‘We have come out of one place: it is called Omega’

An ethnographic study on the role of context in understanding mental suffering among the !Xun and Khwe of South Africa

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To the people in Platfontein

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An ethnographic study on the role of context in understanding mental suffering among the !Xun and Khwe of South Africa

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Chapter 3:

Den Hertog, T. N., Maassen, E., De Jong, J. T. V. M., Reis, R. (accepted for publication pending revisions). Contextualized Understanding of Depression: A Vignette Study among the !Xun and Khwe of South Africa. *Transcultural Psychiatry*.

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J. T. V. M. De Jong and R. Reis contributed to the writing process of the article.

Chapter 4:

Den Hertog, T. N., De Jong, M., Van der Ham, A. J., Hinton, D., & Reis, R. (2016). 'Thinking a Lot' Among the Khwe of South Africa: A Key Idiom of Personal and Interpersonal Distress. *Culture, Medicine, and Psychiatry, 40*(3), 383-403. doi:10.1007/s11013-015-9475-2

M. De Jong contributed to the study design and data collection.
A. J. Van de Ham and D. Hinton contributed to the writing process of the article.
R. Reis contributed to the study design and the writing process of the article.

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A. R. Gilmoor contributed to the study design, data collection, and the writing process of the article.

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Introduction

Figure 1: taking the exit road from the R31 near Kimberley, this kilometre long entrance road takes you to the centre of Platfontein, the township of the !Xun and Khwe. Photo by author.

Introduction

> *The high incidence of domestic violence and alcohol abuse… may be an expression of an underlying collective trauma that could eventually undermine efforts to create a cohesive and empowered community* (Robins, Madzudzo, & Brenzinger, 2001: 23).

This quote about the !Xun[1] and Khwe communities in South Africa emphasises the need to understand and address the complex dynamics of social and mental despair among the !Xun and Khwe. The collective trauma mentioned by Robins and colleagues (2001) encompasses decades of exposure to violence during the Angolan war of independence from Portugal (1961-1974) and the South African border war (1966-1989), and then forced displacement, and marginalization.

The !Xun and Khwe are San or Bushman[2] communities and have been positioned at the very bottom of local social hierarchies throughout history, at times considered more animal than human being (for detailed historical reflections see Gordon and Sholto-Douglas, 2000). During the Angolan war of independence, the Portuguese sought to capitalize on the oppressive relationship between the San and Bantu groups by incorporating the San into their army (Battistoni & Taylor, 2009). After Angola's independence, the !Xun and Khwe fled the country in fear of retribution from local communities (Battistoni & Taylor, 2009; Brinkman, 2005: 120-121; Robbins, 2007). The South African Defence Force (SADF) stationed in the Caprivi area of then South West Africa, now Namibia, recruited many of them and additionally recruited local Khwe. In the SADF, the !Xun and Khwe were grouped together in so-called Bushman battalions (Sharp & Douglas, 1996), the !Xun and Khwe in Platfontein primarily come from Battalion 31. There are sources that claim the !Xun and Khwe were grouped in different units (Hitchcock, 2012). The memoires of a former commander of Battalion 31 (Linford & Venter, 2015) revealed that although grouped together in one battalion, they were placed in separate rifle companies during their military operations into Angola. Battalion 31 was stationed at the military base Omega.[3] Originally the base was named Alpha, after the Combat Group Alpha. It was renamed 'Omega' to signify the end of an important time, as operation Savannah, the counter insurgency operation into Angola, came to an end in late 1975 (Linford & Venter, 2015). During their time under the auspices of the SADF, the !Xun and Khwe became fully dependent on the SADF in many aspects of life such as employment, housing, schooling, and provision of services (Gordon & Sholto-Douglas 2000). In many ways, their time at Omega shaped their current living conditions and future in South Africa, as will become clear in this thesis. Although Omega refers to 'the end', it was for the !Xun and Khwe currently living in South Africa very much the beginning of a new life.

[1] The symbol '!' here refers to an alveolar click.
[2] The naming of 'San' or 'Bushman' communities is under continuous negotiation. Both 'San' and 'Bushman' have actively been taken up by communities and were at other times considered to be fraught with derogatory connotations. In this thesis I prefer using specific names that refer to linguistic groups such as !Xun and Khwe. When referring to the broader cultural group, I will use 'San'.
[3] In the title of this thesis: 'We have come out of one place: it is called Omega', Omega is used by a Khwe community member to indicate a place and time-period in which the !Xun and Khwe were bound together.

After Namibia's independence in 1990, many of the !Xun and Khwe retreated to South Africa along with the SADF. Here they lived in a tented camp on a military base in the Northern Cape. After nearly thirteen years they were again forced to relocate, as a local community won a land claim covering the land of the military base (Douglas, 1997). In early 2004, the !Xun and Khwe relocated to Platfontein, a township near Kimberley (Northern Cape), where they currently reside. Life in Platfontein is in many ways an improvement from their previous location, for example, in terms of housing and proximity to a large city. Nonetheless, their history of violence, displacement, and marginalization continues to affect the !Xun and Khwe in many ways. Poverty and unemployment are major concerns, with 97% living on less than 1 dollar/day and an unemployment rate of 95% (Dalton-Greyling & Greyling, 2007; South African San Institute, 2010). Consequently, households are mainly run on social grants, at times supplemented by growing vegetables. The !Xun an Khwe often explain these circumstances in terms of discrimination. In addition, feelings of marginalization and neglect by local government are fuelled by poor provision of municipal services, such as electricity, water, and good quality housing (Tempelhoff, 2014).

Figure 2: housing structures in Platfontein with on the far left a pit toilet. Photo by author.

Although reliable statistics are not available, tuberculosis and HIV/AIDS severely affect the communities (Govender, Miti, Dicks, & Ewing, 2013; Letsoalo, 2010). Violence and substance abuse mentioned by Robins and colleagues (2001) continue to be the order of the day and exemplify the state of social despair. These living conditions and their effects on mental well-being should be understood as an interrelated whole, considering the widely acknowledged social and mental effects of traumatic events, such as war and displacement, and the interwoven nature of mental health with socioeconomic conditions in general (De Jong, 2002; Kirmayer, Macdonald, & Brass, 2001; Miller & Rasmussen, 2010; Patel & Kleinman, 2003; Vega & Rumbaut, 1991).

Although the above presents a rather bleak image of the situation in Platfontein, the resilience of its inhabitants and determination to build a life in South Africa should not be underestimated. The studies in this thesis shed light on the way in which people persevere under difficult circumstances. In addition, local farming projects have taken shape, and new economic opportunities are being explored by community leaders in the form of solar farms

and tourism ventures. Furthermore, a better future was envisioned and written down in a community development plan in collaboration with the South African San Institute (South African San Institute, 2010). Aside from SASI, other NGOs also invest in the future of Platfontein such as Isibindi, Red Cross, Love Life, and Aids Foundation South Africa. In addition, there is much scholarly interest in the !Xun and Khwe, and San communities in general. However, despite the involvement and interest of many individuals and organizations, mental well-being is an area that has received little attention: no research on the topic has thus far been done, and trauma-focused or psychosocial interventions have been nearly absent among the !Xun and Khwe. This thesis hopes to contribute to understanding the complex dynamics of social and mental despair among the !Xun and Khwe by exploring local understandings of mental suffering and its embedment in local contexts. In so doing, the thesis aims to contribute to our understanding of the multi-dimensional nature of mental suffering and specifically in relation to marginalized and displaced communities. In the following sections, I describe the main research themes, research background, and study site, concluding with the research questions and an outline of the thesis.

Research themes

To foreshadow the studies presented in chapters 2-5, this section describes the main research themes and concepts of the thesis. Firstly, I explain how I use concepts referring to mental suffering throughout this thesis. Secondly, I reflect on the role of context and how the concept is applied in this thesis. And thirdly, the influences that various contexts have on mental suffering are described in terms of causal pathways related to war, displacement and marginalization, subjective experiences, perceptions, and help-seeking strategies.

On concepts of mental suffering

Many diverging concepts are used to refer to negatively appraised mental states such as psychological pain, emotional pain, suffering, mental despair, and distress. Many of these concepts may actually refer to the same phenomenon (Meerwijk & Weiss, 2011). In their conceptual analysis, Meerwijk and Weiss (2011: 410) defined psychological pain as ‘a lasting, unsustainable, and unpleasant feeling resulting from negative appraisal of an inability or deficiency of the self’. Of importance is the emphasis on the negative appraisal and the unpleasantness or anguish or pain, as this reflects the core experience. Additional characteristics encompass the fact that this is not a short-lived experience but ‘lasting’, and that it is untenable; severe negative consequences (e.g. suicide, depression) may develop when the condition is endured over a long period of time. A further specification of negative mental states may be found in severely debilitating conditions, meticulously described and defined as mental illnesses or disorders. The research presented in this thesis aims to explore local perceptions of mental suffering; the concept of mental suffering is therefore a research question rather than a condition to be defined beforehand. Throughout this thesis I therefore use diverse concepts to refer to negative mental states or specific aspects thereof to match local understandings. For example, in chapters 3 and 4 I make an analytical distinction between emotional and cognitive aspects of mental suffering. In addition, I use specific concepts to provide methodological focus. In chapter 3, for example, the disorder

construct 'depression' provides a useful focus point to study perceptions on a specific set of mental states.

The matter of context

Throughout this thesis 'contextualization' is a recurring approach used to situate research findings in local contexts. Contextualization has a long tradition in anthropology, with the underlying idea that we should direct attention to 'features and characteristics surrounding a phenomenon in order to illuminate it and to understand or give sense to it' (Dilley, 1999: 1). This implies that decisions are made concerning what is and what is not relevant in order to understand a certain phenomenon. The resulting process of interpretation and reinterpretation is common among anthropologists but relatively new in other research fields. Andersen and Risør (2014) argue that qualitative health research is often lacking in terms of degree of contextualization and thereby misses the underlying dynamics that would be able to explain behaviour or make sense of what was said by respondents. As an example, the authors reflect on studies on patient delay in healthcare seeking. In one of the studies a patient mentioned that he didn't want to bother the general practitioner with his symptoms. The authors of the study did not reflect further on the explanation provided. Andersen and Risør suggest underlying meanings may be uncovered by reflecting on how healthcare systems inform sociocultural assumptions about 'what are normal bodily experiences and what are signs of illness' (2014: 350). Similarly one may reflect on sociocultural norms and masculinity in relation to healthcare seeking (Addis & Mahalik, 2003) in order to provide additional meaning. This thesis takes note of the call for contextualization by explicitly paying attention to diverse contexts such as sociocultural, social, socioeconomic, and socio-historical contexts.

Contexts of mental suffering

To shed light on the interwoven nature of mental suffering with diverse contexts, the following paragraphs explore causal pathways of war, displacement, and marginalization to mental suffering, subjective experiences, perceptions, and health-seeking strategies.

War, displacement, and marginalization are often interrelated and co-occurring; their effects on mental suffering are therefore explored together. Two broad distinctions are made in pathways from exposure to violent conflict to mental suffering: direct effects of exposure to violent conflict (i.e. trauma) and exposure to indirect effects of war in terms of environmental stressors (e.g. poverty, displacement, adjusting to a new environment, loss of social connections) (Miller & Rasmussen, 2010). The former concerns past traumatic events that continue to exert mental strain on individuals, whereas the latter describes on-going circumstances that cause states of distress. Direct effects of war on mental suffering have been well documented in trauma literature (De Jong et al., 2001; De Jong, 2002; Johnson & Thompson, 2008; Steel et al., 2009). Research indicates that exposure to torture and other potentially traumatic events increases the risk of developing posttraumatic stress disorder (PTSD) and other mental health problems such as depression (Johnson & Thompson 2007, Steel et al. 2009). Identification of risk, and protective factors and development of sophisticated models (e.g. De Jong, 2002) have uncovered the complexity involved in the direct effects of exposure to potentially traumatic events. Many factors are involved that influence the development of mental suffering in the wake of exposure to violent conflict (De Jong et al., 2001). The second pathway from violent conflict to mental

suffering relates to environmental stressors. War disrupts entire populations and generates a myriad of environmental stressors, as people flee from violence and become refugees. Through displacement, social connections and support networks are lost, as family and friends are dispersed, missing, or killed. Furthermore, local means of subsistence and economic self-sufficiency are lost as well as access to healthcare and education (Miller & Rasco, 2004). In exile, people have to rebuild their lives and redefine lost social roles in an often unfamiliar surrounding. This is a daunting task in and of itself and is further complicated by the discrimination of host communities and high rates of unemployment (Miller & Rasco, 2004). A meta-analysis by Porter and Haslam (2005) revealed the importance of environmental stressors experienced among post-conflict populations on mental health outcomes. In doing so, they make an explicit case for understanding mental health problems among refugees as a product of their economic, social, and cultural contexts rather than being largely determined by traumatic events of the past. In addition to marginalization brought about by war and displacement, marginalized groups such as people living in poverty, indigenous people, and ethnic minorities are known to face numerous environmental stressors that affect mental health outcomes (Cohen, 1999; Desjarlais, Eisenberg, Good, & Kleinman, 1995; Kirmayer et al., 2001; Patel & Kleinman, 2003; Vega & Rumbaut, 1991). Post-conflict, displaced, and marginalized communities, such as the !Xun and Khwe, are therefore likely to have an increased risk for mental suffering.

In addition to the causal pathways described above, sociocultural contexts shape experiences, perceptions, and help-seeking strategies related to mental suffering. These aspects of mental suffering are embedded in the sociocultural world of an individual. To clarify this idea, Kleinman, Eisenberg, and Good (1978) distinguish between disease and illness. The former consists of 'malfunctioning or maladaptation of biologic or psychophysiologic processes in the individual' and the latter describes 'personal, interpersonal, and cultural reactions to disease or discomfort'. Sociocultural contexts shape the illness experience and, for example, produce labels, symptomatic expressions, meanings, and coping strategies for mental suffering. In the case of symptoms and labelling, mental suffering experienced in Euro-American cultures have been grouped together in sets of symptoms to be able to distinguish mental states. These sets of symptoms are described in classification systems such as the diagnostic and statistical manual of mental disorders (DSM) and the international classification of diseases (ICD). The conditions described in these classification systems are commonly known as mental health problems. Studies in diverse world regions have revealed that certain 'mental health problems', such as mood disturbances, affect, and anxiety, may in certain cultures be labelled as social problems (Kirmayer, 2001). In addition, sociocultural contexts determine appropriate responses to mental suffering, for example, the extent to which distress is expressed in emotional or physical symptoms (Kirmayer, 2001). Labels and symptomatic expressions of mental suffering are therefore part of the language of distress. Application of Euro-American classification systems in other sociocultural contexts is therefore problematic (Kleinman, 1977; Parry, 1996; Sweetland, Belkin, & Verdeli, 2014). As illustration, the use of depression as a label in South Asia would be as relevant as diagnosing white European males with semen retention syndrome, a condition present in South Asia (Jadhav, 2007). The application of labels across cultures is meaningless because they are detached from their sociocultural context: what it means to experience depression or semen retention syndrome is embedded in a specific sociocultural context. Systems of meanings of mental suffering in diverse cultural settings have been explored using idioms of distress (De Jong &

Reis, 2013; Nichter, 1981, 2010), semantic network analysis (Good, 1977) and explanatory models (Kleinman et al., 1978; Weiss, 1997). Such studies revealed how mental suffering may be understood as personal, interpersonal, psychological, physical, spiritual, and/or political problems. Sociocultural influences also play a role in the dynamic process of help-seeking pathways (Cauce et al., 2002; Rogler & Cortes, 1993). The first steps toward help seeking are recognition and interpretation of the problem. Sociocultural norms and prevalent belief systems determine whether something is considered a problem, how severe it is, and possible explanations. If, for example, a form of mental suffering is interpreted as spiritual in nature, and the use of spiritual or traditional practitioners is common in that setting, it is likely that initial help is sought in terms of spiritual intervention. This is often reported to be the case in South Africa (Burns, Jhazbhay, & Emsley, 2011; Burns & Tomita, 2014; Sorsdahl et al., 2009). Sociocultural contexts may also prevent individuals from initiating help-seeking behaviour for mental suffering; stigma associated with mental illness is an illustrative example of this (Corrigan, 2004).

Research background and study site

In this section I provide background information on the research process and the study site to enable a sense of place in which to situate subsequent chapters.

The origin of the research presented in this thesis is rooted in my first visit to South Africa in 2007, whilst conducting a study for my Master's degree. The sharp contrasts of rich and poor, privileged and unprivileged, stemming from South Africa's apartheid past shook my inner world and unconsciously directed my future studies. In 2011, I discussed possibilities for a doctoral research with Harry Wels, a colleague at the time as well as supervisor during my master's study, and South Africa therefore soon became a topic of discussion. Following my interest in how the apartheid past continues to affect people of South Africa I was drawn to the San as a highly marginalized group of people in southern Africa. My institutional context at the time was very much involved in mental-health-related research. With these markers in place, I started exploring possible avenues for research. It was not until my first fieldwork visit in 2012 that the research took on a more definite shape and direction. Throughout the three fieldwork visits (2012, 2013, 2014) the research followed an iterative design in which new insights and problems encountered informed the consecutive studies. To provide contextual depth, a socio-historical analysis of the !Xun and Khwe communities was conducted in the first study (chapter 2). Considering the paucity of research on mental suffering among San communities, the empirical studies (chapters 3-5) had an explorative approach using qualitative methods such as interviews, observations, and in-depth case studies. For detailed information on methodological approaches used, you may refer to the methods sections in the papers presented. Data collection was done in collaboration with two or three master's students from VU University at a time. Some of these were also co-authors in the articles presented in chapters 3-5.

Conducting research among San communities is challenging, as the overwhelming interests in San communities by filmmakers, photographers, scholars, and the like have had dramatic impacts. The image of San people was turned into a commodity in forms of live displays, books, photographs, movies, and scientific publications (Bregin, 2001; Gordon & Sholto-Douglas, 2000). As a consequence, issues of representation, knowledge ownership, and distribution of benefits are fiercely debated and negotiated in the field (Tomaselli, 2003,

2014). Although research is often done with the best intentions, it remains a thorny field in which mistakes are easily made (Bregin, 2001). Attempting a research project among these communities as a foreign white researcher, I was received with much suspicion. During my first visits to the !Xun and Khwe, community leaders and a local NGO South African San Institute (SASI), functioning as gatekeeper, thoroughly questioned me on the research project, process, and its potential revenues. Through these deliberations conditions for the research project were agreed upon. Specific attention was paid to sharing information, by holding meetings, airing on the local radio station, and returning publications to the community. In addition, Keyan Tomaselli from the University of Kwazulu-Natal, who has decades of experience working with San communities, facilitated the research in ways that allowed me to navigate the field of competing interests and build trust relationships with local parties. Additional codes of conduct developed in the field, as we, the research team, reflected on events with community members, research facilitators, and community leaders. Ethical clearance for the research project was obtained at the University of KwaZulu-Natal; however, it was the thorough discussions with local parties and reflexive processes in the field that contributed most to the ethical grounds of the project.

The !Xun and Khwe in Platfontein are estimated at 4500 and 1700 people, respectively (South African San Institute, 2010). Although part of the Kimberley municipality, Platfontein is relatively isolated from Kimberley, approximately 12 kilometres from the city centre (see figure 3). Unlike other townships, Platfontein is not attached to a city but was instead built about one kilometre inland from a provincial road. Taking the exit to Platfontein, a large sign welcomes visitors to 'the footprints of the San', reminding them of the cultural background of its inhabitants. The township itself resembles other South African townships in terms of RDP (Reconstruction and Development Plan) houses and general facilities such as a primary healthcare clinic, a combined primary and secondary school, shops, and 'shebeens' (informal liquor stores/bars).

Figure 3: overview of Platfontein, upper-left corner, in relation to the provincial road (R31) and Kimberley centre, starting at the bottom-right corner (image captured from Google Maps, 23-11-2017).

