential learning from this study, I can confidently indicate that the use of Western based methodologies to conduct research in African communities are ineffective and can be perceived as disrespectful and distasteful by indigenous communities. It is also evidenced that there is no one suite all indigenous methodology. Therefore, researchers have the responsibility to ensure that they immerse themselves within the community and its culture before conducting any study. As noted by Post-modern ideologies, indigenous knowledge should be privileged in all studies. Hence the researcher becomes the learner and the participants should be perceived as the experts of knowledge. Given this evidence, it is conclusively imperative that psychologists working in African communities become well knowledgeable about the African understanding of mental health. As indicated by the elders in this study and supported by other African scholars, the aim is not to disparage the contributions of Eurocentric psychology, but rather to ensure that psychologists are able conceptualise the world in ways that are consistent with African people’s beliefs and to apply that knowledge in dealing with the rise of suicide, especially in the rural areas.

8.3 Limitations

- The findings of this study are culture and context based and, as such, cannot be applicable to other cultures.

- Although the researcher ensured that all data was analysed in Sepedi before translation, it is worth noting that some meaning might have been lost. This is
because the English language does not fully capture some of the deeper meaning of words from Sepedi.

- My age as a researcher could have influenced the type of information that I was given. This is to take into account that the participants were elders communicating about a concept that is regarded as taboo.

### 8.4 Recommendations

Based on the findings of the study, the following recommendations are made:

- There is a need for culturally competent community-based mental health care awareness campaigns and psychoeducation on signs of suicidal behaviour. This could be achieved through collaborative work between psychologists and community leaders.

- The rise of suicide in rural areas signifies a need to explore the cultural meaning of suicide with an aim of developing relevant culturally proficient suicide prevention methods and programmes.

- Future researches could provide more comprehensive data by exploring each of the identified themes and subthemes separately.

- There is a need for the inclusion of an African psychology module as well as indigenous languages in all university curricula. This will help to ensure that health care practitioners are well trained and skilled to effectively and collaboratively work with patients with suicidal behaviour of African ancestry.


http://africanwomenculture.blogspot.com/2013/02/igbo-people-nigeria-their-beliefs-or.html


Appendices

Appendix 1a: Conversational Schedule (English version)

1. Kindly share with me your understanding of how the Bapedi culture conceptualises suicide?

2. Please share with me your understanding of what you think provokes people to commit suicide

3. From your knowledge and experience, how would you know if someone is suicidal?

4. Share with me from your knowledge and experience, the common methods used to commit suicide?

5. Kindly share with me from your knowledge and experience, how people with previous suicide attempt are perceived in the community?

6. Please share with me from your knowledge and experience, which cultural rituals are performed following death by suicide?

7. From your knowledge and experience, which cultural rituals do you know that can be performed to prevent suicide?
Appendix 1b: Conversational Schedule (Sepedi version)

1. Ka boikokobetso, ke kgopela le nhlatholele gore goya tsebo ya lena, Setšo sa mapedi se reng ka go ipolaya?

2. Go ya ka tsebo le kwešišo ya lena, ke kgopela le nhlalosetše gore naa ke eng dilo tše di hlohleletšago batho gore ba nyake go ipoloya?

3. Go ya ka tsebo le maitemogelo a lena, Naa, e kaba le tseba bjang goba le bona ka eng ge motho a na le menagano ya go ipolya?

4. Go ya ka tsebo le maitemogelo a lena, e kaba ke mekgwa e me feng yeo e etlwaelegilego go šomišwa go ipolaya?

5. Goya ka tsebo le maitemogelo a lena, Naa, batho ba ilego ba leka go ipolya ba lebelelwa bjang mo setšhabeng?

6. Goya ka tsebo le kwešišo ya lena, ke kgopela le nhlathollele meetlo yeo le e tsebang ya Setšo, yeo e latelwago morago ga gore motho a ipolaye?

7. Ke kgopela le nhlalosetse, goy aka tsebo ya lena, ke meetlo e me feng ya Setšo yeo e diriwago go thibela menagano ya go ipolya?
Appendix 2a: Letter to Ga-Sekororo Tribal Authority - English version

Sefako Makgatho Health Science University
Department of Psychology
P.O Box 60
Medunsa
0204
Date_______________________

Ga-Sekororo Traditional Authority
Banareng ba ga Mahlo
Mošhate Village
Limpopo Province

Request for permission to interview community members

Dear Sir/Madam

My name is Setagwa Peter Mahlo. I am a master’s student at Sefako Makgatho Health Science University. The research that I wish to conduct for my master’s mini-dissertation focuses on the conceptualisation of suicide by Bapedi elders in Ga-Sekororo, Limpopo Province. I hereby seek your permission to interview the members of the community.

