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## Abstract

**Purpose** – In bereavement, memories of the loss, especially traumatic ones, can be distressful and complicate the grieving process. Although some conventional therapies have proven beneficial in lessening complicated bereavement, African indigenous methods used for the same purpose have not been well-documented. This study explored Northern Sotho traditional healers' lived experiences regarding the medicinal benefits of Bolebats'a when used in mental health-care.

**Design/methodology/approach** – Using interpretative phenomenological analysis, this study explored traditional healers' (n = 19; 5 = males; females = 14; mean age = 65 years, SD: 11.6) experiences and their insights regarding the management of traumatic memories in bereavement. Participating healers were sampled using convenience and snowball strategies while data was collected using face-to-face dialogues, observations and a digital camera. Qualitatively derived data was transcribed and translated from the local language to English before it was analysed phenomenologically.

**Findings** – Data analysis resulted in four major themes: characterisation of Bolebats'a as a herb used to manage mental and spiritual conditions; descriptions of the herb's administration, dosage and related user health risk; perceived therapeutic benefits of the herb; and observed link between herbal medicine and African spirituality. The study findings suggest that the Bolebats'a herb, derived from the tree scientifically called *Lannea schweinfurthii* is primarily used to induce forgetfulness of bereavement and trauma-related memories to enhance coping.

**Research limitations/implications** – Whilst this study illustrates the perceived healing benefits of Bolebats'a in mental health care, it is noted that the findings may not necessarily be extrapolated to other contexts. Therefore, more studies are needed with the participation of traditional healers from different ethnic backgrounds to lend support to the present findings. Data from service users' experience of traditional healing in conjunction with traditional healers would have further benefited this study.

**Practical implications** – The findings are important for mental health professions as they open avenues for other forms of treatment for mental conditions that also need attention. Equally, there is a need for western trained mental health-care practitioners and researchers to study indigenous knowledge systems of healing for reverse knowledge transfer purposes.

**Social implications** – The findings also call on governments, and in this context, the South African government, to recognise, support and empower traditional healers as important role players in primary mental health care. Collaboration between western mental health practitioners and traditional healers could indeed be one important strategy towards the

relief of the overwhelmed mental health-care systems in low-and-middle-income countries such as is the case in South Africa.

Originality/value – The findings open new avenues to scientific explorations of the significance of traditional medicines in bereavement care and coping. More importantly, on the Bolebats' a herb's anti-depressive and memory altering effects in mental health care.

Keywords: Bolebats' a, Herbal medicine, *Lannea schweinfurthii*, Traumatic bereavement, Traditional medicine, Vhulivhadza

## 1. Introduction

Studies have estimated that in the year 2017, about 792 million people globally were living with some forms of mental health conditions (MHCs) (Ritchie and Roser, 2020). MHCs are disabling, enduring and contribute about 14% to the Global Burden of Diseases (World Health Organization, 2020a), with their prevalence expected to rise annually. Although psychotropic medicines (e.g. antidepressants, benzodiazepines, antipsychotics) are the dominant and effective treatment of choice for MHCs (Grunze et al., 2017), their associated side effects (e.g. sexual dysfunctions, weight gain, somnolence) often lead to patients discontinuing or failing to adhere to the much-needed medications (Achtys et al., 2018; Francois et al., 2017; Semahegn et al., 2020), a situation that could result in multiple harmful effects to the users (Wykes et al., 2017). Moreover, psychotropic medication discontinuation or non-adherence constitutes a wasteful expenditure, especially for the already strained and underfunded health-care systems in low-and-middle-income countries (LMICs) (World Health Organization, 2020b). Hitherto, the highlighted mental health treatment related challenges suggest a need for alternative forms of treatment such as traditional medicines which offers some promise (Bouso and Sanchez-Aviles, 2020).