The primary healthcare clinic, run by the provincial health department, plays an important role in healthcare for the !Xun and Khwe. The clinic provides various types of care such as antenatal services, family planning, tuberculosis (TB) screening, HIV counselling and testing, and mental healthcare. If needed the clinic arranges transportation to the general hospital in Kimberley. In addition to the general hospital, Kimberley has a combined TB and mental healthcare facility called West End Hospital. This is the only in-patient psychiatric facility in

the Northern Cape. The facility suffers from staff shortages (Cullinan, 2006), as is typical for the country as a whole (Petersen & Lund, 2011). Development of an extensive mental health facility is expected to improve conditions, however construction has been delayed; scheduled for completion in 2007 (Evans, 2012), it was still under construction during my last visit in 2014. Aside from using biomedical healthcare facilities, the !Xun and Khwe also utilize traditional[4] forms of healthcare (De Jager, Prinsloo, & Joubert, 2010; Letsoalo, 2010). The combination of biomedical and traditional healthcare is not uncommon in South Africa (Gqaleni, Moodley, Kruger, Ntuli, & McLeod, 2007). In Platfontein a few traditional practitioners remain, however, they struggle to continue their practices due to lack of medicinal plants and strict regulations for importing them. It is therefore common for people to travel to Namibia or Angola for traditional healing.

Figure 4: the medical clinic located in the centre of Platfontein. Photo by author.

Research questions and thesis outline

The aim of this thesis is to contribute to understanding the multi-dimensional character of mental suffering in displaced and marginalized communities. The following research questions form the core of the thesis.

Main research question:

- How do the !Xun and Khwe understand, give meaning to, and cope with mental suffering, and how is this embedded in local contexts?

[4] 'Traditional' or 'alternative' healthcare or 'healing' are commonly used in the literature to refer to a collection of non-biomedical forms of healthcare. They are, however, fraught with negative connotations of supposed dichotomies such as ancient-modern and uncommon-normal. For lack of a suitable and intelligible alternative, I use 'traditional' here to refer to healthcare practices typically found in San cultures.

Sub research questions:

- How may the current living conditions and marginalized position of the !Xun and Khwe be understood from a socio-historical perspective?
- How do the !Xun and Khwe understand and give meaning to mental suffering, and how is this embedded in local contexts?
- How do the !Xun and Khwe cope with mental suffering, and how are coping strategies embedded in local contexts?

The studies, described in chapters 2-5, highlight different aspects related to the research questions. Chapter 6 provides an overall discussion and conclusion.

Chapter 2 takes a socio-historical approach in order to provide insight into contextual dynamics that have shaped the current living conditions of the !Xun and Khwe. In particular, it aims to explain how these two communities were bound together despite their wish to go separate ways. In this way, the chapter provides insight into dynamics (e.g. marginalization, displacement, and war) that 1) may be a source of distress and increase the risk of mental suffering; 2) disrupt social fabrics and thereby cause personal/interpersonal distress, and threaten social dynamics that could inhibit negative effects of distress; and 3) shape experiences and meanings attached to mental suffering. In addition, it provides the necessary contextual depth to situate the research findings of chapters 3-5.

In chapter 3, local perceptions on mental suffering are studied using a depression vignette. Twenty semi-structured interviews were conducted to explore causal interpretations and coping strategies for depressive conditions. This approach proved valuable because it allowed respondents the space to draw on personal experiences and salient issues in the community. The stories of respondents thereby function as mirror of the sociocultural context. Ethnographic data was additionally used to make sense of the findings. The study provides insights into the multi-dimensional understanding of depressive conditions in which cognitive, emotional, and socioeconomic dimensions are central. Perceptions on coping strategies have identified local strategies and sources of support. Furthermore, a paradox was revealed in which social relations are causing distress as well as being the primary source of support. In addition, the results of this study initiated the study of chapter 4, as a local idiom of distress 'thinking a lot' was uncovered.

Chapter 4 studies local meanings of the idiom of distress 'thinking a lot'. Twenty semi-structured exploratory interviews were conducted among the Khwe. The main topics included use of the idiom in social settings, content of 'thinking a lot', and key characteristics such as symptoms, timeline and duration, causal explanations, consequences, and coping strategies. The results of the study provide detailed insights into local understandings of distress states. Key characteristics of local ethnopsychology and ethnophysiology in relation to distress states are made tangible. Meanings of 'thinking a lot' are in particular situated in social, socioeconomic, and political contexts. Although the idiom is used in diverse world regions and commonly grouped together, the results of this study make differences visible and emphasise the importance of paying attention to local contextual meanings.

Chapter 5 takes a case-study approach to study the social dynamics of informal care for people with chronic psychotic symptoms. Four case studies were conducted encompassing observations, along with a total of 33 interviews. The results of this study emphasise the pivotal role of informal care for the well-being of persons with mental health problems in low-resource settings. It further reveals how local care structures are shaped by sociocultural, socioeconomic, and socio-historical contexts. Local care structures prove to be especially valuable in terms of their adaptability. Simultaneously, the case studies illustrate the precariousness of informal care in poor socioeconomic contexts such as Platfontein.

Chapter 6 concludes the thesis by discussing the separate sub-studies and reflecting on the above-outlined research questions. In addition, methodological reflections and implications of this research are discussed.

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Diversity behind constructed unity: the resettlement process of the !Xun and Khwe communities in South Africa

Figure 5: memorial site at the centre of Platfontein, commemorating Battalion 31 soldiers and affiliates who died in battle. Photo by author.

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Abstract

The identity politics in the land distribution arrangement of the !Xun and Khwe were heavily dependent on the notion of one commonly shared community identity. However, this politically constructed identity does not match differences experienced on the ground. The !Xun and Khwe were resettled in 2004, moving from their temporary settlement at an army base to a township near Kimberley. To date, they do not seem to resemble a coherent community pursuing the goal of 'cooperative production', deemed so important by land reform policies. This paper argues that forced togetherness of the past, collective identities ascribed by others and actively taken up by the !Xun and Khwe, and the socio-political context at the time of resettlement negotiations informed the delineation of community boundaries that preferred constructed unity over experienced diversity.

Introduction

By late 2003 and early 2004, approximately 4500 !Xun[5] and Khwe were relocated from their temporary[6] tented camp in Schmidtsdrift, where they had lived for 13 years, to their newly developed township near Kimberley, Northern Cape, South Africa. The !Xun and Khwe came to Schmidtsdrift in 1990 when they left Namibia with the South African Defence Force (SADF) (South African San Institute, n.d.). Some !Xun and Khwe served in the SADF and were actively involved in the armed struggle against Namibian independence, the so-called border war and counter-insurgency war (Kamongo & Bezuidenhout, 2011). The first signs of possible relocation from Schmidtsdrift came in 1992 when the Batlhaping people filed a land claim[7] on land which at that point was governmental property and was used by the SADF (Douglas, 1997). The Batlhaping claimed land rights under the land restitution arrangement, arguing that they had been wrongfully dispossessed of their land in the 1960s (Douglas, 1997; Sharp & Douglas, 1996). The approval of the land claim in 1994 meant the imminent forced relocation for the !Xun and Khwe. This made the !Xun and Khwe land redistribution and resettlement arrangement somewhat different from regular restitution or redistribution arrangements in which claimants move willingly onto their acquired land or are able to acquire the land they are already living on or using for production purposes. The so-called willing seller, willing buyer policy implies voluntary resettlement on both sides. However, in this case, the restitution land claim won by the Bathlaping people displaced the !Xun and Khwe. The negotiation for resettlement conditions of the !Xun and Khwe passed several phases in which one of the important issues was how the !Xun and Khwe would be positioned in relation to each other. According to a community member and a facilitator[8] from outside the community, who took part in the negotiations, several options were on the table: the acquisition of different properties for both groups, two separate townships on one property and one township in which the !Xun and Khwe would be separated by shared facilities. Despite the strong wish and attempts of the !Xun and Khwe to go their separate ways during their resettlement, they were finally resettled together in one township.

In the Platfontein township, the !Xun and Khwe currently live together and share facilities such as a primary school and clinic. At the same time, the !Xun youth play sports within !Xun teams, the Khwe youth play in Khwe teams, tourism projects often involve only !Xun or only Khwe, and both the !Xun and Khwe have separate leadership structures. The !Xun and Khwe live together but appear to go their separate ways. This is most apparent in fact that the !Xun and Khwe reside on different sides of the township. In addition to geographical separation, their languages are also distinct (Sidel Saugestad, 2004a) and form a language barrier[9]: !Xun and Khwedam languages are spoken by 56% and 35% of the Platfontein population, respectively (Letsoalo, 2010). Community members have also reported outbursts of violence between the two groups as recently as 2004/2005. Separation and signs of antagonism are not the sole characteristics of the !Xun and Khwe relationship. For

[5] Symbols such as '!' and '≠' are used to indicate 'click' sounds in pronunciation.
[6] Although intended as temporary settlement, it took on a more permanent character as years progressed.
[7] Before the official dawn of the democratic South Africa in 1994, the national government sought to redress certain wrongs of the Apartheid past and created the Advisory Commission on Land Allocation to redress land issues (Douglas, 1997).
[8] Interviews took place in March and April of 2012 and were done on a confidential basis, therefore, all information derived from interviews is anonymous.
[9] Communication between the two groups is facilitated by translations by people who speak both languages and by using Afrikaans as a lingua franca (spoken by 43%) (Letsoalo, 2010).

example, there are known cases of intermarriage between both groups and when necessary, the !Xun and Khwe are able to work together – for example, at the local radio station. The !Xun and Khwe are also united in a Communal Property Association (CPA) in which the separate leadership structures meet to discuss issues that concern both groups and to communicate and negotiate with stakeholders from outside the township, such as the provincial government and non-governmental organisations. In addition, when venturing into tourism, they portray a united image of themselves as San or Bushmen[10]. Despite this united image in tourism, they have separate groups in arts and crafts projects, have built two separate cultural villages for tourism and perform traditional dances separately.

Land reform and development are often considered to go hand in hand. The redistribution grant given to the !Xun and Khwe came with the condition of a 'comprehensive resettlement and development scheme' (Douglas, 1997: 48), which included an economic communal development plan. This is consistent with Kepe's (Kepe, 1999) idea of a hidden presumption of cooperative production (namely, groups of people or communities who form a legal entity work together in agricultural or other production activities) in market-led land reform, specifically the application/grant- based approach. As requested by the government, an economic development plan was commissioned by the !Xun and Khwe Trust in 1996. Several scenarios for economic development were devised, such as a diversity of farming projects, tourism, diamond mining and commercial development (South African San Institute, 2010). It is unclear how decisions were made regarding the actual development of these scenarios. However, no large-scale farming projects were visible during my fieldwork, and tourism development was only present in arts and crafts projects and the Wildebeestkuil Rock Art centre. Other joint tourism developments, such as a lodge, game farming and cultural villages, had been initiated but had failed. It appears that cooperative production is a difficult goal to reach for the !Xun and Khwe and that a coherent, united community has not yet been created. The 2010 Platfontein community development plan is evident of this as it mentions the growing tension and the increasing conflicts between the !Xun and Khwe (South African San Institute, 2010). The title of the development plan, Pangakokka, translates into teamwork/cooperation (South African San Institute, 2010), which further stresses the perceived importance of overcoming tensions and conflicts for development.

Considering their explicit wish to go their separate ways during the resettlement, their sense of belonging to two distinct communities and their separate way of living in the Platfontein township, one wonders whether the apparent difficulty of 'cooperative production' could not have been foreseen. Resettlement from the military base in Schmidtsdrift was an opportunity for the communities to go their separate ways. Instead, the outcome of the resettlement negotiations delineated community boundaries in such a way that both groups were seen as one.

In this article, I will explore the identity politics and contextual factors that may have informed decisions regarding the delineation of community boundaries. First, the idea of *natural* communities will be reviewed through a historical analysis. Second, the indigenous

[10] The naming of San communities is under continuous negotiation; names such as 'Bushman' are often said to have derogatory connotations. However, in other occasions, these names are actively taken up by San peoples. 'San' is often considered to be the politically *correct* name, although at times also perceived as having derogatory connotations.

identity of the !Xun and Khwe and the international indigenous peoples' debate are discussed to increase our understanding of how an indigenous identity was taken up or ascribed, and recognized, during the resettlement process. And third, as the resettlement and its preceding negotiations took place in the period between 1990 and 2004, the socio-political context of moving from a racially segregated towards a unified democratic South Africa is taken into consideration. Before going further, I briefly reflect on experiences of delineating community boundaries in land reform processes.

Delineating community boundaries in land reform

Delineating community boundaries is a necessary part of land reform policies, first, because the beneficiaries must be defined. Even though South African land policy mentions both individuals and groups of people or communities as possible applicants (Government of South Africa, 1997), Kepe argues that the underlying assumption is 'that coherent rural *communities* are the main beneficiary' (Kepe, 1999: 417 emphasis added). The origin of this focus on communities may lie in the long history of communal tenure in (South) Africa. The disruption of these systems during colonisation and the Apartheid era now presents challenges to restoring these systems within current legal structures (Cousins & Claassens, 2005). Group-based rights, vested in a collection of people or communities, create the opportunity for a group of people to initiate a land claim and, when acquired, hold and manage the property according to the wishes of the community members. The Communal Property Associations Act facilitates this process in that it 'enables communities to form juristic persons' (Government of South Africa, 1996: 1). The focus on communities as beneficiaries may also be illustrated by the grant-based approach in redistribution arrangements that allow households to obtain a maximum grant of R16,000 for the purchase of land, infrastructure and development (Cliffe, 2000). Conventionally, these household grants are pooled to make joint projects possible, and this requires households to be grouped together to form a community. Second, delineating community boundaries is necessary as development through cooperative production is considered an indispensable step following procurement of land rights. Kepe (1999) argues that cooperative production is a hidden presumption in land reform. Groups of people or communities are apparently considered to be useful or 'natural' units for claiming land rights; however, this is not unproblematic. Both Cliffe (2000) and Kepe (1999) focus on the complexity of delineating community boundaries in land reform.

The complexity of the notions of 'community' or 'local community' is not only a challenge to South African land reform but also to other land-related approaches, such as community-based natural resource management (CBNRM). Kumar (2005), for instance, focuses on the notion of community in CBNRM, making the diversity of hidden meanings visible. Some of the characteristics that are ascribed to community are shared locality; economic, social and ethnic relations and a homogenous structure and norms and values (Kumar, 2005). Kepe (1999) distinguishes yet another range of characteristics for the notion of community in land reform, namely, that definitions of communities are often based on spatial units, economic units and units consisting of a web of kinship, social and cultural relations. Both Kumar (2005) and Kepe (1999) demonstrate the difficulties of using the ambiguous notion of community in land-related decision-making processes. For example, Kepe (1999) argues that the spatial unit is often used to describe communities in South African development planning. However, it is argued that there are many features of communities that transcend

spatial boundaries (economic, kinship, social and cultural relations are, for example, not necessarily bound to a defined locality), making the use of definitions based on spatial features problematic. Moreover, the artificial definition of spatial units (or communities) in the past further questions the current use of spatial units to delineate community boundaries. This, Kepe (1999) argues, may complicate land reform processes by giving rise to conflicts about who belongs to the defined community in a land claim.

The notion of community and its boundaries thus appears to be highly elusive and complex in general, and problematic in its operationalisation in land reform. At the same time, it is difficult to step away from the definition entirely and solely base land reform on individual claims. Delineation of community boundaries is a dynamic process. Boundaries can, for example, be defined by spatial, economic or social relations, by a variety of actors (for example, academics, community members and governmental institutions) and may change over time. Lamont and Molnár (2002: 168) emphasise the social construction of boundaries and define symbolic boundaries as 'conceptual distinctions made by social actors to categorise objects, people, practices, and even time and space. They are tools by which individuals and groups struggle over and come to agree upon definitions of reality'. This definition of reality is a mere representation and not an absolute truth as it only serves as a tool to 'capture dynamic dimensions of social relations' (168). These dynamic dimensions appear to become static when a notion such as community is operationalized in land reform cases; dynamic dimensions are temporarily overlooked, ignoring the multiple realities on the ground. This case study sheds light on the dynamic dimensions of social relations of the !Xun and Khwe while they become static at other levels, such as in the land reform arrangement.

Natural communities

The notion of *natural* communities is used in this paper to describe the way in which the !Xun and Khwe are perceived as belonging to each other beyond any doubt. This *natural* community has probably been constructed on the grounds of historical togetherness, and the labels that have been used to describe this group of people. One community member, who took part in the negotiation process, argued that they could not be separated because they have 'come out one place, it's called Omega [the army base in Namibia]', suggesting that a historical togetherness is perceived by others. The following section examines processes behind this historical togetherness and the way in which the !Xun and Khwe were considered, by themselves and others, to be similar to and different from one another. For this paper, the starting point of the historical analysis is defined as the time at which the !Xun and Khwe were involved in the Angolan War of Independence in the 1960s, the first occasion when the Angolan !Xun and Khwe started to live in close proximity.

The Angolan !Xun and Khwe lived, respectively, in the south and south-east parts of Angola when the war of independence started in the early 1960s (Sharp & Douglas, 1996). In the Angolan War of Independence, people rather than territorial ground were the main objective (Brinkman, 2005)[11]. The Portuguese were keen to involve the 'Bushmen' on their

[11] Brinkman (2005) is one of the rare English sources to describe events during the Angolan War of Independence through stories of refugees. It must be said that refugees and army officials are the only ones heard; the !Xun and Khwe of the Flechas unit were not heard. Portuguese sources may yield more details concerning the involvement of the !Xun and Khwe in the Portuguese army.

side because they were thought to possess great knowledge of the area and exceptional tracking skills (Battistoni & Taylor, 2009). Many were incorporated into the Portuguese army as auxiliaries (Flechas[12]) which was the first time that the !Xun and Khwe came to live in close proximity. Despite serving in the same unit, the Portuguese made distinctions between the !Xun and Khwe which resulted in different task descriptions: the !Xun were mostly assigned as guards, while the Khwe served in offence units (Sharp & Douglas, 1996). The reason that the Khwe were assigned to offence units is often credited to the social inequality between them and their Bantu neighbours, who were mostly supporters of União Nacional para a Indepêndencia Total de Angola (UNITA). The Portuguese sought to capitalise on this apparent antagonism by putting the Khwe in the front line against their former neighbours (Battistoni & Taylor, 2009; Sharp & Douglas, 1996).

After the independence of Angola, the !Xun and Khwe were facing retribution because of their involvement in the Portuguese army, with many local people even expressing a wish for their extermination (Brinkman, 2005)[13]. Most of the Khwe sought refuge in neighbouring countries (Sharp & Douglas, 1996)[14], while some of the !Xun, on the other hand, were able to find refuge within the *Frente Nacional para a Libertação de Angola* (FNLA) (Battistoni & Taylor, 2009; Sharp & Douglas, 1996). The FNLA was a non-Marxist movement with close ties to the SADF and, after the disintegration of the FNLA, the !Xun used these ties to join the SADF (Sharp & Douglas, 1996). In addition, !Xun and Khwe who had found refuge in the Caprivi Strip, Namibia, were recruited[15] by the SADF using contacts with Portuguese army officials (David Robbins, 2007). The SADF also recruited large numbers of local Khwe people from the Caprivi Strip Area.

In the SADF, the !Xun and Khwe served together in a special 'Bushman battalion'. The SADF made the 'Bushman battalion' an attraction, putting them on display[16] (Sharp & Douglas, 1996). Contradictory to the collective identity of 'Bushmen soldiers', distinctions were made between the !Xun and Khwe. The Angolan Khwe were of specific interest to the SADF because of their experience of serving in offensive units and because of their knowledge of south-eastern Angola. The !Xun, on the other hand, were mostly valued for maintaining the image of a 'Bushman battalion', as they were considered to have more stereotypical physical features. Maintaining the 'Bushman battalion' as an effective unit and fulfilling to stereotypes, forced them again to live and work in close proximity (Sharp & Douglas, 1996). During their time in the SADF, the !Xun and Khwe always maintained separate living quarters. Whether this was achieved through efforts of the !Xun and Khwe or forced upon them by army personnel is unclear. Robbins (2006) does mention that conflicts between groups forced rigid and apparently necessary segregation in living quarters. The different positions and qualities ascribed to the !Xun and Khwe by the SADF, and segregation in living quarters, probably helped to fuel antagonism between the two groups.

[12] 'Flechas' literally translates into 'arrows' (Brinkman, 2005) but is also translated as 'irregulars' and those whose members came from different places (like arrows).

[13] In the end, thousands of Angolan San were killed in the periods just before and after independence (Battistoni & Taylor, 2009; South African San Institute, n.d.).

[14] The offensive role of the Khwe left them with no other choice than to find refuge in neighbouring countries (Sharp & Douglas, 1996).

[15] Incentives for joining the SADF are diverse, from economic to social benefits, at the same time fear for retribution of Angolan liberation forces could also be seen as an incentive (Battistoni & Taylor, 2009).

[16] The San have a long history of being put on display, see for example Gordon & Sholto-Douglas (2000) and Skotnes (1996).