Thank you for your time and consideration

Regards

Setagwa Peter Mahlo
Appendix 2b: Letter to Ga-Sekororo Tribal Authority – Sepedi version

Sefako Makgatho Health Science University
Department of Psychology
P.O Box 60
Medunsa
0204
Date__________________

Ga-Sekororo Traditional Authority
Banareng ba ga Mahlo
Mošhate Village
Porofense ya Limpopo

Thobela


Ke leboga nako ya lena

Wa lena ka mehla

Setagwa Peter Mahlo
Appendix 3a: Participant Consent Letter and Form

Sefako Makgatho Health Science University
Department of Psychology
P.O Box 60
Medunsa
0204
Date: _______________________

Dear participant

Thank you for demonstrating interest in this study that focuses on the conceptualisation of suicide by Bapedi elders in Ga-Sekororo.

Your responses to this individual interview will remain strictly confidential. The researcher will not attempt to identify you with your responses to the interview questions or to disclose your name as a participant in the study.

Please be advised that participating in this study is voluntary and that you have the right to withdraw your participation at any time.

Kindly answer all the questions and reflect your true reaction. Your participation in this research is very important.

Thank you for your time

Sincerely

__________________  _____________________  
Setagwa Peter Mahlo Date
Masters Student

__________________  _____________________  
Prof T Sodi Date
Supervisor
Appendix 3b: Sefako Makgatho Health Sciences University, English Consent Form

Statement concerning participation in a Research Project.

Name of Project / Study: The Conceptualisation of Suicide by Bapedi elders in Ga-Sekororo, Limpopo Province.

I have read and heard the information on the aims and objectives of the proposed study and was provided the opportunity to ask questions and given adequate time to rethink the issue. The aim and objectives of the study are sufficiently clear to me. I have not been pressurized to participate in any way.

I know that sound recordings will be taken of me. I am aware that this material may be used in scientific publications which will be electronically available throughout the world. I consent to this provided that my name is not revealed.

I understand that participation in this Project is completely voluntary and that I may withdraw from it at any time and without supplying reasons.

I know that this Study / Project has been approved by the Sefako Makgatho University Research Ethics Committee (SMUREC), Sefako Makgatho Health Sciences University. I am fully aware that the results of this results of this / Study / Project will be used for scientific purposes and may be published. I agree to this, provided my privacy is guaranteed.

I hereby give consent to participate in this Study / Project.

.......................................................................................................................... .......................................................... 
Name of patient/volunteer Signature of patient or guardian.
Statement by the Researcher

I provided verbal and written information regarding this Study / Project

I agree to answer any future questions concerning the Study / Project as best as I am able.

I will adhere to the approved protocol.

Name of Researcher    Signature    Date    Place
Appendix 4a: Semamaretšwa 3b: Lengwalo le fomo tša motšeakarolo tša tumelelano

Sefako Makgatho Health Science University
Department of Psychology
P.O Box 60
Medunsa
0204
Letšatšikgwedi: ____________________

Mokgathatema a rategago

Ke leboga ge o laeditše kgahlele mo diphatšišong tša nyakišišo mabapi le ka mokgwa wo mapedi le setšo sa bona ba kušišago le go hlasa go ipolaya ga batho. Dikarabo tša gago go dipotšološišo tše tša motho ka o tee e tla ba sephiri. Monyakišiši a ka se go tswalantšhe le dikarabo goba go utolla maina a gago bjalo ka mokgathatema mo thutong ye.

Hle fahlogela gore go kgatha tema ga gago mo thutong ye ke ga boithaopo le gore o na le maloka a go ikgogela morago neng goba neng.

Ka potego araba dipotšišo ka moka mme o ntšhe sa mafahleng. Go kgatha tema ga gago mo nyakišišong ye go bohlokwa kudu.

Ke leboga nako ya gago.