Recently, a review study established that about 49% of patients with disabling psychiatric conditions (e.g. schizophrenia, major depressive disorder and bipolar disorders) were reported to be non-adherent to psychiatric medications (Semahegn et al., 2020). Semahegn and colleagues went on to highlight that a plethora of factors ranging from patient-related factors (e.g. health beliefs, socio-demographics, substance-abuse), clinical factors (e.g. medication side effects and efficacy), health system-related factors, lack of insight about the illness and medication, lack of support, etc., have been associated with poor adherence outcomes. Other factors contributing to the challenge of managing mental illness, especially for people in LMICs, include scarcity of human resources (i.e. below 1 mental health worker per 100,000 people in most LMICs), insufficient facilities providing mental health services, poor mental health literacy and stigma and discrimination (South African Human Rights Commission, 2020; Uwakwe and Otakpor, 2014). These kinds of challenges have resulted in the World Health Organisation (WHO) encouraging member states to also consider investing efforts to promote herbal medicines (World Health Organization, 2020b). Another strategy recommended by WHO is the training and integration of traditional healers in primary health care to capacitate mental health systems in LMICs. This recommendation has been previously made by a number of reports suggesting that about 48.1% of people in LMICs concurrently use herbal and conventional medicines to meet their daily health-care needs (World Health Organization, 2020b; Burns and Tomita, 2015; World Health Organization, 2020c). For

example, recent reports suggest that *Artemisia annua* has recently been the centre of research attention as it promises to help in the fight against the coronavirus pandemic (Finnan, 2020). Many other herbal medicines yield positive results with COVID-19 (Luo et al., 2020). Similarly, empirical studies have established that herbal medicines are widely used for mental health problems in many parts of the world, especially in Asia, Africa and South America (Ramirez-Tagle et al., 2016; Iwanaga et al., 2017; Jidong et al., 2021a). A recent animal-based study has demonstrated that *Origanum majorana* essential oil produces antidepressant-like effects, especially when used with conventional antidepressants. The findings support the herb's use in traditional medicine (Abbasi-Maleki et al., 2020). Despite the growing support for the use of herbal medicines for mental problems, it continues to be ridiculed and under-supported in mainstream mental health-care systems (Burns and Tomita, 2015; Nwobodo and Offiah, 2017). Even so, those who rely on the herbs believe they are fairly safe, efficacious, readily available and have no adverse side effects (Nwobodo and Offiah, 2017; Jidong et al., 2021b). Further support comes from scholars who have pointed out that traditional ethnobotanicals' safety and efficacy is demonstrated by their long history of use in various parts of the world (Bouso and Sanchez-Aviles, 2020).

One medicinal plant noted for numerous health-care benefits in most regions of Africa is derived from *Lannea schweinfurthii* var. *stuhlmannii* (Maroyi, 2019). *Lannea schweinfurthii* is a small to medium-sized deciduous tree with hairy patches growing on its roots and belongs to the wild currant or Anacardiaceae family (Kotina et al., 2018; Magwede et al., 2019). Known as *Bolebats'a* or *vhulivhadza* (literally meaning, the tree that helps with forgetfulness) among the Northern Sotho and VhaVenda people of South Africa, respectively (Magwede et al., 2019; Makgahlela and Sodi, 2019), the medicinal plant is used in mental health care. After being harvested, the indumentum or hairy-patches that grow on the roots of *L. Schweinfurthii* are dried, prepared and given to the bereaved to help them forget painful memories associated with death, therefore leading to psychological pain relief (Maroyi, 2019; Kotina et al., 2018; Magwede et al., 2019; Makgahlela and Sodi, 2019). It is well documented in bereavement, that the bereft are often left preoccupied with painful memories, thoughts and images of the deceased (Simon, 2013). More so, in complicated grief, painful memories may fester leading to an ongoing yearning for the deceased (Maccallum and Bryant, 2008). Perhaps, it is on this basis that in the Bapedi and Vhavenda communities, herbs such as *Bolebats'a* are proactively used to avert potential grief complications. Nwoye has long observed that the phenomenon of pathological grief is rare to hear of in African communities (Nwoye, 2005). The scholar argues that unlike in the Western cultures whereby bereavement management is individualised and medicalised, in Africa, its management is proactive and spiritual/systemic/interactional. And by extension, measures such as bereavement rituals and traditional herbs are used proactively. The beneficial effect of rituals and herbs in bereavement management has been documented widely, especially ritualistic practices (Makgahlela et al., 2019; Mitima-Verloop et al., 2019; Aksoz-Efe et al., 2018). While some researchers have suggested that some indigenous practices, including *Bolebats'a*, could be working magically or on a placebo basis (Magwede et al., 2019; Makgahlela and Sodi, 2019), there seems to be a lack of research to support or refute these claims. Prevailing studies on *Bolebats'a* tend to focus on the herb's botanical properties, with little or no attention to its psychotherapeutic and ethno-pharmacological properties (Maroyi, 2019; Kotina et al., 2018). Generally, studies exploring herbal medicines used in mental health care are lacking. This

study explored Northern Sotho traditional healers' lived experiences regarding Bolebats'a when used in mental health-care cases.