After the independence of Namibia in 1990, the SADF offered the 'Bushmen soldiers' the opportunity to go to South Africa. About two-thirds of one battalion and half of another battalion opted to go to South Africa (South African San Institute, n.d.), no doubt motivated by the possibility of retribution. Approximately 3000-4000 people, 500 of whom were veterans, lived in tents on the SADF army base in Schmidtsdrift from 1990 until 2004 (South African San Institute, n.d.). Their placement at the Schmidtsdrift army base put them together once again as 'Bushmen soldiers' from Namibia and Angola. Additionally, the 'Bushman' identity was further emphasized by the !Xun and Khwe when they embraced an indigenous identity (explained in more detail below) that reinforced their collective identity to the outside world. At the same time, the !Xun and Khwe saw themselves as separate communities which is evident from their separate living areas in the tented camp and the explicit use of their names in the public domain (e.g. Smith, 2004). Their aspiration for separate identities can also be recognized in the naming of a Trust[17]: they could have named it the *Schmidtsdrift Trust* or *Schmidtsdrift San Trust* if they had wanted to maintain a common indigenous identity. Instead, they chose to name it the *!Xun and Khwe Trust*, explicitly referring to the existence of two communities. The naming of other shared structures was done in a similar fashion, for example; the Xunkhwesa combined school and the XK FM community radio station.

The idea of a natural community appears to have been constructed by a variety of collective identities, ascribed by others and taken up by them. At the same time, differences between the !Xun and Khwe were evident both within the communities and to persons or institutions that were familiar with them. At times, these differences were presented to the outside world by the combined names of shared institutions and facilities. The separate representation of the !Xun and Khwe was, however, not strong enough to break their collective identity within the resettlement negotiations.

Indigenous identity and land rights

The use of an indigenous cultural identity to build a community identity in land reform arrangements is of particular interest for the !Xun and Khwe resettlement case as they are considered to belong to one of the indigenous peoples of Southern Africa: the San (Sidsel Saugestad, 2004b). The term indigenous is often used to describe specific groups of people, yet there is no universally accepted definition available. In addition, it is used interchangeably with 'first nations', 'native', 'aboriginal' and 'tribal' peoples. Depending on geographical area, one concept may be used more often than the other: first nations, for example, is most frequently used in Northern America, while aboriginal is most common in Australia and New Zealand. Characteristics generally attributed to indigenous peoples comprise of: being a minority with a different language, tradition and way of life; having a relationship to a specific territory which is described as special in terms of cultural/spiritual meaning; being descendants of the 'first' occupants or having a considerably long history of

[17] A trust was formed to 'address the needs and rights of the !Xun and the Khwe' (South African San Institute, n.d.:24) and could also be seen to be as a response to the uncertain future due to the changes in the government of South Africa and also the transformation of the SADF into the South African National Defence Force.

occupancy compared to other peoples and having experienced a long period of de facto self-governance[18].

The operationalisation of indigenous identity on the basis of these characteristics is, however, highly problematic (see Bowen (2000) for further discussion). Indigenous- ness, namely, the nature of being indigenous, is fraught with additional difficulties in Africa. These are connected to the high degree of historical movements of many African peoples (De Bruin, Van Dijk, & Foeken, 2001) which makes it difficult for one group of people to claim they were somewhere 'first'. Some governments in Southern Africa (for example, Botswana and Namibia) have consequently denied the existence of indigenous minorities and claim that all citizens of their country are indigenous, making it difficult for communities to claim rights on the basis of an indigenous identity (Hitchcock, 2002; Taylor, 2007). The fourth characteristic, experiencing a period of self-governance, is also problematic in portraying an indigenous African identity, given that colonisation effectively ended any self- governance of African communities. Nonetheless, African communities do take up indigenous identities in their struggle for land resources, generally emphasising distinctions in culture and a connection to the land in terms of spiritual/cultural meaning, subsistence pattern (for example, hunting-gathering) and period of occupancy.

Embracing a San indigenous identity is often seen as a strategic attempt to effectively separate themselves from other minorities and claim certain land rights (see, for example, Hitchcock (2002); Sylvain (2002). Even though indigenous land rights are mostly unrecognized in Southern Africa, legal frameworks focusing on land dispossession require claimants to provide clear community boundaries and a genealogical connection to the dispossessed community. This means that groups of people are encouraged to 'package their claims in terms of ahistorical and bounded definitions of "tribal communities"' (Robins, 2000: 60). In addition, Robins notes that lawyers representing indigenous communities have found that 'stressing aboriginal and tribal status has tended to draw positive responses and interest from general public and state' (60). Indeed, in several communications of the South African government, we can observe the different position ascribed to indigenous peoples, specifically KhoiSan. The Green Paper on Land Reform, for example, uses the term 'African people', but the authors have deemed it necessary to include in brackets 'a definition which includes the San and Khoi' (Government of South Africa, 2011: 2). In the State of the Nation Address of 2012, President Jacob Zuma referred explicitly to the empowerment of Khoi-San communities through the National Traditional Affairs Bill (Government of South Africa, 2012). In a recent announcement of new policy on land restitution, the African National Congress (ANC) stated: 'A re-opening of land claims "specifically for the KhoiSan people" who had until 2013 to lodge land claims' (Tolsi, 2012). Lastly, during the signing ceremony of the ≠Khomani San (a collection of San people in the southern parts of the Kalahari Desert in South Africa) land claim in 1999, Derek Hanekom, the then minister for Agriculture and Land Affairs, paid explicit attention to the cultural and indigenous identity of the beneficiaries:

> *The quest for truth has been part of the ≠Khomani San's struggle. The revivals of the language and culture gives proof that ≠Khomani San are who they claim to be: the first people of this country who know the truth about the natural world and the truth*

[18] These characteristics are visible in the United Nations' Declaration on the Rights of Indigenous Peoples (United Nations, 2007).

about our painful history. (Hanekom, 1999 emphasis added)

!Xun and Khwe indigenous identity

The indigenous identity of the !Xun and Khwe has, at times, been actively pursued by the people themselves and, at other times, assigned by others. Sans' indigenous identity is highly cultural and often contains primordial undertones, which in the past positioned them at the bottom of social hierarchy[19]. This was also the case with the !Xun and Khwe, preceding and during their time in the Portuguese and South African armies. Army personnel ascribed primordial stereotypes, such as superior tracking instincts and animal traits, to 'Bushmen soldiers'.

During their time in Schmidtsdrift and, later, in Platfontein, the indigenous identity, albeit without certain previously ascribed stereotypes, was actively sought after by the !Xun and Khwe Trust (to be transformed into !Xun and Khwe CPA), and especially by the !Xun (Sharp & Douglas, 1996). They did this by representing 'Bushman qualities' in the media, attending meetings of the International Working Group of Indigenous Affairs (Sharp & Douglas, 1996), affiliation with the Working Group of Indigenous Minorities in Southern Africa and the (South African San Institute, n.d.). Their indigenous identity assisted them in raising funds from international donors and was, of course, far more beneficial than their alternative image of former Apartheid 'mercenaries' (Douglas, 1997; Sharp & Douglas, 1996). This indigenous 'Bushman' identity is also beneficial in tourism. It is actively used in cultural tourism projects, such as arts and craft making and in a project initiated by SASI called *Footprints of the San* that 'enables the San to utilise their traditional knowledge for a commercial benefit' (South African San Institute, n.d.: 29), and the Wildebeest Rock Art Centre. The presence of ancient rock art of the San peoples probably played a role in the decision-making process regarding the purchase of land for resettlement. Indigenousness is beyond doubt part of the !Xun and Khwe identity either constructed by others or actively pursued by themselves.

Douglas (1997) discusses 'Bushman qualities' and the role of the South African government in the resettlement of the !Xun and Khwe. Although there was never any official recognition of this, indigenous identity may have played a role in the decision-making process concerning resettlement. Douglas (1997) argues that if indigenous identity was, indeed, a decisive element in resettlement, it might pave the way for ethnic group-based rights which would lead to polarisation. State intervention should, instead, be endorsed in 'accordance with the rights, whatever they may be, of South Africans' (1997: 63). The problem of ethnic group-based rights, as posed by Douglas, lies in the history of Apartheid and its group-based rights. Attributing rights on the basis of ethnicity is in sharp contrast with the aim for unity and equality. It is unlikely that governmental institutions will admit that a highly cultural or ethnic identity was decisive in giving (land) rights. At several times the South African government did, however, seem to give indigenous peoples a *special* position. This may be explained in several ways. First, indigenous people are said to have suffered immensely under colonialism and Apartheid and would, therefore, deserve special attention in terms of reconciliation. Second, indigenous people may serve to reaffirm a shared identity as 'African' or 'South African'. Positioning a group as the first people of Africa paints a picture

[19] For a broader contextualization of the history of the San or 'Bushman' please refer to Gordon & Sholto-Douglas (2000), le Roux & White (2004), Wilmsen (1989), and Wilmsen and colleagues (1990).

of a shared history, namely, the *old* and *harmonious* Africa before colonisation and Apartheid. For whatever reason, a recognized indigenous identity assists communities in gaining positive attention from public and politics. In the case of the !Xun and Khwe, their indigenous identity probably helped create a distance from their involvement in the SADF. This, in turn, facilitated their opportunities to attain grants from the government and donations from donors. However, delineating community boundaries, consciously or unconsciously, at the indigenous San or 'Bushman' level may have made their wish of living separately more difficult to achieve.

Socio-political context

The socio-political situation at the time of the !Xun and Khwe resettlement negotiations probably informed decision-making of government officials. The !Xun and Khwe tried to go their separate ways during the resettlement negotiations but were unable to do so, hampered by governmental officials who played an important large role in the resettlement process (Douglas, 1997). During the negotiations, a Northern Cape Provincial government official supposedly strongly argued that segregation belonged to the past. This emphasis on a new South Africa, without segregation, fits neatly into the nation-building rhetoric of the post-Apartheid era.

Since the start of negotiations between the *powers that were* and the *powers to be* in 1990[20], South Africa has struggled to find a balance between recognizing diversity and building unity. On the one hand, the pluralistic character of South Africa is undeniable but, on the other hand, unity and equality for all South Africans, irrespective of race, ethnicity or religion, were considered to be an antidote to Apartheid and the threat of a civil war (see, for example, Sparks (1996); Taylor and Foster (1999). This type of nation-building that seeks to balance diversity and equality is characteristic of multicultural nationalism (Brown, 2000). Nation-building in South Africa, aside from constitutional reform, is very much a public process that aims to construct a new South Africa through a variety of symbols, thereby positioning itself further from the Apartheid past. The symbols often try to combine the recognition of diversity and unity: South Africa's motto unified in diversity[21] is a clear example. The notion of a 'rainbow nation' is another. The recognition of the diversity of official languages and the combination of several languages in the national anthem again acknowledges diversity and unity. The attempt to balance diversity and unity is also visible in the Bill of Rights which has a strong focus on individual rights while, at the same time, protecting the rights of religious, cultural and linguistic communities (Oomen, 1999).

The balance between South Africa's recognition of diversity and aim for unity is a common topic of discussion. Bornman, for example, argues that the content of the national anthem seems to emphasise 'the ideal of unity among the South African population in striving for freedom' and concludes that 'although the flag, national anthem and the Constitution all acknowledge diversity within South African Society to some extent, the main emphasis on the symbolism and wording falls on the promotion of unity' (2006: 384-385). Oomen (1999: 83) considers that: 'The ANC (. . .) continues to promote diversity, but only subject to the

[20] The release of Nelson Mandela and the unbanning of liberation organisations made 1990 an important year in the preparation for democracy.

[21] On its website the ANC positions this phrase as a key element in their origin, political struggle and current vision.

overriding objective of national unity.' These discussions are probably fuelled by the knowledge that Apartheid government used group-based rights as a form of oppression. It is, indeed, for this reason that Oomen (1999) discusses the debate about group-based rights in the run-up to the first democratic constitution and their ultimate rejection in favour of individual rights. This may also be the reason why diversity is acknowledged but often overshadowed by the ideology of national unity.

The contradictory nature of recognizing diversity and building unity is played out at two different levels; several authors make distinctions between the notion of 'nation' and 'state' (Oomen, 1999), 'cultural' and 'political', or 'ethnic' and 'civil' (Jones & Smith, 2001). Each of these distinctions distinguish the public level of citizenship (being a member of a country with all its obligations and benefits) and a level of personal consciousness experienced through a sense of belonging which may be vested in cultural, religious, territorial or other ascribed elements of an identity[22]. Nation-building strategies may emphasise the 'cultural' and 'political' aspects in different ways. Bornman (2006) describes Jacobinistic nation-building and syncretistic nation-building as opposites; the former emphasises the *political* level of nation and has no regard for the *cultural* level that deals with experienced diversity, while the latter emphasises the *cultural* level and ascribes specific rights to cultural, ethnic or racial groupings. In some nation-building strategies, the distinction between the *cultural* and *political* level seems to become blurred, for example, when a political entity pursues the political/civic aim to provide equal rights to everyone (at the *political* level) and, at the same time, aims to force a sense of belonging and unity (at the *cultural* level) in order to further emphasise equality. This also seems to be the case for South Africa's nation-building strategy that seems to be pulling the *cultural* and *political* levels together not only by trying to achieve equality and unity at a *political* level but also by trying to establish an experienced form of unity at the *cultural* level. Chipkin, for example, argues that the South African 'national democratic revolution . . . posited the *citizen* as necessarily a member of a *nation* – as a bearer, in other words, of some or other quality of population' (2007: 99 emphasis added). Numerous studies point towards the perpetuation of experienced differences through ethnic and racial identities (Gibson & Gouws, 2000; Moodley & Adam, 2000) with book titles such as *Do South Africans exist?* (Chipkin, 2007). Moodley and Adam (2000) point out that ethno-racial consciousness, as a legacy of Apartheid, is still widely present in South Africa. They argue that the ideological aim for emotionally experienced unity is, therefore, unrealistic. Instead, loyalty to the state (unity at the *political* level) and simultaneous recognition of diversity (at the *cultural* level) seems to be more realistic (Moodley & Adam, 2000).

Recognition at a *cultural* level should, however, have consequences at a *political* level. A government that recognizes experienced diversity cannot merely do so in a symbolic way. Its actions should follow this recognition, for example, in the recognition of traditional leadership structures. This results in a constant search for a balance between diversity and unity and equality. On the one hand, the South African government seems to pursue the idea that everybody is equal and similar ('we are all South Africans') but, at the same time, it recognizes cultural diversity. This balance becomes especially difficult in decision-making processes where recognition of diversity or aims for equality and unity become highly

[22] Jones and Smith (2001) use the terms 'ascribed' and 'voluntary' for sense of belonging and citizenship respectively.

visible. For example, the much-needed redistribution of wealth to battle the racially skewed socioeconomic outcomes of Apartheid has increasingly become a strong focus of governmental policy land reform arrangements, a hot topic in redistribution, which are built on definitions of *groups of people* or *communities* and thereby call for a definition of boundaries. Delineating community boundaries is a process in which recognition of diversity or aims for unity become visible. Below, I will elaborate on how the delineation of community boundaries in the !Xun and Khwe resettlement seemed to be more informed by unity thinking than recognition of diversity.

Unity and diversity in land reform arrangements

The relocation of the !Xun and Khwe from Schmidtsdrift to Platfontein and the delineation of community boundaries should be understood within this socio-political context. The diversity and unity discussion at the political level has probably had an influence on the practice of land reform. In land reform policies, we can observe the previously discussed struggle to find a balance between recognising diversity and the aim for unity. On the one hand, these policies are aimed at equality with a specific focus on 'de-racialization', hinting at uniformity by reforming racially skewed land distribution. On the other hand, these policies make use of the *categories of people* that were devised during the Apartheid era because they aim to advance those were disadvantaged in the past. This is illustrated by the fact that the main point of reference for land restitution is the 1913 Native Land Act that based land rights on racial identities which resulted in a highly unequal distribution of land to the disadvantage of non-whites (De Wet, 1997). In addition, the Restitution of Land Rights Act 22 of 1994 states that legislative measures are 'designed to promote the protection and advancement of persons, groups or categories of persons disadvantaged by unfair discrimination, in order to promote their full and equal enjoyment of rights in land' (Government of South Africa, 1994: 1). In land reform policy documents (e.g. the White and Green Paper on Land Reform), the group defined as 'Black people' are most often mentioned as beneficiaries of land reform policies. It is, however, unclear whether this category actually means 'non-whites' (including former Apartheid categories 'Coloured' and 'Indian'), or whether it refers to the former Apartheid category of 'Black people.' Simultaneously, the 'African' or 'South African' identities are used in a general sense to describe the citizens of South Africa, consistent with unity in nation- building. The resettlement of the !Xun and Khwe is unique in the sense that they did not live in South Africa for the greater part of the Apartheid era and thus did not experience the Native Land Act or Group Areas Act of 1950 at first hand. They were, however, involved with the SADF and its Apartheid ideologies (e.g. the creation of ethnic units). Thus, it could be argued that they were, according to the definitions in the policy documents, not necessarily a prime target for land redistribution. However, their relationship with the SADF, and the land restitution land claim by the Bathlaping people, made them part of a land redistribution arrangement as they would be displaced when the Bathlaping people won back their land.

In the resettlement negotiations, the !Xun and Khwe actively tried to go their separate ways, based on experienced cultural and social identities, but were unsuccessful. In other land reform arrangements, groups of people were encouraged to define their community through social and cultural identities. The development of a relationship between land and social and ethnic identities (Evers, Spierenburg, & Wels, 2005) thereby seems to be prolonged. This relationship is most prominent in land restitution arrangements. In these

types of arrangements, the spatial aspect plays an important role, related to a past situation in which a group of people lived on or possessed a specific tract of land. The claimants have to prove that they used to possess that specific tract of land and that they were unrightfully dispossessed. Where they live at the time of the land claim is not important. Portraying an image of formerly coherent communities (at the time before dispossession) is likely to assist claimants in proving their previous communal residence or land possession, as it is easier to prove the past locality of a community than determining the past locality of each individual. For claimants to position themselves as a community without being able to depend on spatial features (because they do not necessarily share locality at the time of the land claim), they often depend on relational and cultural features to represent their former community identity. For the !Xun and Khwe redistribution arrangement, it was not necessary to delineate community boundaries based on social or cultural identities because it was primarily compensation for their forced removal. Therefore, community boundaries were first delineated based on the fact that they were at that point living on governmental property that would be returned to the rightful owners. The aforementioned role of the indigenous identity also seemed to have played a role during the organisation of the land reform arrangement, however, using this identity would have resulted in similar community boundaries. Similar to the sensitivity of recognising indigenous rights, the recognition of ethnic and cultural identities in land reform arrangements seems to be highly sensitive and *unity* seems to be informing decisions rather than recognition of diversity. The nation-building rhetoric of South Africa was at that time highly focused on unity, accompanied by a heightened sensitivity for ethnic and racially based rights. Segregation based on cultural and ethnic distinctiveness, as proposed by the !Xun and Khwe, would have been highly controversial in the post-Apartheid area. For the new government, this would have come too close to the idea of ethnic-based rights and separate development. The pragmatic reasons put forward against separation, such as the required township structure and the additional costs of constructing two separate townships, no doubt also played a role. However, in my opinion, this might have been avoided if, initially, two smaller tracts of land had been purchased instead of three very extensive farms. Although this might have been financially feasible, it might not have been politically feasible for the reasons outlined above.

Concluding remarks

The dynamics of the community boundary delineation of the !Xun and Khwe suggest that there were several interrelated events and identity politics that led to a delineation that combined the !Xun and Khwe in a single space. First, their forced togetherness from their time in Angola and Namibia and their collective identities as ‘Bushmen’ (soldiers), San, and indigenous peoples, ascribed by others and taken up by the !Xun and Khwe, made it difficult to position themselves as two different communities. Second, the indigenous identity played out at the political level and recognized in policy documents and political statements reinforced their collective identity. Third, the socio-political context at the time of resettlement negotiations was such that recognition of ethnic or cultural diversity and segregation in land-related issues was highly sensitive. This left little opportunity for the !Xun and Khwe to go their separate ways during resettlement.

The land redistribution arrangement of the !Xun and Khwe illustrate old ways of delineating community boundaries in the supposedly new era of South Africa. The pursuit of unity seems to stand in the way of recognition of diversity and stepping away from predefined categories of people in land reform, whether it concerns categories such as 'Black people', 'Indian', 'Coloured' or 'San/Bushman'. In a similar manner as Apartheid categories, great diversity is hidden in the 'San/Bushman' category which has been forgotten or ignored during the decision-making process. These circumstances led to a situation of forced integration that may be just as harmful as forced segregation. Even though each land reform arrangement has its own unique characteristics, the insights from this case study may be informative for understanding the stagnant development in other *communities*[23].