Wa potego

__________________________________________
Setagwa Peter Mahlo
Moithuti wa Masetase

__________________________________________
Prof T Sodi
Moeletši
Appendix 4b: Sefako Makgatho Health Sciences University Sepedi Consent Form

Setatamente mabapi le go tšea karolo ka go Protšeke ya Dinyakišišo

Leina la Protšeke / Dinyakišišo:

Go kušiša le go hlałosa go ipolaya ga batho go va ka Mapedi le Setšo sa bona.

Ke badile ebile ke kwele ka ga tshedimošo mabapi le maikemišetšo le morero wa dinyakišišo tšeo di šišintšwego gomme ke ile ka fiwa monyetla wa go botšiša dipotšišo gomme ka fiwa nako yeo e lekanego gore ke naganišiše ka ga taba ye. Ke tloga ke kwešiša maikemišetšo le morero wa dinyakišišo tše gabotse. Ga se ka gapeletšwa go kgatha tema ka tsela efe goba efe.

Ke a kwešiša gore go kgatha tema Protšekeng/Dinyakišišong ke ga boithaopo gomme nka tlogela go kgatha tema nakong efe goba efe ntle le gore ke fe mabaka.

Ke a tseba gore Protšeke/Dinyakišišo tše di dumeletšwe ke Sefako Makgatho University Research Ethics Committee (SMUREC), Yunibesithi ya Sefako Makgatho. Ke tseba gabotse gore dipelo tša Dinyakišišo/ Protšeke tše di tla dišišetšwa merero ya saense gomme di ka phatlalatšwa. Ke dumelelana le se, ge fela bosephiri bja ka bo ka tiišetšwa.

Mo ke fa tumelelo ya go kgatha tema Dinyakišišong/ Protšekeng.

........................................................................................................................................

Leina la moithaopi Mosaeno wa moithaopi goba mohlokomedi.

........................................................................................................................................

Lefelo. Letšatšikgwedi. Tlhatse
**Setatamente ka Monyakişişi**

Ke fana ka tshedimošo ka molomo le/goba yeo e ngwadilwego * mabapi le Dinyakişišo.

Ke dumela go araba dipotšišo dife goba dife tša ka moso mabapi le Dinyakişišo ka bokgoni ka moo nka kgonago ka gona.

Ke tla latela melao yeo e dumeletšwego.


Leina la Monyakişişi  Mosaeno  Letšatšikgwedi  Lefelo
Appendix 5: Ethical clearance

Sefako Makgatho Health Sciences University
Research & Postgraduate Studies Directorate
Sefako Makgatho University Research Ethics Committee
(SMUREC)

Molotlegi Street, Ga-Rankuwa 0208
Tel: (012) 521 5617/3698 | fax: (012) 521 3749
Email: lerato.phiri@smu.ac.za
P.O. Box 163 Medunsa 0204

APPROVAL NOTICE - NEW APPLICATION

04 August 2016

Mr SP Mahlo
Department of Clinical Psychology
P.O Box 110
Medunsa, 0204

MEETING: 06/2016

SMUREC Ethics Reference Number: SMURECM/152/2016: PG

The New Application received on 08 July 2016, was reviewed by members of Sefako Makgatho University Research Ethics Committee 04 August 2016 and was approved on 04 August 2016.

Title: The conceptualisation of suicide by Bapedi elders in Ga-Sekororo, Limpopo Province

Researcher: Mr SP Mahlo
Supervisor: Prof T Sodi
Co-supervisor: Dr L Baloyi
Department: Clinical Psychology
School: Medicine
Degree: MSc Clinical Psychology

Please note the following information about your approved research protocol:

Protocol Approval Period: 04 August 2016 - 04 August 2017

Please remember to use your protocol number (SMURECM/152/2016: PG) on any documents or correspondence with the REC concerning your research protocol.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modification, or monitor the conduct of your research and the consent process.

After Ethical Review: Please note a template of the progress report is obtainable in the Research Office and should be submitted to the Committee before the year has expired. The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly for an external audit. Translation of the consent document in the language applicable to the study participants should be submitted.

International Organisation (ORG90008691), Institutional Review Board (IRB900010386) Expiry date: 09 December 2018, Federal Wide Assurance (FWA000023943) Expiry date: 31 August 2017 and NHREC No: REC 210408-003

Sincerely

[Signature]
DR C BAKER
DEPUTY CHAIRPERSON SMUREC
Appendix 6: Turn it in similarity report
The conceptualisation of suicide by Bapedi elders in Ga-Sekororo, Limpopo Province

**ORIGINALITY REPORT**

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