## 2. Methodology

### 2.1 Study design

This qualitative study adopted an interpretative phenomenological analysis (IPA) which sought to describe and interpret Northern Sotho traditional healers' lived experiences relating to the mental health-care benefits of using Bolebats'a. The IPA method is underpinned by the hermeneutic phenomenological philosophy which views human beings as "experiential experts," who through language and cognition, are capable of describing or making sense of their lived experiences (Eatough and Smith, 2017); this is particularly true with those experiences which either matter the most to them or have had a notable impression to their consciousness. Researchers adopting this design are interested in examining and interpreting the "lived experiences" of research participants (Alase, 2017). In this case, the phenomenon of interest being the experiential expertise of the Northern Sotho healers and the use of Bolebats'a herb. The Northern Sotho people are mainly found in the Limpopo Province of South Africa and constitute almost half of the province's population estimated to be 5,982,584 million. From within this community, participating healers were accessed through the non-purposive convenience and snowball sampling strategies. To kick-start fieldwork, the first few participants were conveniently identified by the third author who is a traditional healer and research psychologist. More participants were subsequently enlisted based on the suggestions made by the first few traditional healers until saturation was reached.

### 2.2 Instruments

Data collection involved dialogues with each of the 19-participating healers (Table 1). Dialogues, as opposed to interviews, are the preferred data gathering strategy when engaging in research with elders in the African culture more especially when studying indigenous knowledge systems (Denzin et al., 2008), as underpinned by Afrocentric theoretical features (Jidong et al., 2021b; Asante, 2007). Data was also collected through observations including participating in field trips to the forest to harvest medicinal plants. Verbal data was recorded on digital audio recorders. On the one hand, visual data was taken and recorded using a digital camera (Appendix). Data collection proceeded until the researchers fairly judged that data saturation was achieved. Upon completion of fieldwork, audio recorded data were transcribed and translated from the Sepedi language to the English language for broader accessibility of the results by the scientific community. Participants' demographic information was also recorded during fieldwork.

### 2.3 Procedure

Ethical approval for the study was obtained from the University of Limpopo ethics committee (TREC/70/2019:IR). Regarding cultural protocols, we gained permission to conduct the study from Moshate wa Mangaka Koma Humelang Dingaka Council in the Limpopo Province. This structure oversees traditional healers' affairs in the province. In some villages, we also gained

verbal permission from Magoṣi (Kings) before engaging with the healers. The involvement of the third author assisted the research team to observe cultural protocols, including negotiating entry with gate-keepers. Once all ethical and cultural protocols were observed, dialogues were initiated with each participant mostly in their homes. Before the dialogues could be initiated, the study purpose was explained and consent forms signed. Most healers were initially reluctant to complete the forms. The following were given as reasons: lack of trust of academic researchers for being dishonest; the exploitation of their ancestral healing wisdom by academic researchers for monetary purposes; and that researchers and government perpetually fail to empower traditional healers, despite being health experts as evident in local people’s continued reliance on their indigenous health services. However, through the intervention of the third author, participants were reassured about our intentions before they could agree to participate. Upon conclusion of the dialogues, each participant was handed cash to the value of 100 South African rands as a token of appreciation for their participation.

## 2.4 Data analysis

Transcribed data were analysed following a four-stage process of IPA: multiple readings of each transcript while taking notes; transformation of the generated notes into emerging themes; seeking relationships and clustering themes sharing the same meaning; and producing this descriptive and interpretive report of findings. For instance, during reviewing the transcripts, the researchers (first and second authors) noted down exploratory comments on the right side of the sheet. The noted comments helped generate emergent themes that were later refined to formulate broad themes of meaning. The themes generated by the first and second authors were compared against each other, and revisions were effected where necessary. For quality purposes, the resultant themes were later reviewed, refined and finalised by the third (expert in herbal medicine) and last (experienced qualitative researcher) authors. The third author also went through the translated transcripts to ensure that no meaning was lost during translations upon agreement among the researchers.