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[23] Cousins and Claassens (2005: 35) mention, for example, the dysfunctional nature of many CPAs and community land trusts and the idea that '(m)embers have often retained ties to their original communities, rather than seeing themselves as belonging to the new social entity.'

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Contextualized understanding of depression: a vignette study among the !Xun and Khwe of South Africa

Figure 6: a smashed beer bottle in the road indicates the disruptive effects of substance abuse. Photo by author.

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Abstract

Colonial misconceptions about the absence of depression and the lack of a psychologization of distress among Africans have long been refuted. However, cultural variation in depression, in terms of symptomatic expression, conceptualization, explanatory models and social responses, is widely acknowledged. Insight about the cultural variation of depression is useful for providing appropriate care, however, few studies have explored cultural understandings of depression in African settings. In a depression vignette study of two displaced and marginalized San communities in South Africa, we conducted 20 semi-structured interviews to explore causal interpretations and strategies for coping. Causal interpretations consisted of several dimensions including life struggles and physical, psychological and spiritual interpretations. Respondents primarily focussed on life struggles in terms of socioeconomic and interpersonal problems. They described coping strategies as primarily addressing negative emotional and psychological affect through social support for relief, comfort, distraction, or advice on coping with the situation and emotions. In addition, religious coping and professional support from a social worker, psychologist, support group or medications were mentioned. Findings illustrate that depression should be understood beyond individual suffering, and be situated in its immediate social environment and larger socio-political setting. Therefore, interventions for depression may benefit from a multi-level approach that addresses socioeconomic conditions, strengthens local resources and fosters collaboration among locally appropriate informal and formal support structures.

Keywords: Depression, Vignette study, San, Indigenous people, South Africa.

Introduction

In the colonial era, depression and other mental health problems were perceived to be absent or rare among Africans (Gureje, 2007; Prince, 1967). The reasoning was in line with colonial ideas about Africans as 'primitives', depression as an elite condition (Njenga, 2002; Prince, 1967), and Africans as protected by traditional social and cultural values (Njenga, 2002). When mental health professionals did acknowledge mental health problems among Africans, the understanding was in accordance with highly cultural and discriminatory attitudes. For example describing conditions as an 'African illness' for which Western approaches were considered useless, or explaining mental health problems in terms of an 'African personality', such as an inability to express emotions (Swartz 1986; Swartz 1987). These findings and interpretations had a profound impact on how states related to native populations and those affected by mental health problems. Njenga (2002: 356) mentions that colonial governments used the aforementioned interpretation to ' "prove" that Africans agitating for independence were psychopathic.' Similarly, Swartz (1996) describes how cultural relativism was used to legitimize unequal access to Western treatment based on a belief that indigenous healing was the African's 'natural' choice in South Africa. However, Swartz (1986; 1987) also notes that there are critical voices that consider exotic interpretations of mental health problems among Africans as discriminatory and have advocated for a universalistic understanding of mental health problems. Currently, cultural relativism remains a sensitive topic in some African settings, such as South Africa. This sensitivity is reflected in the critical statement by Tomlinson, Swartz, Kruger, and Gureje (2007) that studies often focus on how depression differs in African cultures.

Current research on mental health in African countries often takes a universalistic stance. Epidemiological studies provide evidence for the existence of depression and other Western diagnostic categories for mental disorders (e.g. Tomlinson et al. 2007; Tomlinson, Grimsrud, Stein, Williams, & Myer, 2009). In addition, formal health care systems commonly take a biomedical, or Western, approach to diagnosis and treatment. However, other studies that take a cultural relativistic stance and argue that Western diagnostic criteria are adopted without critical reflection on construct validity (Parry, 1996; Sweetland, Belkin, & Verdeli, 2014); Kleinman (1977) describe this as category fallacy. Critiques on a universalistic approach also include concerns about replacing local idioms and understandings by Western diagnostic categories (Abramowitz, 2010; Summerfield, 2012), reminding Summerfield (2012) of imperialism. In this process local idioms are disentangled from sociocultural contexts and transformed into individualistic and often medical conditions (Abramowitz, 2010; Summerfield, 2012).

Research conducted in various world regions has identified cultural variations of depressive conditions in terms of symptomatic expression, conceptualization, explanatory models and social responses (Bhugra & Mastrogianni, 2004; Kirmayer, 2001). For example, in some settings, conditions resembling depression may be better described as 'soul loss' rather than 'sinking mood' (De Jong, 2004). Several approaches such as explanatory models (Kleinman et al., 1978; Weiss, 1997), idioms of distress (De Jong & Reis, 2013; Nichter, 1981, 2010) and semantic network analysis (Good, 1977) have contributed to a cultural understanding of mental health problems. The few studies on cultural understanding of depressive conditions in South Africa (Davies, Schneider, Nyatsanza, & Lund, 2016; Kathree, Selohilwe, Bhana, & Petersen, 2014) indicate that meanings are situated in local contexts in which financial insecurity, dysfunctional (family) relationships, violence and lack of social

support are central. In addition local idioms of distress such as 'thinking too much' were identified (Davies et al., 2016). Insights into cultural understanding of mental health problems have proven useful for facilitating intercultural clinical encounters, for example, for treatment negotiation or compliance, therapeutic alliance, recognition of signals of distress, and identification of cultural resources that could complement psychiatric treatment (Bhui & Bhugra, 2002; Hinton & Lewis-Fernández, 2010; Kirmayer, 2001; Kleinman et al., 1978). Cultural understanding of depressive conditions and in particular the identification of local resources could be useful for developing locally appropriate care and bridging the treatment gap in low-resource settings. However, the paucity of studies on this topic in African settings obstructs the development of locally appropriate care.

This paper reports on a vignette study of depression among the San people living in South Africa and contributes to a cultural understanding of depression. The San are a group of indigenous people from southern Africa who have experienced social, cultural, economic and political oppression, land dispossession and displacement (Gordon & Sholto-Douglas, 2000; Robins, Madzudzo, & Brenzinger, 2001; Suzman, 2001). These disruptive histories and poor socioeconomic conditions cannot be seen as separate from mental health outcomes (Cohen, 1999; Desjarlais, Eisenberg, Good, & Kleinman, 1995; Miller & Rasco, 2004; Miller & Rasmussen, 2010; Patel & Kleinman, 2003; Porter & Haslam, 2005; Steel et al., 2009). Despite NGOs and scholars' interest in San communities, mental health has received little to no attention. Consequently, we do not have information on the San's understanding of mental health problems and their social response. The study reported here is part of a doctoral research on mental health perceptions and care among the !Xun and Khwe San communities in South Africa.

Context of the study

The !Xun and Khwe are two San communities of approximately 4500 and 1700 people, respectively (South African San Institute, 2010). They are linguistically distinct and predominantly speak their own San languages, !Xun and Khwe. Afrikaans is used as lingua franca and English is spoken by only a few, generally in the younger generation. The communities share a history of war and displacement and currently reside together in the Platfontein township on the outskirts of the Northern Cape capital, Kimberley.

The !Xun and Khwe are originally from southern Angola and northeast Namibia and were brought together in the Angolan War of Independence (1961-1974) and the South African Border War (1966-1989) (Den Hertog, 2013). In the Angolan War of Independence, the !Xun and Khwe fought alongside the Portuguese against various liberation fractions. After Angola's independence in 1975, many !Xun and Khwe fled the country. They did so in fear of retribution by former enemies. This was not an unfounded concern considering the local population's wish for revenge on the San and reports of a large number of San having been killed during and near the end of the war (Battistoni & Taylor, 2009; Brinkman, 2005; Robbins, 2007; South African San Institute, n.d.). The !Xun and Khwe seeking refuge in northeast Namibia (Caprivi area) were incorporated in the South African Defence Force (SADF) (Sharp & Douglas, 1996). Khwe originally residing in the Caprivi area also joined 'Bushman battalions'. The San soldiers lived with their families on a military base and depended on the SADF for housing, employment, schooling, general services and everyday activities (Gordon & Sholto-Douglas, 2000). After Namibia's independence in 1990, many !Xun and Khwe opted to follow the SADF to South Africa in fear of retribution and

maltreatment by the South West Africa People's Organization (SWAPO) government and because of their loyalty towards the SADF (South African San Institute, n.d.). In South Africa, they soon outlived their military purpose and faced an uncertain future. The 'Bushman battalions' were disbanded, many people lost their employment in the defence force and permanent housing plans were suspended (Robbins, 2006). The !Xun and Khwe resided in a tented camp on a military base in the Northern Cape for nearly 13 years before being forced to relocate to Platfontein after a local community successfully filed a land claim for the military base (South African San Institute, n.d.).

A history of marginalisation and displacement left the !Xun and Khwe facing a myriad of problems while trying to build a life in South Africa. Although life improved in terms of housing, proximity to a large city and access to health care, people continue to feel marginalized and neglected by the local government (Tempelhoff, 2014). The poor quality and limited number of houses and poor provision of services are pressing issues voiced by the San communities. Poverty is another pressing issue since 97% of the !Xun and Khwe live on less than 1 US dollar per day, and unemployment is at 95% (Dalton-Greyling & Greyling, 2007; South African San Institute, 2010). Consequently, most families live on social grants or the income generated by one family member. Social conflicts and alcohol abuse have been reported among the !Xun and Khwe (Robins et al., 2001) and continue to the present day. Although statistics are not available, HIV/AIDS and tuberculosis are considered to be major health issues by community leaders, NGOs and staff of the health care clinic situated in the centre of Platfontein (Govender, Miti, Dicks, & Ewing, 2013; Letsoalo, 2010). In addition to biomedical health care, the !Xun and Khwe use traditional healing to address health issues (De Jager, Prinsloo, & Joubert, 2010; Letsoalo, 2010).

Method

This study is part of a research project on mental health perceptions and care among the !Xun and Khwe, which took place in three consecutive fieldwork visits, of approximately three months each, between 2012 and 2014. The aim of the study described here was to explore local San perceptions of depression, defined as 'the presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function' (American Psychiatric Association, 2013b). A qualitative approach was adopted in the form of a vignette study with semi-structured interviews. In addition, ethnographic data were used to situate research findings in the local sociocultural context.

Sample

Data were collected from March to June 2013 by the first and second author. The !Xun and Khwe were both part of this study. Various sampling procedures were used to recruit respondents in a broad age range (above 18 years) and an equal distribution of gender and San groups (!Xun and Khwe). First, since the study was explorative, convenience sampling was used whereby social contacts developed throughout our fieldwork resulted in initial recruitment. Second, snowball sampling was used to facilitate access to additional participants. Finally, research facilitators, community members who assisted us during various research projects, assisted us with purposively recruiting respondents who were under-represented, specifically older respondents. Recruitment took place during the

predetermined length of 2.5 months of fieldwork. In total, 24 interviews were conducted of which four were excluded because communication difficulties resulted in unintelligible and superficial data. Data analysis revealed data saturation in the main themes and underlying patterns. Throughout our fieldwork period, we were facilitated by several Khwe community members, although similar facilitation was not available in the !Xun community. In order to compensate for this situation among the !Xun, we increased our time in the community to recruit respondents. Nonetheless, our sampling was skewed towards Khwe respondents.

Descriptions of respondents

Of the 20 respondents, 14 were Khwe and 6 were !Xun (12 males and 8 females). The age distribution was concentrated in age groups 18 – 25 years (eight respondents), and 26 – 35 years (six respondents). The age of the other six respondents ranged from 44 - 77 years. The majority of respondents had an education level between grades 8 and 12 (secondary school), one had received additional training in tourism, five had attended primary school (grade 0 – 7) and two had no formal education. Half of the respondents were employed, which is more than expected from employment statistics. Nearly all respondents were Christian, most were members of the Dutch Reformed Church and a few were members of the Zionist Church. One person described his religion in terms of Khwe culture.

Procedure

A depression vignette was used to provide focus during semi-structured exploratory interviews (Rubin & Rubin, 2005). Vignettes are short stories that describe particular situations or behaviours and are used to elicit rich but focused responses to gain insight into beliefs and attitudes (Schoenberg & Ravdal, 2000). Some advantages of the vignette technique are that it enables respondents to describe a situation or behaviour in their own terms, allows space for respondents to contextualize their response, and offers a safe distance for respondents to discuss sensitive topics (Barter & Renold, 2000; Schoenberg & Ravdal, 2000). Therefore, the vignette technique is useful for eliciting emic perceptions on mental health problems, particularly because it allows respondents to make sense of behaviour or psychological conditions within their own cultural frames and thereby prevent a category fallacy. In this study, we used a depression vignette derived from a study done by Patel (1998: 25-26):

> *For a few months, a 40-year-old woman has been looking very sad, miserable and unable to look after her home and children, slow in speech and movements. She says that life is not worth living. Nothing seems capable of cheering her up. She does not eat or sleep well and lies on a bed for days without doing anything. Once she even tried to take her own life.*

This depression vignette was chosen because it proved to work well to elicit emic perceptions on depression in Zimbabwe and most closely resembles our study population compared to other depression vignette studies. Half of the interviews, were conducted in English, four in Afrikaans, two in a combination of Afrikaans and English, and four in Khwe with the assistance of an interpreter. Interpreters were community members who were conversant in Afrikaans and English. They were familiar with the research aim and procedures and a debriefing was used to identify difficulties in translation and facilitate learning for future translations (Borchgrevink, 2003). The first author, who fully

comprehends Afrikaans and is able to speak it at a basic level, conducted the Afrikaans interviews. A bilingual Afrikaans-English speaker translated the English interview guide and vignette into Afrikaans. The interpreter verbally translated the vignette when the interview was conducted in Khwe.

Interviews were initiated with general questions about participants' characteristics such as age, education, religion, and living situation. The participant was additionally asked to share general reflections on life in Platfontein as a way to make the person feel more at ease and gain insight into their current outlook on life. This was followed by a few open questions about their perceptions of non-physical aspects of health, and health in relation to the mind. These questions were included to supplement data of an earlier research phase. The vignette was then presented in writing and/or read out by the interviewer or interpreter. Questions in relation to the vignette were partly derived from key characteristics of explanatory models (Kleinman et al., 1978) and included the following topics: whether the situation of the woman in the vignette is problematic, and if yes, what is considered to be most problematic; if the problem has a name; familiarity with the problem; consequences; course; causal explanations; coping and help-seeking strategies. Specific probes for causes and coping strategies were used after respondents' spontaneous responses were exhausted. A list of potential causes, partly derived from Patel (1998), was used for additional probing and included: ancestral spirits, witchcraft, bad airs, alcohol, drugs, heredity, thinking too much, and life history. Responses in relation to these probes were separated from spontaneous responses in analysis and appeared less valuable as responses remained superficial and some of the probes (bad airs, heredity, life history) did not appear to make sense to respondents. For coping and help-seeking strategies additional probing was done to elicit perceptions on the appropriateness of seeking help from a traditional healer, health care clinic and the role of medication, or social worker to resolve the woman's situation.

Ethnographic data on living circumstances, everyday activities and community issues were obtained by informal conversations and observations (Angrosino, 2007) during consecutive fieldwork visits by the first author. Field notes and daily reflections, written down as extended field notes, were used to record the ethnographic data.

Analysis

Interviews were audio-recorded and transcribed verbatim. Transcripts and ethnographic data in the form of field notes and daily reflections were read several times to become familiar with the data. Qualitative data analysis software (Atlas.ti version 7) was used to order data. The interview topic list served as initial descriptive coding and during analysis additional codes were created inductively (Miles & Huberman, 1994). Reviewing codes and data segments led to the identification of overarching themes and patterns within themes. Causal interpretations and coping strategies revealed the most detailed insights into the understanding of depression as described in the vignette, and are the primary focus here.

Ethical considerations

Before the start of an interview, the research purpose and aim, interview process and the rights concerning participation were verbally discussed with respondents and presented in writing. Specific attention was given to the voluntary basis of participation, and

confidentiality in terms of data handling (preventing access by third parties) and protecting respondents' identities by preventing traceability in publications. Respondents signed the informed consent form when they chose to participate. Interviews took place at a location chosen by respondents. Ethical clearance was obtained from the Humanities & Social Sciences Research Ethics Committee of the University of KwaZulu-Natal (ref. number HSS/0054/013D)

Findings

The findings are described in terms of general reflections, causal interpretations and coping and help-seeking strategies. English and Afrikaans quotes were not corrected on grammar in order to maintain local validity.

General reflections

All respondents considered the woman's situation to be problematic and many focussed on suicidal thoughts as most important problem. In an attempt to name the woman's condition, respondents provided a variety of names that reflected their general understanding of the problem. Respondents often conceptualized the problem in psychological and emotional terms, such as 'thinking problems,' 'thinking too much,' 'thinking about many things,' 'sickness in thoughts,' 'bad thoughts,' 'stress,' 'pain in the heart,' 'sadness,' and 'loneliness'. Additionally, physical conceptualizations were mentioned, such as 'low in energy', 'old age' and 'sickness'. One person interpreted the problem in spiritual terms: 'bad spirit'.

Causal interpretations

Respondents' causal interpretations often took the form of contextualized stories by drawing on personal or social network experiences, salient issues in the community and spiritual beliefs. Our analysis revealed four dimensions through which respondents constructed their causal explanations: life struggles, or physical, cognitive, or spiritual dimensions. It should be noted that respondents often formulated causal explanations by drawing on more than one of these dimensions. This enabled respondents to construct a coherent story or leave options open for multiple theories of causation.

Life struggles included socioeconomic and interpersonal problems and were discussed in terms of stressors that could explain the woman's negative emotional affect. Socioeconomic stressors were related to poverty, lack of employment opportunities, and alcohol abuse. Interpersonal problems included violence, loneliness, lack of support, relationship issues, and losing loved ones. These stressors were often described as an interconnected whole. For example, one respondent shared a personal experience about alcohol abuse, poverty, and child neglect.

> *Maybe, like in our family, when my father was not drinking … on that day it was right. My mother was not drinking, that was right. […] They support us with maybe clothes or shoes, like those things. But when my father started to drink alcohol … then you can also see, life is getting changed. There is a lack of money, we don't have too much money, because my father also used to spend all money on drank [alcohol]. After my mother saw 'no, my father is drinking too much', then she also started*

> *drinking […] they are supposed to see [look after] their house but they started to drink both of them. Now we are suffering. We must starting to cook for ourselves. […] And you can also see that is a problem. […] In the morning if you wake up your parents are gone. They're going to the shebeen [informal bar] they are drinking there. They didn't even realize 'we left our children'. They come [back] in the night! So it means I'm the old one there; I have small sisters and a small brother. So I have to do, I must starting to try looking for food.* (Male, Khwe, 32 years, interview conducted in English)

Another respondent related the situation of the woman to alcohol abuse, poverty, disruptive social relations and violence.

> *I think there are a few elders in our community who used to have a problem like this […] So they are stressing 'why are my children doing this?' And sometimes children they used to hit or fight with their elders, especially [with] the women. A child sometimes comes to ask for money to drink and the mother said she doesn't have the money and then the problems start and they fight. Maybe that is the stress of this woman.* (Male, Khwe, 24 years, interview conducted in English)

These quotations reflect common pressures in Platfontein related to poverty and substance abuse and the disruptive outcomes for social relations and individual (psychological) well-being. Pressure on social relations resonates with the respondents' interpretations that explained the woman's situation in terms of a lack of support and loneliness. Respondents said that the woman was probably without support while facing challenges due to old age, physical illness or effects of poverty. Additionally, loneliness was considered to reflect an emotional state of sadness due to not feeling loved or cared for. A respondent described how past struggles in parent-child relations may have resulted in the woman facing life issues without support and how this affects her emotional well-being.

> *Sy weet nie wat om te doen, now sy se okay, ek is nou alleen met hierdie probleme, my ma, my pa, my familie, hulle kyk nie saam met my die probleme… so daai probleem ook… hy eet ook die mense se lewe, jy voel baie sleg. Want die mense is daar, maar … hulle worry jou nie, se nee, ons het jou gekere, maar jy't nie geluister nie… dis jou probleem dan, dan … dan eet hy baie*
>
> *She doesn't know what to do, now she says okay, now I'm alone with this problem, my mom, my dad, my family, they are not looking after me with this problem. So that problem… it also eats a person's life up, you feel very bad. Because the people [family] are there, but they are not concerned about you, [they] say no, we tried to stop you, but you didn't listen… it's your problem this one, then, then, [that problem] eats you a lot.* (Male, Khwe, 50 years, interview conducted in Afrikaans)

The idea that a problem can 'eat a person's life up' illustrates the psychological and physical strain that a person may experience.