## 3. Results

Data analysis illuminated four key themes regarding the Bolebatṣa herb (Appendix): characterisation of Bolebatṣa as a herb used to manage mental and spiritual conditions; descriptions of the herb’s administration, dosage and user-related health risks; perceived therapeutic benefits of the herb; and observed link between herbal medicine and African spirituality. The results are presented below, starting with the participants’ demographic information, followed by thematic presentation of the findings.

**Table 1**  
Demographic characteristics of sample population

Demographic characteristics	#
<b>Gender</b>	
Male	5
Female	14
<b>Age groups</b>	

35 - 40 yrs.	1
41 - 50 yrs.	2
51 - 60 yrs.	1
61 - 70 yrs.	7
71yrs. & above	8
<b>Residential area</b>	
Rural	19
<b>Traditional healer type</b>	
Diviner	18
Herbalist	01
<b>Level of education</b>	
No formal Education	08
Primary schooling	04
Secondary Schooling	03
Tertiary Studies	04
<b>Duration of practice</b>	
0 - 10 yrs.	02
11 - 20 yrs.	01
21 - 30 yrs.	12
30 yrs., & above	04

*Note. (n = 19; males = 5; females = 14; mean<sub>age</sub> = 65 years, SD: 11.6)*

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The table above displays demographic information of study participants (n = 19; 5 = males; females = 14; meanage = 65 years, SD: 11.6). In respect of gender, most participants (n =

14) were females. All participants were residing in rural villages while a majority (n = 16) have been in practice for more than 21 years. Except for one herbalist, all participants were the diviner type of traditional healers.

### 3.1 Characterisation of Bolebatsa as a herb used to manage mental and spiritual conditions

Traditional healers who participated in this study demonstrated rich knowledge regarding the medicinal benefits of Bolebats'a in mental health care. Unlike previously thought (Maroyi, 2019; Magwede et al., 2019; Makgahlela and Sodi, 2019), in this study, traditional healers described Bolebats'a as a herb with *“many uses, i.e. it does not only work when there is a death in the family. Other uses are when a person encounters stressful life experiences like when nothing goes right in their life. Isn't it a person will be complaining constantly about their life problems, so we give them bolebats'a to help them forget about their problems”* (Participant H, Female, 76 years).

In the above extract, Participant H revealed her experience of service provision by prescribing Bolebats'a to the bereaved and how its potency is believed to heal other stressful life experiences of their service users beyond bereavements. Other healers attested to the herbal efficacy of Bolebats'a in the following extracts:

*Eh [ . . . ] A bereaved person will explain that [ [ . . . ] ] eh [ . . . ] my heart is painful, and I can't sleep. And then, we simply give him Bolebats'a so that he can forget about the deceased person (Participant F, female, 80 years).*

The herb is also effective with people who have been traumatised or have encountered rape or any other tragic incident (Participant M, female, 71 years).

As shown in the above extracts, it appeared that the Bolebats'a herb is used in various stress and trauma-related cases; however, a consistent pattern in the data was that it is commonly used in bereavement cases. This is further supported by one of the healers, who said that, "the herb has many functions but it works a lot on people who have suffered loss of a beloved one yet struggling to accept the loss" (Participant P, female, 61 years). A potential explanation for the dominant use of Bolebats'a for healing the pain of losing a beloved is that, traditional healers know bereavement to be a painful experience concomitant with persistent sadness and a preoccupation with troubling memories of the deceased which impairs functioning. By administering the herb, "it makes a person to stop thinking too much to the point of wanting to kill themselves" (Participant K, female, 63 years). Participant O added his voice and said that, too much stress may lead to instances where people think of killing themselves as a solution to get away from their problems. Then being treated with this traditional herb might help you to such an extent that you are no longer having depression and no longer thinking of taking your life. Then you will start to think positively" (Participant O, male, 75 years).

From the two extracts, forgetfulness is portrayed as a core function of Bolebats'a herb. More essentially, it is believed that by inducing forgetfulness of troubling thoughts or memories in service users (Kotina et al., 2018; Makgahlela and Sodi, 2019), the herb mediates against mental distress and possible suicidality. Consequently, the herb's ability to help service users forget about their dreadful life experiences extends beyond the physical. To exemplify, emerging findings showed that culturally explained spiritual conditions such as witchcraft afflictions and apprenticeship in divination are also managed with the herb. In the following extract, Participant E said: "another reason for using Bolebats'a is that, when we have a case of a person troubled by an act of witchcraft, we can recommend that the troubled person use the herb when bathing and mix it with others. Thereafter, witches will keep on forgetting that person. Whenever they have to come to you[service-user] they instantly forget about you. Another use is for treating those using this 'nyaope' or for drug-abuse. What we try to do is make the affected child forget about his bad ways" (Participant E, female, 61 years).

It was intriguing to note that the above extract also illuminates the essence of Bolebats'a being a herb used to treat drug abuse or destructive behaviours that are common in adolescence. Participant Q expressed a similar sentiment by highlighting that, "for instance when a child is going through the stage of adolescence and they show troublesome behaviors that might lend them in trouble or even jail. Bolebats'a can be effectively used to make them forget these unacceptable behaviors" (Participant Q, female, 66 years). However, like culturally explained conditions, the data could be limited in the scientific explanation of the herb's mechanism of interaction in terms of how such memories are isolated and inhibited. More illustratively, it could be argued that potential side effects of Bolebats'a could cause the forgetfulness of other essential memories of the service users. Although the herb appears to be meaningful in the traditional healing enterprise, from the scientific paradigm it remains

elusive regarding its efficacy, brain interaction sites and mechanism of action (Maroyi, 2019; Magwede et al., 2019). This therefore warrants further investigations on the herb or perhaps the traditional healing paradigm undergird by the philosophy of holism (Bouso and Sanchez-Aviles, 2020), could better account for the identified limitations.

### 3.2 Descriptions of the herb's administration, dosage and related user health risk

Like modern medicines, participating healers demonstrated standards that they followed when prescribing Bolebats'a. One healer said that, service users "[. . .] *don't have to take too much of it, isn't it even white doctors measure their medicines for you. I also measure and give out instructions before it can be used. But there are no side-effects after drinking the herb. Traditional Sotho herbs do not have side effects [ . . . ]*" (Participant F, female, 80 years). The quotation helps highlight that healer also take into cognisance issues of safety of medicinal use, i.e. they advised service users on medicinal herb preparations, route of administration and dosage. With Bolebats'a, for instance, once it is dried and triturated (see Image 3 in the Appendix), "*you just mix the grinded powder with water and drink (Participant S, male, 64 years) or mix it with soft-porridge for them [service users] to eat (Participant Q, female, 66 years) whereas for people your age group [referring to adults], we measure with a teaspoon, and for a child, we use half a teaspoon*" (Participant O, male, 75 years). And, "*sometimes we direct them to drink a cup with a small amount of bolebats'a twice a day; morning and night, depending on what state they are in*" (Participant R, female, 67 years). Emergent from this particular finding is that Bolebats'a or generally, indigenous herbs (Bouso and Sanchez-Aviles, 2020; Nwobodo and Offiah, 2017), are known to have little to no side effects. As a consequence, Bolebats'a is safe for use in both the adult and child populations. This is partly because of the organic nature of these herbs:

*With western medicine, there are directions on how the medicine should be used which is the same with us, but with traditional medicines there are no side effects. So even after taking this herb, you won't get any side effects* (Participant S, male, 64 years).

*With the people I have used on, none of them have ever complained of drowsiness or headache, you will even hear them saying these days I sleep peacefully. This means that they are no longer preoccupied with their worries or the loss* (Participant C, female, 76 years).

Although the herb was not associated with any side effects, from the data, it appeared that its perpetual use could lead to memory loss as supported by Participant D and H's extracts below:

*[. . .] you don't drink for many days. If you drink for many days until you're dependent on it, you might start forgetting important details. For example, you might forget where you placed important things in the house* (Participant D, female, 57 years).

*eh [ . . . ] traditional Sotho herbs have no overdose or side-effects. You simply lick or eat it, but you have to stop using it once you have forgotten about your problems to avoid forgetting even important events* (Participant H, female, 76 years).