Physical causal interpretations included old age and physical illness. 'I see she is sick because her movement and speech are slow and from there I can see that she is sick' (male, Khwe, 60 years, interview conducted in Khwe with interpreter). As this quote illustrates, physical interpretations were often linked to specific symptoms described in the vignette, especially the following symptoms: 'slow in speech and movement', 'not eat or sleep well' and 'lies on a bed for days'.

Physical illness was in turn linked to negative emotional affect (e.g. sadness), for example, through experiencing a lack of support and social isolation.

> *Like maybe [for example], if I have TB, I'm coughing too much. My friends say 'no man, you're coughing too much, we don't like you.' Yeah it is also a problem. According maybe, you have to try to help me. You must tell me 'go to the clinic, you are coughing too much.' But you … chase me away. Cause I am coughing, you chase me away. Now I am thinking also 'no…' because I am the sick person I am … because my friends say 'you are going to make us sick, we don't like you now.' This is also a problem.* (Male, Khwe, 32 years, interview conducted in English)

Many respondents included cognitive dimensions in their causal explanations that involved ruminating or worrying about a particular situation. In their explanations, respondents used words such as 'stress', 'thinking too much' and 'thinking about many things'. In addition, although most respondents did not mention the following spontaneously, when probed, they did believe that 'thinking too much' was a likely cause for the woman's condition. The cognitive dimension served as a bridge to connect life struggles (and in some cases, physical ailment) to negative emotional affect.

> *There are a lot of people out there struggling in their life…it is like this. Some of their family don't even care about them and they have stress about these problems and it keeps them thinking about this and it hurts them inside. So they want to end their life because they don't feel worth it, they feel like useless.* (Male, !Xun, 20 years, interview conducted in English)

A few respondents used spiritual interpretations by drawing on Christian beliefs to explain the woman's situation.

> *Respondent: It is just the bad spirit. The bad spirits are visiting the woman maybe … that is why you are feeling the darkness, you are not feeling well.*
>
> *Interviewer: And why does the bad spirit come to you? Is there a reason for that?*
>
> *Respondent: It is the work of evil; Satan is doing that. That's why it comes to you. … Satan is like that… the competition between Satan and God. Satan is trying to kill people [so] that he can get more people at his side.* (Male, Khwe, 77 years, interview conducted in Khwe with interpreter)

Spiritual explanations other than Christian beliefs were not spontaneously mentioned as causal explanations. However, after probing, some respondents explained that ancestors and witchcraft could cause someone to have suicidal thoughts, feel sad, and be physically sick. These respondents also suggested that traditional healers had to deal with such problems.

Coping and help-seeking strategies

All respondents believed that the woman should reach out to friends, family and other social resources to resolve the situation.

> *Sy moet vriende maak, en sy moet… sit, en praat sy met haar vriende. 'Hoe sal ek die probleme oplos?' Dat sy vriende vir haar idee gee. Se vir haar 'my vriend, gaan straight na die plek toe, en gaan soek wat jy soek … en hoor, wat sal die mense se,*

> *of hulle sal jou help.' Sy moet straight gaan na haar vriende. As sy vriende het, alles gaan verby.*
>
> *She must make friends, and she must… sit and she must speak with her friends. 'How am I going to solve these problems?' So that her friends can give her an idea. Say to her 'my friend, go straight to this place, and look for what you need… and listen, what will the people say, or how they will help you.' She must go straight to her friends. If she has friends, everything is going to go away.* (Female, Khwe, 28 years, interview conducted in Afrikaans)

In this example, friends are considered to be valuable for solving underlying problems. However, in most cases, coping and help-seeking strategies were aimed at addressing negative emotional affect and rumination about life struggles. Respondents mentioned various resources to cope with distress states. Immediate social relations, such as friends and family, were often considered as a first choice. Other sources of support included church functionaries, church groups, and professional support such as psychologists, therapists, support groups, social workers, and the health care clinic.

> *Maybe you go there [the social worker] and she will look for a place where those women can be in counselling. Speak with her and maybe if there is a support group that can also come and visit her […] that will help her.* (Female, Khwe, 27 years, interview conducted in English)

Strategies included sharing problems and feelings, distraction, religious practices and medication.

> *It was very bad for me, but I ran to the pastor and I told all my problems to him. He prayed for me and I cried while he was praying for me. I left everything there where I was crying and where the pastor prayed for me. I went back home, from there to home, and I felt relieved and I was fine, yeah.* (Female, Khwe, 45 years, interview conducted in Khwe with interpreter)

This example illustrates that the pastor may function as a person of trust and provide emotional support through religious practices. Sharing problems and feelings provided the respondent with a sense of relief. Sharing feelings was in addition considered to be important for receiving support in the form of comfort and advice on how to cope with emotions. The importance of this strategy was emphasized by respondents' beliefs that if a person bottles up his or her feelings, it may aggravate the situation and ultimately cause a person to have suicidal thoughts.

> *As 'n mens het nie pyn in jou binnekant nie, dan jy kan nie jou self moord. Maar as jy iewers, het jy 'n pyn in binnekant … As ek nie my pyn met hom deel nie… dan gaan, dit kan ook met my gebeur. Want as ek het 'n pyn in, dan ek moet hom deel, ek sê, 'Broer hoor hierso, ek het dit en dit en…hierdie pyn, hoe sal ek oplossing kry?' Dan miskien hy het die manier om 'n raad na my te gee, hoe ek moet die pyn wegloop, die gevoel so wegloop... Ja, maar as 'n mens so iets geheim hou, ja jy sal … selfmoord.*
>
> *If you don't have the pain inside yourself, then you won't kill yourself. But if you have a pain somewhere inside … if I don't share my pain with him, then it's going to, it can also happen with me [that I kill myself]. Because if I have a pain inside, then I must share it, I say, 'Brother, listen to this thing/listen here, I have this and this… this pain, how will I find a solution?' Then maybe he has the way to give me advice, how I will*

> *make this pain go away, the feeling go away. Yes, but if you keep something like this secret, then yes you will… kill yourself.* (Male, Khwe, 50 years, interview conducted in Afrikaans)

Distraction was a strategy described as diverting attention away from negative thoughts and preventing rumination about life struggles. Strategies involved reaching out to friends and family for company, and various activities such as exercising or reading the bible.

> *When I go to the [soccer] field to exercise with some teams. That can help me yeah…when I am sitting and thinking about a lot of stuff and now the training time is at four so I have to prepare myself to go to the field, get some training you know. So it did help me a lot, yeah.* (Male, !Xun, 27 years, interview conducted in English).

> *But if you are alone then you can think more of … then you can get more feelings. You see, if you sit alone and you think, you think more problems….or what you are going through, yes. But if someone is there with you or friends or maybe the children is in the house and they playing or they speaking with you, and you are speaking to each other then it is better.* (Female, !Xun, 24 years, interview conducted in English)

Religious practices were also mentioned as a way of coping with negative emotional affect and life problems. 'When you feel sad, or you are stressing or you feel miserable, just sit on your knee. Ask the God to give you power. Yeah…sometimes when I do that it helps me' (male, !Xun, 27 years, interview conducted in English). Respondents described effects in terms of regaining hope for the future, receiving the power or strength to continue in life and having faith in God to resolve the situation. In addition to prayer, respondents mentioned strategies that involved visiting church and reading the bible.

Some respondents believed that medication could be a solution to manage emotions or symptoms associated with distress, such as high blood pressure or difficulty eating and sleeping.

> *I think there is a role for medication because maybe she is in stress … or maybe she had a high blood. Stress can go to high blood and….it can't take anymore. She can go to the clinic or the hospital for the medication.* (Female, Khwe 27 years, interview conducted in English)

The health care clinic was also considered useful for referrals to professional psychological support. Other respondents mainly associated the health care clinic and medication with physical illnesses.

In addition to these coping strategies for dealing with negative emotional affect and rumination, a few respondents described strategies aimed at addressing the problems underlying the woman's situation, for example, a lack of food, relationship problems or physical ailment. The following quote illustrates the perceived need to search for and address the root of the problem.

> *So it is better to find out what is the problem. She don't want to sleep or eat and she has to look for a solution. Because when I am sick, that is the way, I don't want to do anything, I am sleeping during the day, don't want to do anything. So maybe I am stressing or I am sick. So let me go to the hospital if I am sick. If I am stressing, this is the cause that is stressing me, so let me just look for the solution for this.* (Male, Khwe, 24 years, interview conducted in English)

Respondents considered poverty and unemployment as the main challenges facing people living in Platfontein. Solutions for problems arising out of this situation were mentioned in the form of material or instrumental support such as providing food or applying for social benefits. In addition, the problem of unemployment was also perceived to have consequences for psychological well-being. For example, one respondent explained how employment would be beneficial since it would activate a person and give meaning to his or her life.

> *I'll make an example of myself: I don't have a job, the whole day there is nothing to do. So you will be feeling lazy and there will be a problem. […] The lady, if she would have a job she will be like … she has to prepare for the job, […] she is like fresh and she wants more of these challenges in her life. She is clean and she will do things, she will eat and live healthy.* (Female, Khwe, 28 years, interview conducted in Khwe with interpreter.)

Discussion

Respondents' contextualized causal interpretations positioned depression as a condition related to the life stressors present in Platfontein. This is similar to the findings of other studies in African settings in which respondents have described psychosocial, social, or socioeconomic causes or stressors in relation to mental health problems (Abas & Broadhead, 1997; Aidoo & Harpham, 2001; Burgess & Campbell, 2014; Davies et al., 2016; Kathree et al., 2014; Okello & Ekblad, 2006; Patel, Gwanzura, Simunyu, Lloyd, & Mann, 1995; Ventevogel, Jordans, Reis, & De Jong, 2013). Of specific interest here is the contextualization that took place by drawing on personal experiences, experiences from their immediate surroundings and salient community issues. With this focus, the causal interpretations became a mirror of the sociocultural context (Cabassa, Lester, & Zayas, 2007; Karasz, 2005). In addition, contextualization provided a holistic view of the interrelations among socioeconomic conditions (e.g. poverty, unemployment and alcohol abuse), interpersonal problems (e.g. violence, abuse and neglect), and experiences of negative psychological and emotional affect. These findings draw our attention to the contextual circumstances of depression and the need to address underlying stressors as well as distress states.

Respondents primarily interpreted the depression vignette as a cognitive (e.g. 'stress,' 'thinking too much') or emotional (e.g. 'sadness,' 'suicidal thoughts,' 'loneliness') condition. Findings indicate that the cognitive dimension, especially ruminating about current problems, is a conceptually important dimension for understanding depression. Other studies in African settings have identified similar aspects of excessive thinking, worrying and rumination in relation to depressive conditions (e.g. Abas & Broadhead, 1997; Davies et al., 2016; Okello & Ekblad, 2006; Patel et al., 1995; Ventevogel et al., 2013). Rumination was considered to aggravate the emotional condition and therefore, was a key element addressed in coping strategies. A follow-up study (Den Hertog, De Jong, Van Der Ham, Hinton, & Reis, 2016) confirmed the key role of rumination in the process of stress and psychological distress by exploring the Khwe idiom of distress 'thinking a lot'. The respondents' primary attention to address distress states further emphasizes the importance of emotional and cognitive dimensions in their understanding of depression. Tomlinson et al. (2007) have noted that at times studies seem to focus on how depression is

experienced and understood distinctly in African cultures. This perpetuates exotization and makes it necessary to reiterate and refute colonial misconceptions. This study's findings contribute to refuting colonial misconceptions about the lack of a psychologization of distress among African or other non-Western cultures (Bhugra & Mastrogianni, 2004; Kirmayer, 2001). At the same time, we should not fall into the trap of considering depression as it is classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Classification of Diseases (ICD) to be a universal experience. Qualitative studies on the perceptions and experience of depressive conditions reveal cultural variations (Bhugra & Mastrogianni, 2004; Kirmayer, 2001). In African settings, Mosotho, Louw, Calitz, and Esterhuyse (2008) have emphasized somatic, delusion, and hallucination experiences, while Abas and Broadhead (1997) have reported a more frequent use of psychological and behavioural idioms over somatic idioms, Davies and colleagues (2016) have identified behavioural (social isolation and not caring), emotional (sadness and crying) and cognitive (rumination) as most common symptoms, and Okello and Ekblad (2006) have reported on an emphasis on cognitive rather than emotional aspects. Understanding such variation is essential for providing appropriate care (Bhui & Bhugra, 2002; Hinton & Lewis-Fernández, 2010; Kirmayer, 2001; Kleinman et al., 1978) and brings the focus back to the locality of experiences and expressions of distress. Steps are undertaken to account for sociocultural differences in clinical settings, such as the cultural formulation interview in the DSM-V (American Psychiatric Association, 2013a).

The respondents' views on coping strategies highlight the importance of social support for addressing distress states, which reflects the findings of other studies in African settings (Abas & Broadhead, 1997; Burgess & Campbell, 2014; Petersen, Hancock, Bhana, & Govender, 2013; Ventevogel et al., 2013). The beneficial effects of social support for individuals in distress are well known and described as stress-buffering mechanism (Kawachi & Berkman, 2001; Thoits, 2011). Yet, social support in many studies on treatment gaps or pathways to care for common mental health problems is not included as a source of care (e.g. Burns & Tomita, 2014; Kohn, Saxena, Levav, & Saraceno, 2004; Sorsdahl et al., 2009). Our findings suggest that social support may have therapeutic value since respondents describe it as a source for relief, comfort, and advice on coping with the situation and emotions and distraction. However, it should be noted that in our study population, social support may not always be readily available due to pressures on social relations arising out of poverty, unemployment and substance abuse. This is illustrated by the respondents' interpretations of lack of care and support and moreover the identification of interpersonal problems as source of distress. Social ties may in this respect paradoxically have a negative effect on mental health (Kawachi & Berkman, 2001). Interventions aimed at strengthening social support through support groups and group therapies are described to be successful in terms of reducing depressive symptoms and dysfunction, and improving resilience and coping (Bolton et al., 2003; Chibanda et al., 2014; Petersen, Hanass Hancock, Bhana, & Govender, 2014; Petersen, Bhana, & Baillie, 2012; Petersen, Baillie, & Bhana, 2012). However, studies also indicate limitations of social support interventions as peer support may encourage acceptance of difficult living circumstances and not empower individuals to challenge sociocultural and political inequalities that underpin distress states (Burgess & Campbell, 2014; Inge Petersen et al., 2012). Studies in post-conflict settings and displaced communities, where the social environment is severely disrupted, underline the importance of addressing social circumstances through psychosocial interventions aimed at increasing community care as part of mental health care (De Jong et al., 2001; Jordans et al., 2010;

Miller & Rasco, 2004; Tol et al., 2011). Such interventions revitalize community support structures, strengthen individual resilience, and address local stressors that increase the risk of developing mental health problems. These interventions may also be of great value for the !Xun and Khwe considering the disruptive social circumstances.

Our findings further indicate that the San consider professional support in the form of counselling as appropriate. The way in which the San described professional support was similar to informal support, which probably contributed to the perceived appropriateness. Considering the San's preference for informal forms of support, the use of community caregivers to provide effective therapies to manage depression may further enhance the local appropriateness of professional support (Petersen et al., 2013). In low-resource settings it is often suggested to bridge treatment gaps by fostering collaboration between informal and formal support structures (De Jong 2014; Sorsdahl et al. 2009). In addition to focussing on collaboration among traditional healers, faith healers, and formal mental health services, we propose formal mental health services link with community social structures. In Platfontein, church groups may be key resources for addressing depression.

Strengths and limitations

The community sample and qualitative approach allowed us to gain insights into local understandings of depression and identify available and appropriate forms of informal and professional support. However, there were also limitations to be considered. Our sample contained relatively more respondents from a younger generation (less than 35 years) and from the Khwe community. This may have resulted in an under-representation of certain views. In addition, the skewed sample and small sample size prevented us to give indications of potential differences in perceptions between the !Xun and Khwe, or in relation to age groups and gender.

The depression vignette method used in this study elicited stories that contextualized depression and therefore provided insights into sociocultural context and stressors. Whereas the vignette method has been praised for its distancing ability and so facilitates discussions about sensitive topics (Schoenberg & Ravdal, 2000), we experienced that the vignette also worked well to elicit personal stories, which is in line with Hughes (1998). The personalized accounts provided deeper insights into the understanding and experience of depression. However, there were also limitations for using a vignette method. The vignette was based on a Western experience and expression of depression as described in the DSM and ICD. Depressive conditions are generally thought to be universal, but with cultural variation in conceptualization, experience and (clinical) expression (Kirmayer 2001). Therefore, the vignette may include symptoms that were not salient in our study context or may have excluded important local symptoms or idioms of distress. Another limitation was that certain characteristics described in the vignette might have influenced responses. For example, one respondent explained that the woman's age, 42 years, made him consider that she might be suffering from physical complaints due to old age. In addition, the vignette did not describe a life partner and this may have led respondents to interpret that the woman was alone and therefore, they described the situation in terms of loneliness and social neglect. Last, the fact that the vignette described a woman might have resulted in the elicitation of specific stressors such as domestic violence. A vignette with other characteristics might have resulted in alternative responses and might have highlighted other social issues as stressors.

Notwithstanding these limitations, the findings of this study reveal that depression is primarily understood in terms of psychological and emotional states embedded in socioeconomic and interpersonal struggles, which first and foremost require social support. These main findings are unlikely to change with a more balanced sample or a vignette with alternative characteristics.

Conclusion

The findings of this study indicate that the !Xun and Khwe understand depression in terms of emotional and psychological functioning and situate the condition primarily in life problems. Contextualized stories revealed the social realities brought about by their marginalized and displaced position. The results highlighted the continuous pressures on social relations, which emerged as stressors, while simultaneously revealing social relations as source of support and essential for coping strategies. These findings direct our attention to the multi-level dynamics of depression—individual suffering should be understood in its immediate social environment and larger socio-political setting. Therefore, interventions for mental health care may benefit from a multi-level approach by addressing socioeconomic conditions, strengthening local resources and fostering collaboration among locally appropriate informal and formal support structures.

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‘Thinking a lot’ among the Khwe of South Africa: A key idiom of personal and interpersonal distress

Figure 7: One of the churches in the Khwe community in Platfontein. Religion is an important part of coping with ‘thinking a lot’. Photo courtesy of S. Lenda.

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Abstract

'Thinking too much', and variations such as 'thinking a lot', are common idioms of distress across the world. The contextual meaning of this idiom of distress in particular localities remains largely unknown. This paper reports on a systematic study of the content and cause, consequences, and social response and coping related to the local terms |x'an n|a te and |eu-ca n|a te, both translated as 'thinking a lot', and was part of a larger ethnographic study among the Khwe of South Africa. Semi-structured exploratory interviews with community members revealed that 'thinking a lot' refers to a common experience of reflecting on personal and interpersonal problems. Consequences were described in emotional, psychological, social, behavioral, and physical effects. Coping strategies included social support, distraction, and religious practices. Our contextualized approach revealed meanings and experiences of 'thinking a lot' that go beyond a psychological state or psychopathology. The common experience of 'thinking a lot' is situated in socio-political, economic, and social context that reflect the marginalized and displaced position of the Khwe. We argue that 'thinking a lot' and associated local meanings may vary across settings, may not necessarily indicate psychopathology, and should be understood in individual, interpersonal, community, and socio-political dimensions.

Introduction

This paper reports on a study that explored meanings associated with local idioms referring to excessive thinking (e.g., 'thinking a lot') among a group of Khwe living in South Africa. These idioms were identified and came up frequently in a previous study conducted among the Khwe (Den Hertog et al., forthcoming: chapter 3).