However, the claim on the potency of Bolebats̃a to “*induce forgetfulness of troubling memories*” or generally, “*indigenous herbs having no side effects*” may need to be treated with caution as there is little empirical evidence on the topics. And of course, this is not to undermine the “*experiential expertise*” of the healers, but to magnify the need for indigenous herbs to be subjected to empirical investigations; this is if the herbs are to be widely exploited for mental health-care purposes.

### 3.3 Perceived therapeutic benefits of the herb

Recognising that some life experiences can be traumatic and distressing to the mind, the healers understood Bolebats̃a to be having the potency to heal the mind. Some of the healers described the herb as having some of the following mental health benefits:

It helps with forgetfulness of upsetting memories following a traumatic incident or any memories related to bereavement (Participant A, male, 41 years).

*It helps with forgetfulness of troubling memories. It is like some of the pills we get from medical Doctors. When we see that your heart is aching or you're hurting and struggling to accept the loss or you could even collapse, we give you Bolebats̃a, and after drinking it you would start feeling better. This herb works in the same way as pills from Doctors. This herb is our pill* (Participant R, female, 67 years).

The above quotations illuminate clearly that the herb, like some of the medications prescribed by medical professionals for bereavement (Grunze et al., 2017), has some antidepressant and memory altering effects. It appears that the herb is used to assuage bereavement memories from festering, and therefore, preventing grief from becoming complicated. Once administered, the herb does not take long to induce the desired mental effects:

*[. . .] let's say the burial was in the morning, and a person is troubled by the loss. We simply give that person the herb to drink. Later in the evening they will sleep [. . .] the person will sleep without being troubled by anything. And, it doesn't lead to drowsiness or headaches* (Participant B, female, 65 years).

The above extract is similar to many other expressions in revealing the herb's acclaimed potency in relieving the pain of bereavement. Participant B's extract has further enumerated the step-by-step process and timing peculiarity of the herb's administration to produce optimum effects with specific reference to enabling effective sleep yet producing no bio-physical side effects.

### 3.4 Observations regarding a link between herbal medicine and African spirituality

The first author made several observations suggesting a link between herbal medicine and African spirituality during fieldwork regarding the harvesting and handling of medicinal plants. Firstly, whenever traditional healers left for the forest in search of medicinal plants, they pacified the ancestors and informed them about the planned journey. The same practice is repeated on arrival in the forest before medicinal plants are harvested. Secondly, the traditional healers also demonstrated respect for the life force imbued in the medicinal plant.

They claimed that acceding reverence to medicinal plants preserved their healing properties. Thirdly, another observation made was in relation to traditional healers' willingness to collaborate with their colleagues in sharing and preserving medicinal plants. Overharvesting any parts of the tree in particular was strongly discouraged for two reasons: it could kill the plant, and it is a practice detested by the ancestors. A final observation was that, traditional healers harvested the roots either from the southern or eastern side of the plant. According to the healers, roots extracted from these two cardinal points are believed to have more healing properties as they are understood to be imbued with spiritual powers. Judging from these practices, it does appear that traditional healers adhere to strict ethical and spiritual practices in the harvest and utilisation of medicinal plants such as Bolebats'a. This further supports the view that the traditional healing enterprise is informed by the philosophy of holism (Bouso and Sanchez-Aviles, 2020) while strongly rooted in spirituality.

#### 4. Discussion

This study offers insights into the mental health benefits of Bolebats'a or vulevhadza which is derived from the tree, *L. schweinfurthii*, from the perspective of Northern Sotho traditional healers. The findings partly support previous studies that have suggested that the herb is used for healing the mind by inducing forgetfulness of painful memories associated with the condition of bereavement (Magwede et al., 2019; Makgahlela and Sodi, 2019) In this study, we went further to establish that traditional healers do not only use the herb for bereavement distress, but for mental distress emanating from a wide range of stressful or unpleasant life experiences such as trauma, divorce and unemployment. Such conditions are associated with mental distress. To mitigate the distress, traditional healers prescribe a triturated Bolebats'a, which is taken orally. According to the healers, the herb not only induces forgetfulness of painful memories but also lessens the emotional pain associated with such undesirable life experiences. This, in turn, relieves the affected person from psychological distress improving their well-being. Based on the herb's purported antidepressant, sedative and memory altering functions, it is important that further studies be conducted to establish its ethnopharmacological properties. To date, no empirical research has established the herb's pharmacological properties or brain interaction sites (Maroyi, 2019; Magwede et al., 2019). Like many other traditional ethnobotanicals (Bouso and Sanchez-Aviles, 2020; Nwobodo and Offiah, 2017), Bolebats'a is perceived by its users as an efficacious herb, safe to use and without adverse side effects despite some noted risk of dependency. Similarly, Jidong et al. (2021a) used IPA to explore the mental health experiences of mothers in Jos, Nigeria. Their findings showed beneficial effects of "cooked herbs for both simple physio- and meal-therapies that are tailored for women in their postpartum period" (p. 5). Thus, herbs and indigenous foods were essential cultural remedies for treating postpartum distress.