Idioms of excessive thinking, often referred to as 'thinking too much', are described across the world and are commonly discussed in relation to cultural concepts of mental illness or psychological distress. Patel, Simunyu and Gwanzura (1995) in Zimbabwe were one of the first to describe 'thinking too much' in academic literature. The authors describe the Shona term Kufungisisa ('thinking too much') as a local causal explanation and symptom of emotional or psychological illness. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) includes 'thinking too much', sub-headed as 'Kufungisisa', as an idiom of distress and causal explanation used in various cultural contexts and world regions (American Psychiatric Association, 2013). Kaiser and colleagues (2014) note that over 130 studies in diverse world regions have reported on 'thinking too much'. Few of these studies were designed to systematically study the concept; generally, 'thinking too much' was one of many cultural concepts reported upon. A review of more systematic studies revealed several possible characterizations for the expression. First, 'thinking too much' reflects a cognitive process of ruminating about current life problems (Hinton, Reis, & De Jong, 2015; Kaiser et al., 2014; Patel et al., 1995; Yarris, 2014), sad events of the past (e.g. losing a loved one or traumatic event) (Hinton et al., 2015), or minor things (Yang et al., 2010). Second, 'thinking too much' has several associated symptoms including: emotional affects such as anxiety, worry, sadness (Hinton et al., 2015; Kaiser et al., 2014; Patel et al., 1995; Yang et al., 2010; Yarris, 2014); somatic complaints (e.g. severe headache) (Hinton et al., 2015; Patel et al., 1995; Yarris, 2014); and social consequences such as social withdrawal (Kaiser et al., 2014; Patel et al., 1995). Third, 'thinking too much' is considered as a cause of severe conditions or phenomena such as psychotic illness, or 'insanity' (Hinton et al., 2015; Kaiser et al., 2014; Yang et al., 2010). Finally, 'thinking too much' has a communicative function to express the experience of distress (Yarris, 2014).

Hinton and colleagues (2015) have identified five important areas of attention for exploring the contextual meaning of 'thinking too much': (1) content of 'thinking too much' to address the ecological context and source of distress, (2) the induced symptoms, (3) the semantic context, (4) the role in psychopathological processes, and (5) local treatments and coping. The article by Hinton and colleagues (2015), and the others reviewed, suggest the need for a systematic, multi-dimensional examination of idioms of distress in sociocultural context.

This paper reports on such a contextualized investigation of 'thinking a lot' as an 'idiom of distress' in a particular group and location. Nichter (1981) coined the term 'idiom of distress' and used it to refer to cultural concepts that communicate distress, and he emphasized the localized meaning and social ramifications of an idiom in its sociocultural context. During the 30 years since the term 'idiom of distress' was introduced, it has at times been used to describe an illness category or 'cultural syndrome' (De Jong & Reis, 2010; Nichter, 2010). Nichter believes that idioms of distress should primarily be understood as modes of experiencing and expressing distress (1981, 2010). In contrast, (cultural) syndromes are linked to a specific set of symptoms (American Psychiatric Association, 2013; Nichter, 2010) acknowledged by local practitioners as prototypical

ailments, or types of behavior locally recognized as types of distress (Nichter, 2010). A syndrome may also function as idiom of distress (Nichter, 2010). Idioms of distress are not necessarily indicative of psychopathological distress states. The personal or social suffering that idioms of distress communicate vary from mildly stressful experiences to severe distress states that disrupt the daily functioning of individuals and groups (American Psychiatric Association, 2013; Nichter, 2010). Rather than considering idioms of distress as mere identifiers of underlying experiential states, studying idioms of distress in a socio-political and cultural context allows us to gain insight into underlying meanings. For example, idioms of distress may identify interpersonal, social, economic, political, and spiritual sources of distress (Nichter, 2010), or reveal why these modes of expression are appropriate (De Jong & Reis, 2010; Nichter, 1981, 2010). Idioms of distress may also help us to understand experiences of distress in relation to ethnophysiology and ethnopsychology (Good, 1977). Ignoring the socio-political and cultural context of idioms of distress has been referred to as 'an error of decontextualization' (Hinton & Good, 2015). For example, only determining how 'thinking too much' relates to Western psychiatric illnesses or symptoms strips the expression of its contextual meaning—its position within local systems of meanings and realities. In this study, we aimed to achieve a contextualized understanding of the idiom of distress 'thinking a lot' among the Khwe of South Africa. We focused particularly on the content and cause of 'thinking a lot', the consequences, and the Khwe's social responses and coping.

The sociocultural and historical context of the study

The Khwe reside together with the !Xun[24] in a township, Platfontein, on the outskirts of Kimberley, the capital city of the Northern Cape province of South Africa. The Khwe and !Xun are two San or Bushman[25] communities of approximately 1700 and 4500 people, respectively (South African San Institute, 2010). The San are often described as the indigenous people of southern Africa and have been positioned on the bottom of the local social hierarchy throughout history. At times, the San have even been considered to be more like an animal than a man or woman and treated as vermin (Gordon & Sholto-Douglas, 2000). Similar to other indigenous groups, the San are a cultural and linguistic minority. The Khwe and !Xun predominantly speak a distinct and mutually unintelligible San language, Khwe and !Xun, in everyday interactions within their community. They rely on Afrikaans as a lingua franca and some speak English. Both Khwe and !Xun are primarily spoken languages since these languages are rarely written. Khwe is a dynamic and evolving language. This is partly due to the fact that the Khwe community includes Khwe who originate from various regions with minor differences in language use. In addition, exposure to Afrikaans and English words, for which there are no equivalents in Khwe, has resulted in the invention of new Khwe words or a modification and inclusion of Afrikaans and English words into the Khwe language.

The Khwe and !Xun are originally from southern Angola and northeast Namibia and came together in a history of war and displacement (Den Hertog, 2013). They were involved in two interrelated wars: the Angolan War of Independence and the South African Border War.

[24] ! symbolizes an alveolar click.

[25] Throughout history, these labels have been contested, depending on the era and individual opinion they were/are considered derogatory, actively taken up and seen as proud heritage, or somewhere in between. In Platfontein 'San' is preferred over 'Bushman' (Letsoalo, 2010).

The Khwe and !Xun fought alongside the Portuguese and the South African Defence Force (SADF). After Angola's independence in 1975, many Khwe and !Xun fled the country in fear of retribution by former enemies. This was not unfounded considering the local population's wish for revenge on the San and reports of a large number of San killed during and near the end of the war (Battistoni & Taylor, 2009; Brinkman, 2005: 120-121; Robbins, 2007; South African San Institute, n.d.). Many Khwe and !Xun ended up in the Caprivi area in Namibia, bordering both Angola and Botswana, and were incorporated into the SADF as were local Khwe in the Caprivi area. The Khwe and !Xun became dependent on the SADF since it became an integral part of their everyday life for employment and everyday activities, schooling, and provision of general services (Gordon & Sholto-Douglas, 2000). Following Namibian independence in 1990, many of the Khwe and !Xun came to South Africa out of loyalty to the SADF, hope for future compensation for their contribution in the South African Border War, and possible fear of retribution from the South West Africa People's Organization (SWAPO) (South African San Institute n.d.). In South Africa, the Khwe and !Xun continued to live under the auspices of the SADF in a tented camp on a military base near the small town of Schmidtsdrift in the Northern Cape. Uncertainty for their future was increasingly problematic as the political climate changed from apartheid to a majority-rule democracy and the Khwe and !Xun had an identity as apartheid 'mercenaries' (Geldenhuys, 2011: 655-658; Sharp & Douglas, 1996). The promised housing development was put aside, former 'Bushman battalions' were disbanded, and job availability within the defense force decreased dramatically (Robbins, 2006). Uncertainty further increased when a third forced relocation became imminent when a local community, the Batlhaping, successfully filed a land claim covering the land of the military base. At the end of 2003, and in early 2004, the Khwe and !Xun relocated to Platfontein.

A history of marginalization and displacement continues into the present as the Khwe and !Xun face a myriad of problems while trying to build a life in South Africa. Although their relocation to the township brought improvements, such as housing and a relative proximity to town, the housing's poor quality and poor provision of services in comparison to neighboring communities fuelled feelings of marginalization and neglect by the local government (Tempelhoff, 2014). In response to overcrowding in houses constructed in 2003 and absence of governmental action, people started constructing shanty houses. Poverty is one of the most pressing issues faced by the Khwe and !Xun communities where 97 % live on less than 1 US dollar/day and there is a structural lack of opportunities to improve life with an unemployment rate of 95 % (Dalton-Greyling & Greyling, 2007; South African San Institute, 2010). Many families rely on social benefits or income generated by one of the family members. In order to supplement rations some people plant peanuts, corn, and various Namibian vegetables. The few employment opportunities that are available are security and farm work, which require individuals (mostly men) to stay at the work location for consecutive periods of three to nine months. Community members cite disruptions in family life such as extramarital affairs and money disputes as being related to these work arrangements. Alcohol abuse among the Khwe and !Xun, as well as other San communities, is commonly reported (Robins, Madzudzo, & Brenzinger, 2001) and indicative of dysfunctional community life. In addition, although statistics are not available, HIV/ AIDS and tuberculosis are considered major health issues by staff at the local clinic, community leaders and local NGOs (Govender, Miti, Dicks, & Ewing, 2013; Letsoalo, 2010). These disruptive living conditions put continuous pressure on the social fabric of Khwe and !Xun communities and increase their vulnerability for experiencing distress.

Despite scholarly interest in San communities, there is a paucity of research on mental health and psychological well-being of this group; prevalence data on mental distress are unavailable. Although the communities' marginalized position and disrupted social life are acknowledged, only minor remarks are made about the need for studies and interventions to address individual psychological well-being (e.g. Robins et al., 2001:22-23). Interventions for distress states are nearly absent. In Schmidtsdrift, psychological counseling was supposedly offered (Robbins, 2006), but was most likely small-scale considering our informants' poor memory of this service during our fieldwork. Currently, primary health care facilities in Platfontein and Kimberley provide mental health care services as part of the community-based mental health care policy (Ramlall, 2012), but they are already overburdened and understaffed (Petersen & Lund, 2011). To facilitate development of appropriate mental health interventions, research is needed to understand the experiences and sources of distress, and identify locally appropriate coping strategies. This study aims to contribute to an emic understanding of distress by reporting on 'thinking a lot' as a key idiom of distress among the Khwe.

Method

This study is part of an ethnographic doctoral study on mental health perceptions and care among the Khwe and !Xun that took place between 2012 and 2014. During three fieldwork visits (approximately three months each), the first author worked with a group of master students to conduct studies on mental health. Excessive thinking (viz., 'thinking too much', 'thinking a lot', and 'thinking about many things') came up frequently in these studies. In a pilot study on mental health perceptions (Den Hertog unpublished), excessive thinking was described as causal explanation for 'madness'. In a vignette study on depression, Den Hertog et al. (forthcoming: chapter 3) identified excessive thinking as a key dimension that connects life struggles to emotional affect. In daily interaction with community members, excessive thinking was sometimes used to indicate moments of distress and life struggles. To achieve a better understanding of this idiom of distress, we conducted a systematic follow-up study. Semi-structured interviews were conducted with Khwe community members that focused on the content and cause of 'thinking a lot', the consequences, and social responses and coping. In addition, ethnographic data was used to better delineate the meaning of 'thinking a lot' in the local sociocultural context.

Data collection and analysis

To retain cultural and language meanings, we conducted the study in one community, the Khwe. This community was chosen because existing relationships allowed access to research facilitators, interpreters and there was an available Khwe-English dictionary (Kilian-Hatz, 2003). We had none of these resources for working with the !Xun at the time of the fieldwork. Semi-structured exploratory interviews (Rubin & Rubin, 2005) were conducted from March to June in 2014 by the first and second author. An interview guide was developed to ensure all themes of interest were discussed with respondents. Both the first and second authors were present during the first 12 interviews and each rotated the interviewer and observer role. Minor alterations were made to the interview guide to improve the flow of the interview and make questions more intelligible for respondents.

The second author conducted the additional eight interviews alone or with a local research facilitator.

In the first research phase, we conducted interviews with four community members who had experience writing the Khwe language (e.g. by following a Khwe literacy workshop) and translation work (e.g. translating community meetings, or being a field worker for linguistic research projects). These respondents served as language advisors and were selected on the basis of information from our research facilitators and other informants from the Khwe community. The interviews served to elicit Khwe words associated with excessive thinking and explore general characteristics such as how and when the Khwe words are used, associated experiential states, content of excessive thinking, causal explanations, consequences, and social response and coping.

In the second research phase, we conducted interviews with general Khwe community members. In our sampling, we strived for a variety of age groups, education levels, employment status, and an equal distribution in gender. Community members were recruited by walking around the Khwe community and asking people to participate in the study. In addition, snowball sampling was used and local research facilitators assisted the recruitment of respondents that were under-represented our sample—specifically older respondents. The Khwe words elicited in the first phase were used to initiate and provide focus in second round of interviews. Respondents were asked to give a general description of the terms associated with excessive thinking and make free associations. This was followed by questions about translations of Khwe into Afrikaans and English. Thereafter the main focus of the interview concerned the content of 'thinking a lot', the use of the concept in social interactions, and key characteristics of explanatory models (EM) (Kleinman, Eisenberg, & Good, 1978): symptoms, timeline and duration, causal explanations, consequences, and coping strategies. To gain additional depth in our data, we asked respondents whether they personally experienced excessive thinking and, if so, to reflect on these experiences.

In total, 20 interviews took place, including four interviews with language advisors. Interviews were conducted in the language preferred by respondents. Eight interviews were conducted in English, five in Afrikaans, one in a combination of Afrikaans and English, and six in Khwe. A bilingual Afrikaans-English speaker translated the English interview guides into Afrikaans. The first author, who fully comprehends Afrikaans and speaks it at a basic level, conducted the Afrikaans interviews. We relied on our research facilitators for the interpretation and translation of Khwe interviews. Debriefing was used to identify difficulties in translation and facilitate learning for future translations (Borchgrevink, 2003). Despite the limitation of being unable to directly communicate with respondents in Khwe, respondents were able to express their views on excessive thinking with relative ease. Data analysis revealed a general consistency within themes, which indicates that we were able to elicit important meanings attributed to the Khwe terms. However, at times, responses remained superficial, which indicates that language barriers may have restrained the richness of some of our data.

Interview data was complemented by drawing on ethnographic data of living conditions, everyday activities, and common topics of discussion obtained by observations and 'hanging-out' during field visits (Angrosino, 2007). Field notes and daily reflections were used to record observations and informal conversations.

Interviews were audio-recorded and transcribed verbatim. Transcripts and ethnographic data were analyzed using qualitative data-analysis software (Atlas.ti version 7). Descriptive coding was used to structure data and codes were derived from the interview topic list and created inductively (Miles & Huberman, 1994). Results are presented in overarching themes to describe the full breadth of data and indicate key sub-themes.

Ethical considerations

Before the start of an interview, the research purpose and aim, interview process, audio-recording, and the rights concerning participation were verbally discussed with respondents and presented in writing. Respondents were then asked to sign an informed consent. Interviews took place at a location chosen by respondents. Ethical clearance was obtained from the Humanities & Social Sciences Research Ethics Committee of the University of KwaZulu-Natal (ref. number HSS/0054/013D)[26].

Results

A description of respondents' characteristics is provided after which local meanings of 'thinking a lot' among the Khwe are described in the following overarching themes: 'thinking a lot' in three languages, general descriptions, content and causes, consequences, and coping.

A description of respondents

In total, 20 respondents were interviewed including 9 women and 11 men. The majority of respondents (12) were below the age of 35. The other eight respondents varied between 35 and 79 years. Of our respondents, 2 did not receive any formal education, 4 dropped out before grade 10, 11 attended grades between grade 10 and 12, and 3 respondents continued education or training beyond grade 12. Eight of our respondents were unemployed or received social benefits, four were attending their final years in school, and eight were employed (most of them at the community radio station). Our sample was relatively young and more respondents were employed than could be expected from employment statistics.

'Thinking a lot' in three languages

Previous studies conducted among the Khwe and !Xun, described in the methods section, identified three terms for excessive thinking: thinking too much in English, and the Afrikaans terms dink baie, and dink aan klomp goeters. Dink baie is translated as 'thinking a lot'[27]. Dink aan klomp goeters is translated as 'thinking about a lot of things'[28].

Language advisors identified the following three Khwe terms associated with the above-mentioned Afrikaans and English terms followed by a literal translation with a Khwe

[26] We are grateful to the Centre for Communication, Media & Society (CCMS) at the University of KwaZulu-Natal, and specifically Prof. Dr. Tomaselli, for facilitating this proces
[27] Dink translates as 'think' and baie as 'much' or 'a lot'.
[28] Dink translates as 'think', aan as 'of', klomp 'lot', and goeters 'things'

dictionary (Kilian-Hatz, 2003): |x'an n|a te[29] 'much thinking'[30], |eu-ca n|a te 'big thinking'[31], and tiya xo'a n|a te 'many things thinking'[32]. Language advisors explained the meaning and use of the three Khwe terms as ruminating about life problems. The first two Khwe terms seemed more commonly used as became clear from their examples. We therefore focused our attention on these Khwe terms and used them to initiate interviews with general community members.

In our interviews, respondents recognized both common Khwe terms (|x'an n|a te and |eu-ca n|a te), and used them interchangeably. They did not distinguish the meanings of the two expressions and translated them into a single Afrikaans term, dink baie ('thinking a lot'). This indicates that |x'an n|a te and |eu-ca n|a te are expressions that refer to one set of meanings and associations, and from here on they will be referred to as 'thinking a lot'. In light of this study, it is interesting to note that the concept of the English word 'stress' and the Afrikaans equivalent of 'stres' are commonly known and used, especially among the younger generation. 'Stress' has no equivalent in Khwe and was occasionally used while speaking Khwe. 'Stress' was sometimes used to refer to an experiential state associated with or caused by 'thinking a lot', and linked to current life problems. However, other respondents used the word 'stress' interchangeably with 'thinking a lot' or 'thinking too much' and when asked about the difference, they mentioned that these terms referred to the same thing.

General descriptions

Respondents' general descriptions and examples of situations in which |x'an n|a te and |eu-ca n|a te were used indicates that 'thinking a lot' refers to an intense form of thinking and is distinguished from 'normal' thinking: 'In our language you hear people saying 'ti |x'an n|a te' (I think a lot), that he is thinking of something and he is not taking it lightly, but he is taking it, you know, he is doing a lot of thinking' (Man, language advisor, 31 years old, interview in English). Additionally, personal and interpersonal problems were often central in respondents' explanations and illustrations of 'thinking a lot', and were examples of common content of intrapersonal reflection.

Respondents described that one could easily see when a person was 'thinking a lot', especially when you knew that person well.

> *You are sitting very quietly and you are thinking and or you sit like this [hands supporting his head] and then you make a [deep sigh], like we call it 'sug' (sigh) in Afrikaans. And then they ask you 'why are you doing that?' And then you say: 'ti |x'an n|a te' (I think a lot). And then someone immediately picks up that yeah something is not right.* (Man, language advisor, 35 years old, interview in English)

Non-verbal signals such as sighing, supporting their head with their hands, and sad or angry facial expressions were mentioned as indications that a person was 'thinking a lot'. Respondents also mentioned behavioral changes that focused generally on changes in social interactions such as not talking much, not laughing at jokes, not being as friendly as usual,

[29] | symbolizes a dental click.
[30] |x'an is translated as 'much' and n|a te as 'thinking'.
[31] |eu-ca is translated as 'big' and n|a te as 'thinking'.
[32] tiya is translated as 'many', xo'a as 'things' and n|a as 'thinking'.

or being absent-minded. Social responses to these signals illustrate that 'thinking a lot' is not merely indicative of a cognitive process of rumination, but more indicative of a problematic situation.

Content and causes of 'thinking a lot'

Respondents often described the content of 'thinking a lot' in their initial associations and elaborated when we probed for causes of 'thinking a lot'. As we began to notice this pattern (after a few interviews), we added questions about possible circumstances under which 'thinking a lot' occurred more easily. Many of the respondents were unable to answer the question, others repeated or further elaborated on their first answer. Two respondents mentioned additional causes for 'thinking a lot': (1) a person's ability to cope with life problems since some individuals may be more prone to 'think a lot' and (2) a structural lack of activities and work to keep people occupied. This suggests that although there may be particular circumstances that increase vulnerability to 'think a lot', it is generally understood to be caused by a person facing a problem, this is also the content of 'thinking a lot'.

Respondents mentioned a variety of content that a person could 'think a lot' about, which we grouped as personal and interpersonal problems. Personal problems generally consisted of socioeconomic difficulties, but also included health concerns, such as HIV/AIDS. Socioeconomic difficulties were described as struggles to secure basic needs (e.g. food and clothing) and a need to improve life's material aspects (e.g. improved housing). Thinking about these issues was considered particularly problematic when there were few opportunities to end these struggles. Ruminating about adversity and experiencing a lack of opportunities or solutions can result in feelings of hopelessness:

> *Jy moet stres, en dan hoe gaan dit vir jou reg wees, of hoe sal jy maak dat vir jou reg is, so ja... mm...Of jy dink ook: ek gaan net so sterf. Want ek kry nooit iets reg nie. Jy kan ook so dink.*
>
> *[It can make you stress, and then how is it going to be alright for you, or how will you make it so that it's alright with you, so yes... or you think: I'm going to die just like this. Because I never get something right (nothing good ever happens to me). You can think like that].* (Woman, 31 years old, interview in Afrikaans)

In Platfontein, fragile economic conditions and lack of employment opportunities are a concern for many people. During informal conversations, uncertainty and a lack of opportunities arose as people complained about unfulfilled governmental promises; the poor maintenance of the main tarred road, poor housing and sanitation; and a general lack of development and employment in the community. Respondents compared the situation in Platfontein with other townships near Kimberley and concluded that they did not receive the same quality and quantity of services. At times, they connected this to their 'Bushman' identity as they explained how they (and 'Bushman' in general) had been treated unfairly in the past. Other power structures, such as the community leadership (Community Property Association), were blamed for mismanagement and an unequal distribution of resources and opportunities, which added to feeling powerless and mistreated.