Previous researchers suggested that the herb could be working on a placebo basis or magically (Magwede et al., 2019), we wish to caution that empiricist scientists may need to abandon their often intentional or unconscious assessment of the traditional healing paradigm using Western epistemological standards. In this study, it emerged that traditional healing as an enterprise is informed by a holistic philosophy that also incorporates spirituality and symbolism. These aspects are often disregarded or ignored by biomedical scientists (Bouso and Sanchez-Aviles, 2020). Nonetheless, more promising is that the herb, unlike most psychotropic medications (Achtyes et al., 2018; Francois et al., 2017), appears to be having

no adverse side effects when used at the recommended dose. In our view, the herb has the potential to become a treatment of choice for the mentally distressed should its efficacy and safety be established scientifically. This could, in turn, mitigate against non-adherence or discontinuation of medications, which is by far, a management challenge with psychiatric patients (Francois et al., 2017; Wykes et al., 2017). Based on the study findings, we therefore recommend that future scientific investigations look into the herbs' safety, efficacy and brain interaction sites.

## 5. Limitations of the study

Whilst the present study illustrates the perceived healing benefits of Bolebats'a in mental health care, it is noted that the findings may not necessarily be extrapolated to other contexts. Therefore, more studies are needed with the participation of traditional healers from different ethnic backgrounds to support the present findings. Data from service users' experience of traditional healing in conjunction with traditional healers would have further benefited the present study. For quality purposes, we interviewed the traditional healers in their mother tongue, i.e. Sepedi, and translated the transcripts to English for the results to be accessible to the broader scientific community. The process of translation may have compromised the integrity of the study. To mitigate this shortcoming, the third and fourth authors provided quality assurance by reading the translated transcripts to ensure that not much meaning was lost.

## 6. Implications of the study

The present study findings are important for mental health professions as they open avenues for other forms of treatment for mental conditions that also need attention. Equally, there is a need for western trained mental health-care practitioners and researchers to study indigenous knowledge systems of healing for reverse knowledge transfer purposes.

This also calls for governments, and in this context, the South African Government, to recognise, support and empower traditional healers as important role players in primary mental health care (World Health Organization, 2020a; World Health Organization, 2020b). Collaboration between western mental health practitioners and traditional healers could indeed be one important strategy towards the relief of the overwhelmed mental health-care systems in LMICs such as is the case in South Africa (South African Human Rights Commission, 2020).

## 7. Conclusion

This study offered insights into the mental health benefits of a herb, Bolebats'a, from the perspective of Northern Sotho traditional healers. The study showed that traditional healers rely on the herb to manage mental distress arising from stressful life experiences such as bereavement in this cultural community. In particular, the herb has healing properties that help the bereaved forget painful memories associated with the loss of a loved one. The herb is not only used in bereavement distress but also for psychological trauma and culturally explained conditions. The findings point to the need to further investigate the herbs' ethnopharmacological properties, including their toxicity and brain interaction sides. It is also

important for a conversation to be initiated between western-oriented researchers, mental health practitioners and traditional healers to explore the possibilities of closer collaborations among these important role players in mental health. In this regard, governments can play a critical role in setting up the stage for such a relationship to happen, including support being given to the traditional healing sector.

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Figure A1 A root of the Bolebatša tree with indumentum



Figure A2 Hairy patches harvested from the roots of the Bolebatša tree ready for grinding



Figure A3 Triturated bolebatša