Intrapersonal reflections on socioeconomic circumstances also had positive connotations as respondents associated 'thinking a lot' with learning from mistakes, planning for the future,

and setting personal goals. 'Thinking a lot' was therefore also associated with constructive and positive reflections.

> *It can be bad, and it can also be good. Because if you are faced with... we are faced with different situations every day in life... so when I am thinking about a good thing, in a good manner in a good way, it will be good for me. For example when I am thinking about my future, I sit down and keep quiet, just keep to myself, and think what will I want to achieve in life. [...] But if it is bad thing, then it won't be good for me because I'll be hurting inside, full of emotions, I'll be keeping in myself, not enjoying life to the fullest ... yeah.* (Man, 22 years old, interview in English)

A wide range of interpersonal problems were mentioned with main categories as: relationship problems, missing or losing loved ones, and feeling mistreated. 'There are a lot of things that will make you think too much. Especially at the family, if you fight with your parents or if somebody spread a lie about you... or someone passed away in your family, then you will think too much' (Woman, 23 years old, interview in Khwe). Respondents further mentioned how 'thinking a lot' may be centered on regretting past actions (e.g. saying something bad about someone) and worrying or being concerned about other people (e.g. a parent worrying about the safety of their children).

Consequences of 'thinking a lot'

Consequences of 'thinking a lot' were described in great variety as primarily negative, but also as neutral. Negative consequences of 'thinking a lot' included emotional and psychological problems, social withdrawal, behavioral changes, and somatic complaints. Respondents described emotional and psychological consequences in terms of sadness, loneliness, 'hurting inside', worrying, stressing, losing self-worth, and suicidal thoughts. Some of these states are intricately linked to the life problems the people are thinking about. For example, a person might experience sadness when thinking about a relative who passed away. Rumination about such events may bring about and reinforce such emotions. Emotional and psychological consequences were also described as affecting a person's life on a deeper level, beyond feeling sad or worrying about a particular situation. One respondent described how 'thinking a lot' caused him to focus on negative aspects in life and being unable to get his thinking under control:

> *You know what happens with me sometimes, when I am negatively affected then I think, you know, my thinking goes to that level whereby, you know, my brain also starts to think negative things. Yesterday, you know, I told people in our house that I really need to get this thing controlled because now it is starting to affect me very negatively. I was not like this before, but now uh I am now, you know, gripped by a lot of negativities. And because I think too much and I give a lot of time in thinking things that are not constructive that are just very destructive. I am like thinking, and I am saying to myself 'why am I failure? You know, why don't I do this? And why...', you know, things like this.* (Man, language advisor, 31 years old, interview in English)

Suicidal thoughts were described as another form of severe affect. A respondent reflected on an event in which someone committed suicide after 'thinking a lot' about the death of a close relative:

> *There was a guy who hang himself because of... he and his cousin... they grow up together. And the other one go to the farm, and then that one was been killed by the other people at the farm. [...] And the other one, he was in Platfontein, so then the body of that one was bring to Platfontein and he was buried. And after two days... because that guy he was only alone at his place and he was thinking too much, and then he tell the people 'oh, I want to wash myself'. And then normally what we do is, the other people are outside and then he is alone inside. And that time he just hang himself. When they opened the door he is dead.* (Man, language advisor, 35 years old, interview in English)

Social withdrawal was mentioned as consequence of 'thinking a lot' and described to result from a general lack of interest in social interaction, being too focused on thinking, or because people feel as though other people don't care about them. Social withdrawal may in turn aggravate the situation because social interaction and talking about problems were considered invaluable for resolving 'thinking a lot'. Not talking about the problem is considered to intensify the thinking process and thereby exhaust the brain and consequently cause 'madness':

> *If you think too much and then there is sometimes people who don't want to speak about what they think, they just think think, think you know. And then I think sometimes your brain will, it will get tired because you are always using them to think, think, think, and then I think you will go mad.* (Woman, 26 years old, interview in English)

Consequences in terms of behavioral changes included being unfriendly, having increased irritability (e.g. shouting, swearing, overreacting, and being bad- tempered), and doing 'bad' things (e.g. drugs, drinking alcohol and violent behavior).

Respondents also mentioned a variety of physical consequences of 'thinking a lot', such as a loss of energy, eating less or nothing at all and as a result losing weight, damage to the brain and as a result become tcó-áa ('mad') or dying, cardio- vascular complaints such as increased heartbeat, high blood pressure, and having a heart attack, and other bodily complaints such as headache and stomachache.

> *Dit voel of, jy weet, jy dink en dink, jy bly dink... dat jy... baie goeters, klomp goeters dink, vir my, ek weet nie, as ek klomp goeters dink, dan voel dit vir my of my hart gaan staan ... stop. Of ek voel dat my... dinges gaan uitblaas, my kop of...ja... ek voel pyn in my hart*
>
> *[It feels as if, you know, you think and think, you keep thinking... that you... many things, a whole lot of things. For me, I don't know, if I'm thinking about a lot of things, then it feels to me as if my heart is going to stop. Or I feel that my... things will burst out, my head or... ja... I feel pain in my heart].* (Woman, 31 years old, interview in Afrikaans)

The embodied experience of 'thinking a lot' and catastrophic thoughts indicate that 'thinking a lot' is primarily located in the brain or mind and associated with the heart[33]. The constant rumination of the brain or mind is thought to require a lot of energy. This causes a person to experience a weak feeling in the body and may cause damage to the brain or mind and consequently cause 'madness'. A high blood pressure, increased heartbeat, and fear of suffering a heart attack are interrelated and reflect the idea that the body is working hard, similar to the brain or mind.

To assess the impact on daily functioning respondents were asked whether 'thinking a lot' influences the ability to perform daily tasks. Some respondents mentioned that 'thinking a lot' affects daily functioning, but usually in a minor way such as not being able to perform up to usual standards, being forgetful, doing things slowly, or making mistakes. Other respondents mentioned a lack of motivation to do anything and not being able to concentrate at all, which made it extremely difficult to perform daily tasks. And finally, some respondents mentioned that daily tasks or work distract a person from thinking about their problems and therefore has a positive effect, although only temporary.

It is evident that the experience of 'thinking a lot' covers a broad range of situations or conditions in everyday life ranging from experiences without negative effects or experiences with mild consequences to experiences with severe consequences. Various factors influence consequences including: personal differences in coping, severity and nature of the problem, ability to talk about the problem, possibility to find a solution or get help, and the duration of 'thinking a lot'. 'If you think every day, it will be worse, then you will get a heart attack and you will die' (Woman, 79 years old, interview in Khwe). The duration of 'thinking a lot' (from an hour to a lifetime), depended on the person's ability to cope, whether solutions were available, and the severity of the problem: 'Maybe you will get somebody [to] tell you: 'your mum is dead.' It will take for you a year, it will take for you a long long [time]. But when you have... your relationship is broken. You will never take it so long' (Man, 22 years old, interview in English).

Coping in times of 'thinking a lot'

Respondents mentioned a variety of strategies to stop or find relief from 'thinking a lot': social support, distraction, and religion. Social support became evident in descriptions about the use of Khwe phrases for 'thinking a lot' in everyday life. Respondents described situations in which symptoms of 'thinking a lot' were picked up and people asked what was bothering the person.

> *A few days ago I was with a friend and we were sitting and we were chatting and laughing, and that person was quiet for a while, and then the sister asked, 'what is wrong? Why are you so quiet?' And then the she said she is thinking too much. Then we asked, 'what is wrong?' Then she said she is thinking about what happened two weeks ago [a family member was murdered].* (Man, 26 years old, interview in English)

Sharing problems was considered to be an important strategy to manage 'thinking a lot'. To underline its importance, respondents explained that 'thinking a lot' would persist and the consequences would be more severe (e.g. committing suicide, having a heart attack) when a

[33] We thank the reviewer for directing our attention these findings.

person didn't talk about the problem. 'If you are not talking, you are just thinking, then it will be too heavy for you and then in the end it will kill you' (Man, 26 years old, interview in English). Talking about problems was described as having several positive effects. First, sharing and talking about the problem may help a person to 'feel relieved'. 'If he is just listening to you, then you are opening up... that pain that you have been holding inside, you are taking it out of there. They are just listening to you, then you will find yourself feeling relieved, as if something, a burden has been taking off from you. Yeah' (Man, 22 years old, interview in English). Second, talking about problems opens up opportunities for people to find assistance and a solution for the problem. 'If I have problem then I have to speak to someone, openly speak to him and then I get advice from him, so then I can see what I can do' (Man, language advisor, 35 years old, interview in English). And third, people may give advice to refrain from 'thinking a lot'. 'When I am with my friends they said that I should stop 'thinking too much' and let me live my life, this world have their own things and things happens for a reason. So she [the respondent] said that her friends said that I should forget about the problem and continue with my life' (Woman, 41 years old, interview in Khwe).

Another oft-discussed strategy to stop 'thinking a lot' was to distract oneself by participating in social activities, singing, reading, listening to music, watching TV, and doing chores or work. Respondents described it as effective, but temporary relief, from 'thinking a lot'.

> *Dan staan ek op and gaan na die mense toe, om te gaan rus, laat afkoel. Ja, ek gaan na die mense, ek sit waar hulle gesels en lag, gaan gesels en lag, en daai goeters moet verby gaan, maar ek, ek los dit nie in. Ek beˆre dit. Al gaan ek terug of om te kom slaap, dan begin ek weer daai goeters dink.*
>
> *[Then I get up and go to the people, to go and rest, cool off. Yes, I go to the people, I just go where they chat and laugh, go and chat and laugh, so that those things must go away/go past, but I, I leave it in here. I hide it away. If I go back (home) to sleep, then I start again to think those things].* (Woman, 31 years old, interview in Afrikaans)

Religion was considered an important source of strength for religious people. Platfontein has many active Christian church groups, many of which are part of the Nederduits Gereformeerde Kerk (Dutch Reformed Church). Respondents explained how religion helped them to manage 'thinking a lot' by praying, asking God for strength, and placing their fate and their problems in 'God's hands'. 'I don't tell people what I think about, I just keep it to myself and I prayed to God. And I said that 'God, you will give me the answer, why did I think this?' So I didn't tell someone but I always talk, if I think about my son or brother [who both passed away] I leave it to prayer' (Woman, 49 years old, interview in Khwe).

In addition to the aforementioned strategies, respondents described how their willpower enabled them to refrain from 'thinking a lot'. Motivation to decide to stop 'thinking a lot' came from experiencing negative effects, seeing how it affected others, or because they realized there was nothing they could do about the problem. One respondent described how he protects himself from 'thinking a lot' by refraining from thinking about things that are out of reach.

> *Soos ek hier sit, ek dink nie aan klomp goeters nie, ek dink net aan iets wat ek wil doen, ja, as ek nou aan iets dink miskien ek will nou iets koop, miskien soos 'n bicycle – dan moet ek dit doen. Ek kan nie nou, dinge dat dit nou vir my laat kom stres maak,*

jy sien. As ek nou ken, ek het nie geld om daai ding te bekostig nie, dan kan ek nie aan dink nie, dis hoekom.

[As I'm sitting here (as I see life now), I don't think about a whole lot of things, I just think about something that I want to do, yes, if I think about something, maybe now I want to buy something, like a bicycle – then I must do it. (I am a person that if I think about something, I will act on that – not just think about it) I can't now allow things about that (plan) to make me all stressed (I don't let that plan stress me out), you see. If I know now, I don't have money to afford that thing, then I don't keep thinking about it, that's why]. (Man, 21 years old, interview in Afrikaans)

Discussion

Findings of this study highlight several local meanings and experiences associated with 'thinking a lot' among the Khwe. These findings have implications for cross- cultural psychiatric research and the way in which mental health professionals can use such idioms of distress during interventions. In particular, we argue for a meaning-centered and contextualized approach to understand 'thinking a lot' in its sociocultural context and a resistance to generalization. We also call for caution about positioning the idiom in an illness domain and argue that 'thinking a lot' should be understood beyond the individual and include interpersonal, community, and socio-political dimensions. Mental health assessment and interventions should therefore be contextualized, work across disciplines, and incorporate local coping strategies.

We identified the Khwe terms |x'an n|a te and |eu-ca n|a te, Afrikaans dink baie, and English 'thinking too much' as idioms of personal and interpersonal distress. These terms are used interchangeably, depending on the language used. 'Thinking a lot' is described as a cognitive process of intrapersonal reflection that is primarily about personal and interpersonal problems and associated with negative consequences. 'Thinking a lot' has a communicative function since it is used to indicate a problematic situation and evokes social reactions and facilitates social support. The use of idioms of distress in multiple languages brings forth intriguing questions about how words and meanings travel across languages. |x'an n|a te and |eu-ca n|a te may have had a long history in Khwe and only recently been translated in other languages due to interaction with outsiders. Dink baie could have been picked up from Afrikaners when the Khwe were involved with the SADF. Or 'thinking a lot' could have been absorbed from the English and incorporated into Khwe. Comparison of |x'an n|a te and |eu-ca n|a te with idioms in Afrikaans (dink baie) and English ('thinking too much') spoken the regions where the Khwe live, could provide more insights into the origin of the idiom of distress, 'thinking a lot', among the Khwe in Platfontein.

The association of 'thinking a lot' with ruminating about life problems and sad events also occurs in other settings (Abas & Broadhead, 1997; Hinton et al., 2015; Kaiser et al., 2014). Likewise, similar to other settings, the overall negative focus of 'thinking a lot' is further emphasized by narratives that include terms conveying negative emotional states such as stressing or worrying about a problem (Abas & Broadhead, 1997; Avotri & Walters, 1999), sadness (Abas & Broadhead, 1997; Kaiser et al., 2014; Keys, Kaiser, Kohrt, Khoury, & Brewster, 2012), or hopelessness/desperation (Yarris, 2014).

Results indicate that 'thinking a lot' among the Khwe covers a broad range of psychological and emotional states that may even include brief moments (a few hours or days) of sadness

or worrying that do not repeat and are without severe consequences. However, 'thinking a lot' also refers to chronic conditions of sadness and hopelessness with severe consequences such as suicidal ideation. Yang and colleagues (2010) report similar gradations in severity for the Chinese idiom 'excessive thinking' based on duration and consequences. In other studies, gradations within one concept are not reported, rather specific characteristics of 'thinking a lot', such as chronicity (Kaiser et al., 2014; Yarris, 2014), perceived lack of solutions (Yarris, 2014), or not focusing on solutions (Kaiser et al., 2014), are used to distinguish it from other idioms of distress. It therefore seems that in some settings 'thinking a lot' is more strictly delineated in terms of severity and in relation to other idioms of distress, while in other settings it is used more dynamically. To gain further insight into the use of 'thinking a lot' among the Khwe, it would be interesting to compare it with other local idioms of distress; this is, however, beyond the scope of the current study.

The inclusion of 'thinking too much' in the DSM-5 as 'Kufungisisa', the Shona term studied by Patel and colleagues (1995), indicates its origin. However, at the same time, 'Kufungisisa' is combined with idioms from other regions that share general characteristics and symptoms. Although 'thinking a lot' or similar idioms of excessive thinking may share a set of general characteristics such as described in the introduction, grouping them together creates a false sense of similarity and obscures the local nuances that give an idiom meaning within a particular setting. This false similarity contributes to the transformation of idioms of distress as a type of distress or 'cultural syndrome' instead of meaning a language of distress (De Jong & Reis, 2010; Nichter, 2010). A contextualized, systematic approach for understanding 'thinking a lot', as undertaken in the current study, may reveal more differences among settings. It would be particularly insightful if studies included community samples in addition to clinical samples. Our community sample revealed a dynamic use of the idiom that goes beyond severe distress states; this is something that could be overlooked when depending on clinical samples. In addition, a linguistic analysis of closely affiliated concepts (e.g. Kaiser et al., 2014; Yarris, 2014) could reveal a range of severity across concepts. Moreover, contextualization by focusing on the content of 'thinking a lot', consequences and experiences, and ways of coping should all be included as was done in this study. For example, Hinton, Reis, and De Jong (2015) systematically determined the content of 'thinking a lot' in a Cambodian refugee context and thereby gained insight into the ecological context.

The broad range of emotional and psychological states that the Khwe associated with 'thinking a lot' includes non-pathological conditions. Respondents' narratives described brief episodes of 'thinking a lot' in which they were able to cope with a stressor through intrapersonal reflection and taking effective measures. In these cases, the 'perceived inability to cope' and 'harm', defined by Ridner (2004) as two of the five attributes of psychological distress, were not applicable since respondents' actions enabled them to manage the episode of 'thinking a lot' and prevented emotional, psychological, social and physical harm. The application of an idiom across a broad range of psychological and emotional states is not uncommon. Idioms of distress are described as a way to communicate experiential states of varying severity and are therefore not necessarily indications for psychopathological symptoms (American Psychiatric Association, 2013; Nichter, 2010). Yet, the general tendency to understand a concept such as 'thinking a lot' as psychopathology, for example, by depending on a clinical study sample and comparing it to

a mental disorder, obscures its broad range. This may unintentionally pull local idioms into an illness domain.

Abramowitz (2010) cautions about appropriating idioms into clinical settings in the name of cultural sensitivity. This approach may strip the idioms of their meanings and merely function as pidgin psychiatry through which Western classification systems and treatment are implemented. However, idioms of distress are still meaningful in clinical settings in terms of understanding a patient's life world and the patient's treatment priorities. Discussing the idiom of distress may reveal life distress, trauma, psychopathology, destructive behavior, negative affective states, the patient's understanding of disturbances in psychology and physiology, the patient's attempts at recovery, and thus such and evaluation facilitates consensual treatment negotiation (Hinton & Lewis-Fernández, 2010). Caution about the clinical use of 'thinking a lot' is still warranted, and, when encountered in clinical settings, should be accompanied with an assessment of severity to distinguish between psychopathological and non-psychopathological states.

Studies on 'thinking a lot' may provide useful characteristics to determine the severity (e.g. duration, and psychological, social and physical consequences). These characteristics and their emphasis likely differ among settings as they reflect local ethnopsychology and ethnophysiology. Hinton, Reis, and De Jong (2015) conducted a study in which the salience and severity of cognition and somatic complaints during episodes of 'thinking a lot' were systematically assessed among Cambodian refugees. Such an approach facilitates the identification of key symptoms and complaints to be addressed in clinical settings.

'Thinking a lot' should also be understood beyond an individual dimension. Respondents situated 'thinking a lot' in a socio-political, economic, and social context. The sources of distress described by respondents reflect their marginalized and displaced position. Much concern was directed at the high unemployment rate: 95% compared to an average of 22% in the general population of the Northern Cape and 28% in South Africa (South African San Institute, 2010).[34] For the Khwe and !Xun, 97% live on less that 1 US dollar per day compared to 7% in the Northern Cape and 40% in South Africa (South African San Institute, 2010). Some respondents described a sense of hopelessness and lack of control over circumstances in relation to unemployment and poverty. In the history of the Khwe and !Xun, uncertainty and dependence on structures such as the SADF and South African government were key characteristics that shaped their lives. This is also reflected in the community's current experience of neglect by the local government. Some community members attributed their marginalization to their 'bushman' identity, which further illustrates how their experience is embedded in socio-political dimensions. Results also draw our attention to the central and ambiguous role[35] of social relationships as source of distress and support. Many respondents described various forms of social support that enabled them to cope with stressors. The pivotal role of social support as a resource to overcome adversities in life is widely acknowledged (Thoits, 2011). 'Thinking a lot' was, however, also often associated with interpersonal problems and social isolation, which may hinder social support. Displacement is known to have negative effects on social life, such as loss of connection to family and other support networks, and loss of valued social roles and

[34] This source refers to data from a Platfontein community survey in 2005 and the Human Development Report of 2006.
[35] We thank the reviewer for directing our attention to this theme.

meaningful activities (Miller & Rasco, 2004:1-66). The Khwe and !Xun communities consist of family groups and have a long shared history (Den Hertog, 2013) and therefore retained a large part of their social support networks. Yet, community and family structures were disrupted in their displacement as people died in violent conflicts and many family members remained behind in Namibia and Angola. In their current situation the Khwe and Xun's social life continues to be under pressure due to people lost due to HIV/AIDS, relationship tension brought about by alcohol abuse and absence of family members due to employment opportunities that require individuals (mostly men) to stay at distant work locations for periods of three to nine months.

'Thinking a lot' is an idiom of distress, and mental health interventions should assess the local meaning of 'thinking a lot' and contextualize it as we have done in the current study. The multi-level dynamics of socio-political, economic, and social context and individual experiential states revealed in this study illustrate that 'thinking a lot' should be understood beyond the individual and include interpersonal, community and socio-political dimensions. For mental health interventions, this requires an approach that works across disciplines and sectors, focuses on strengthening social fabric of communities, acknowledges and builds on individual and community strengths, and incorporates local ways of managing 'thinking a lot' (De Jong et al., 2001; Hinton & Kirmayer, 2013; Hinton et al., 2015; Miller & Rasco, 2004; Saleebey, 2000; Summerfield, 2000).

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Informal care for people with chronic psychotic symptoms: four case studies in a San community in South Africa

Figure 8: Jacob, suffering from chronic psychotic symptoms, walks along the provincial road towards Kimberley. (Photo courtesy of A. Gilmoor)

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Abstract

Despite the internationally recognised importance of informal care, especially in settings with limited services, few studies focus on the informal care for people with mental health problems in low- and middle-income countries. Making informal care visible is important for understanding the challenges and identifying the needs to be addressed. This ethnographic case study explored the dynamics of informal care for people with chronic psychotic symptoms in a group of San living in poor socioeconomic circumstances in a township near Kimberley, Northern Cape, South Africa. Data were collected in 2013 and 2014 and included semi-structured interviews, informal conversations and observations. Using local terminology, four individuals with chronic psychotic symptoms were identified and selected during the research process. A total of 33 semi-structured interviews took place with their caregivers. Data were analysed using descriptive, interpretive and pattern coding to identify core themes and interrelations across the four cases. Results indicate that informal care is characterized by shared and fragmented care structures. Care was shared among family members from various households and unrelated community members. This allowed for an adaptive process that responded to local dynamics and the care recipients' needs. However, informal care was fragmented as it was generally uncoordinated, which increased the recipients' vulnerability as caregivers could redirect caregiving responsibility and withdraw care. Specific challenges for providing care were related to poverty and care resistance. To improve the living conditions of people suffering from psychosis-related mental health problems, community-based mental healthcare should broaden its scope and incorporate local strengths and challenges.

Introduction

Despite the pivotal role of informal care for people with a chronic illness in settings where services are scarce or unavailable, few studies on informal care in low- and middle-income countries have been conducted. The importance of informal care in low- and middle-income settings is evident for chronic physical illness (Ogden, Esim, & Grown, 2006) as well as mental health problems (Chadda, 2014). The low priority given to mental health at national levels and the scarcity, inequity and inefficiency of mental healthcare observed in many low- and middle-income countries (Saxena, Thornicroft, Knapp, & Whiteford, 2007), underline the importance of informal care for people with a mental health problem.

Informal care is an ambiguous concept used to distinguish informal community services (e.g. traditional healers and family organisations) from formal healthcare professionals (World Health Organization, 2008). It refers to household care, which is unlinked to formal programmes and usually provided by people living with the care recipient (Ogden et al., 2006). Informal care is also defined by general caregiving activities (e.g. psychosocial, health-related, and personal or nursing care) (Chepngeno-Langat, 2014). In this study, we use the term 'informal care' to refer to a broad range of caregiving activities including providing basic needs that are unlinked to any formal organisational structures.

Studies in high-income countries primarily describe the effects of caring for a person with mental health problems as a care burden for households and caregivers, including emotional and psychological distress and financial costs (Awad & Voruganti, 2008; Hoenig & Hamilton, 1966; Loukissa, 1995; Magliano, Fiorillo, De Rosa, Malangone, & Maj, 2005; Steele, Maruyama, & Galynker, 2010). The few studies on informal care for people with mental health problems in low-resource settings describe similar care burdens and highlight the economic strain on already poor households. For example, there is the family's burden of a loss of income and additional costs due to the ill person's destructive behaviour during psychotic episodes and costs derived from traditional and biomedical healing strategies (Duncan, Swartz, & Kathard, 2011; Jack-Ide, Uys, & Middleton, 2013; Marimbe-Dube, 2013; Mavundla, Toth, & Mphelane, 2009; Seloilwe, 2006; Van Der Geest, 2005). In addition, several studies have reported on stigma and its negative effects on the social and psychological well-being of caregivers (Marimbe-Dube, 2013; Mavundla et al., 2009). Some studies have reported additional caregiving difficulties based on the social environment, such as alcohol and drug abuse by care recipients and physical violence involving people with mental health problems (Read, Adiibokah, & Nyame, 2009; Seloilwe, 2006). Maltreatment of people with mental health problems, such as chaining and physical abuse, occurs in some settings and are rooted in local understanding of mental health problems, cultural practices and a lack of services to provide families with much needed support (Read et al., 2009).

The abovementioned studies indicate that informal care in low- and middle-income countries has context-specific challenges beyond caregiver burdens reported in high-income countries and warrants further research to bring these local realities to light. Our study aims to explore the dynamics of informal care for people suffering from chronic psychotic symptoms among the Khwe community of South Africa.

Context of the study

The Khwe and !Xun are two San communities, approximately 1700 and 4500 in number, respectively (South African San Institute, 2010). Both groups currently reside in a township on the outskirts of Kimberley, the capital city of the Northern Cape province of South Africa. The Khwe and !Xun are originally from southern Angola and northeast Namibia and share a history of war and displacement (Den Hertog, 2013). Their militarised history started in the Angolan War of Independence (1961–1974) when they fought alongside the Portuguese. In fear of retributions by former enemies, the Khwe and !Xun fled the country after Angola's independence in 1975. Those who ended up in northeast Namibia were incorporated into the 'Bushman battalions' of the South African Defence Force (SADF) along with the local Khwe and fought in the South African Border War (1966–1989). The Khwe and !Xun lived with their families on a military base in the Caprivi Strip and were dependent on the SADF for daily life: employment, everyday activities, schooling and general services (Gordon & Sholto-Douglas, 2000). Many of the Khwe and !Xun came to South Africa with the SADF after Namibia's independence in 1990. In South Africa, they lived in a tented camp on a military base in Schmidtsdrift, but soon outlived their military purpose. Uncertainty about the future of the Khwe and !Xun increased due to the upcoming political change from apartheid to majority rule in South Africa (Sharp & Douglas, 1996). A third forced relocation seemed imminent as a local Tswana group claimed the land of the military base in Schmidtsdrift in 1992 (Douglas, 1997). After living in the tented camp for 13 years, the Khwe and !Xun finally relocated to a former farm, Platfontein, near Kimberley, with low-cost Reconstruction and Development Programme (RDP) housing. Platfontein is situated approximately 15km from the centre of Kimberley and is relatively isolated from other townships.

The history of the Khwe and !Xun left them facing a myriad of problems while trying to build a life in South Africa. Although living conditions have improved in terms of housing and proximity to a large city, the communities continue to feel marginalized and neglected by the local government based on the poor quality and limited number of houses and poor provision of services (Tempelhoff, 2014). Poverty is a structural problem as 97% of the Khwe and !Xun live on less than one dollar/day and have an unemployment rate of 95% (Dalton-Greyling & Greyling, 2007; South African San Institute, 2010). Most families live on social grants or the income generated by one of the family members. Social conflict, violence and alcohol abuse have been reported since the Khwe and !Xun first came to Schmidtsdrift (Robins et al. 2001) and continue today. In addition, staff from the local health clinic, NGOs and community leaders indicate that HIV/AIDS and tuberculosis severely burden the communities, although statistics are not available (Dalton-Greyling & Greyling, 2007; Govender, Miti, Dicks, & Ewing, 2013; Letsoalo, 2010).

War, displacement and poor socioeconomic and health conditions are detrimental to mental health outcomes (Desjarlais, Eisenberg, Good, & Kleinman, 1995; Miller & Rasco, 2004; Miller & Rasmussen, 2010; Patel & Kleinman, 2003; Porter & Haslam, 2005). Despite interest in San communities by scholars and NGOs, little to no attention has been given to mental health. The study reported here is part of doctoral research that aims to provide the first insights into local perceptions of mental health and mental healthcare among the Khwe and !Xun. A pilot study (Den Hertog, unpublished) identified 'madness' (*á-tcò* in Khwe) as severe mental health problem. 'Madness' was characterized as socially disruptive behaviour, abnormal talking, wandering around or the inability to care for oneself. The

focus on behavioural problems and specific symptoms such as violent behaviour, disrobing, incoherent speech and a lack of personal hygiene are similar to findings in other studies on mental health problems in African countries (Edgerton, 1966; Ventevogel, Jordans, Reis, & De Jong, 2013) and are often compared to behaviour related to psychosis.

The people in Platfontein use both traditional and biomedical healing strategies to address health issues (De Jager, Prinsloo, & Joubert, 2010; Letsoalo, 2010). The local healthcare clinic, situated at the centre of Platfontein, includes mental healthcare in their broad range of services. This is part of community-based mental healthcare initiated by the Mental Health Care Act (Ramlall, 2012). Although, South Africa's mental healthcare is moving away from institutionalised care, it lags behind in providing adequate care at a community level. In addition to psychiatric care, adequate care would include psychosocial and rehabilitation aspects of care (Botha, Koen, Oosthuizen, Joska, & Hering, 2008; Petersen & Lund, 2011; Ramlall, 2012). The under-resourced and overburdened primary healthcare system is unable to provide comprehensive community-based mental healthcare (Petersen & Lund, 2011), which makes individuals with mental health problems largely dependent on the informal care provided by their families and the community as a whole.

Methods

A case study method was chosen to gain an in-depth understanding of informal care of people suffering from psychotic mental health problems as a real-life phenomena (Stake 1995, Yin 2009). The method allowed us to make underlying dynamics visible and understand how they shape context-specific challenges and opportunities. Data collection methods included semi-structured interviews, informal conversations and observations. Data collection took place in 2013, from March to May, by both authors, and in 2014, from March to April, by the first author.

Case and participant selection

This study took place in the Khwe community. Local terminology (*á-tcò*) was used to initiate the search for case studies with the assistance of the Khwe research facilitators. Case studies aim to develop a deep understanding of the particularities and context of a case (Stake, 1995; Yin, 2009). It is therefore inherent that a study contains one or a few cases, depending on the resources available. Five people with chronic *á-tcò* were identified. We conducted two case studies in each fieldwork period (four in total). Selection was based on the research facilitators' familiarity with the individuals and their caregivers, as well as our first impression about the quality of care being provided. We aimed to study diverse cases, in terms of quality of care, as this would increase our opportunity to learn (Stake, 1995) about the dynamics of informal care. A caregiver was defined as a person who partook in any one of a broad range of caregiving activities, such as emotional and instrumental support, providing basic needs or nursing care. Caregivers were identified by the research facilitators, care recipients, caregivers, neighbours and through observation. The number of interviews depended on caregiver availability, and interviews were stopped when new insight on our topic of interest was no longer forthcoming.

Data collection and analysis

Semi-structured life-world interviews (Kvale & Brinkmann, 2009) were designed to discuss the caregivers' views on their informal care and the lives of the care recipients. Interview guides with a list of open questions structured the interviews. Topics included: past and current relationships between the caregiver and care recipient, illness history and healing strategies, current living conditions, perceived need for and availability of care, people and organisations involved in care, opportunities and difficulties in the provision of care, and wishes for the future. Follow-up questions were used for further details.

The Khwe use the San language Khwe in daily interactions; Afrikaans is their lingua franca and English is spoken on rare occasions. The first author fully comprehends Afrikaans and is able to speak it at a basic level. The second author is a native English speaker. Research facilitators assisted with translation when respondents preferred to conduct the interview in the Khwe. To overcome translation and interpretation challenges, we used multiple local Khwe interpreters with whom we discussed the purpose of the study and reflected on the interview process and translation difficulties (Borchgrevink, 2003). Interviews were audio-recorded with permission and transcribed verbatim. In total, 33 interviews were conducted: 9 in Afrikaans, 4 in English and 20 in Khwe with translation from research facilitators.

Observations focussed on the care recipients' daily activities, their interaction with community members and the caregivers' activities. Researchers observed from a distance (observer-as-participant) and accompanied the care recipient (participant-as-observer) (Angrosino, 2007). Observations varied from brief time periods to 4 hours. Observations were combined with informal conversations with community members who interacted with care recipients. Brief field notes were written during observations and informal conversations. Daily reflections were written down as extended field notes.

Transcribed interviews and field notes were read several times to become familiar with the data as a whole. Qualitative data analysis software (Atlas.ti, version 6.2) was used for descriptive and interpretive coding (Miles & Huberman, 1994) to order data and determine themes. After this initial phase, we decided to focus on the structure and organisation of informal care and factors facilitating and hindering informal care. An iterative process of discussion between both authors and returning to the data led to core theme identification. Pattern coding (Miles & Huberman, 1994) allowed for reviewing relevant data to have a deeper understanding of the themes and interrelated factors.

Ethical considerations

Permission for the study was obtained from caregivers. Care recipients were also involved, but at times seemed unable to grasp what was discussed. Interviews were preceded by written informed consent that explained and underlined the voluntary basis for participating in the study. Ethical clearance was obtained from the Humanities & Social Sciences Research Ethics Committee of the University of KwaZulu-Natal (ref. number HSS/0054/013D). The South African San Institute, located in Kimberley, and traditional leaders were informed and gave permission for the study.

Findings

The four case studies revealed the diversity in the lives of people with psychotic symptoms and the care they receive. However, three patterns were identified across cases: shared and fragmented care, poverty, and care resistance. To illustrate local realities and to foreshadow these patterns, we start with a vignette (Ely, Vinz, Anzul, & Downing, 1997) about the life of Dala (pseudonym).

Dala's everyday life

Dala's psychotic condition made it difficult to elicit his perceptions and descriptions of his life; therefore, this vignette is constructed out of stories told by others and our observations.

Dala is a man about 30 years old who enjoys the company of others by joining conversations, hanging around with strangers (like us), going to church, assisting people with chores, and visiting various family members and acquaintances. His psychotic condition makes these interactions at times difficult. Although Dala talks a lot, he does not make sense most of the time. Dala's odd behaviour sometimes causes bursts of laughter among community members, but in general people respond to him in a friendly manner and do not shy away from interacting with him. Dala lives in an RDP-house with one of his half-brothers (who was away working on a farm during our fieldwork) and spends his day wandering in the community. When Dala's condition started, about 12 years ago, a half-brother, mother and uncle sought treatment from a traditional healer in Namibia as well as medical clinics in Schmidtsdrift and Platfontein. Unfortunately, Dala's condition remains largely unchanged. At present, Dala receives medical treatment, but his medication intake is not supervised. Dala's caregivers explain that he usually takes his medication and if he does not, it is very difficult to force him to do so. For his daily meals, Dala relies mostly on his mother who prepares his food. However, when there is no food available, Dala is sent to his aunt in the hope that she can provide him with the food. Dala receives a disability grant of 1200 Rand from the government. Several caregivers expressed concern about how Dala spends his money and his alcohol consumption in particular. On paydays, or 'Platfontein verjaarsdag' (Platfontein holiday) as it is ironically called, Dala participates in *festive* drinking activities which aggravates his symptoms. When caregivers attempt to control Dala's behaviour including managing his money, personal hygiene, alcohol abuse, medication intake, and wandering outside Platfontein, they are confronted with resistance. Caregivers respond by resorting to strategies that avoid confrontation. One of Dala's half-brothers, for example, tried to control Dala's drinking behaviour by asking people not to sell him alcohol, but without success.

Shared and fragmented care

In all four cases, several people from various households were involved in caregiving, thus making informal care a shared activity. In general, the nuclear family was assigned the main responsibility for the individual with mental health problems. On many occasions, extended family such as uncles, aunts, cousins and nephews also played an important role in providing care. Caregivers frequently formulated their responsibility in terms of familial ties:

> *I know him from that time when I was young. I think that I was really young at that time. [...] My brother told me 'you see, this is your sister, this is the child of your sister . . . so, look at what happens, if something happens, it is your son'.* (Dala's uncle)

In practice, however, informal care was an adaptive system in which local dynamics, defined caregiver roles and activities rather than perceived responsibilities. Although structural elements of care were available in all cases, most care was initiated by care recipients, especially in terms of daily needs and social contact. Thereby, unrelated community members were also involved in caregiving and provided social contact, hand outs and supervision in times of crisis. One of our case studies, Christina, a woman of approximately 65 years old, spends her day visiting various community members for up to a few hours, mostly to enjoy their company. Two other case studies, David (approximately 35 years old and Christina's son) and Jacob (approximately 30 years old), secure their daily needs in large part through irregular hand outs from family and unrelated people in Platfontein and people in Kimberley. These temporary and irregular caregivers are essential for the two men's survival. In crisis situations, people may become temporary caregivers. For example, community members intervened when Jacob was assaulted in town and functioned as a safety-net in the absence of regular caregivers. Adaptive informal care was evident in response to scarce and irregular resources. When resources were scarce, care recipients were redirected to other caregivers. Sometimes, caregivers were temporarily unavailable due to employment. Most employment is security or farm work and requires men to be at the work location for a period of 3–9 months. In their absence, the care recipients rely on their remaining caregivers to provide care.

Shared and adaptive care structures have their own challenges as care becomes fragmented. Caregivers were often unaware of other caregivers' activities. This made it possible for caregivers to withdraw and redirect caregiving responsibilities to other caregivers or service providers in the community:

> *Researcher: Who do you think is responsible for providing these things [food and clothing]?*
> *Caregiver: You should get people from there to come here to help him*
> *Researcher: Someone from outside [the community]?*
> *Caregiver: Yes*
> *Researcher: So there is not someone here in the community [who is able to provide these things]?*
> *Caregiver: No*
> *Researcher: Why are there no people who take care of him? Because there are people for Christina, but no people for David.*
> *Caregiver: The family of David's father should help but they don't help. Christina is my sister that is why I help her.* (Christina's sister, David's aunt)

Although redirecting care responsibilities facilitates care adaptability, it also creates vulnerability when there are only a few caregivers available. Following up on Jacob in the second year of the study, we learnt that two caregivers who regularly provided care had passed away leaving no one to fill the gap. Jacob was now more dependent on irregular hand outs, especially when his father was away working. Fragmented care also implied that care recipients were not continuously supervised, which increased their vulnerability for

(physical) abuse, robberies and traffic accidents. This was especially true when they left Platfontein:

> *You know, what worries me a lot is maybe you can wake up the morning and you will see him lying dead on the street. Or in town, you will just hear that 'no, he's dead'. You don't know what happens to him cuz he's going places, he's walking around, he's not having security.* (Jacob's cousin)

Poverty

Poverty put considerable strain on informal care. Caregivers were especially concerned with providing the care recipients with their daily needs such as food and clothing. For David and Jacob, begging and scavenging at the municipality landfill were strategies to cope with their lack of caregivers. Facing reality and not seeing other options, caregivers accepted this as part of life. Jacob's father remarked:

> *Me and Jacob . . . If I got something, maybe food, then I must eat and I must keep half [of the food] for Jacob so he can come to eat. If I don't have [food], then Jacob has to go to the dumpsite to eat. That is how we live.* (Jacob's father)

In terms of healing strategies, some caregivers explained how financial constraints limited access to traditional healing, which has high fees and requires travel expenses (people from Platfontein often travel to Namibia to visit a traditional healer). The burden of poverty was alleviated for two care recipients who received a governmental social grant, Christina (an old-age pension) and Dala (a disability grant), although managing money was an issue for Dala as mentioned earlier. The maximum amount for both grants is 1410 Rand per month (Government of South Africa, 2015). David and Jacob's caregivers said that they had difficulty obtaining social grants because both men resisted medical treatment and filing for a South African ID – both actions that are necessary to apply for a disability grant. Caregivers also anticipated quarrels among fellow caregivers about who would manage the social grant and expressed concern over possible mismanagement, such as caregivers using the grant for their own benefit.

Care resistance

Caregivers described the care recipients' strong will, denial of their condition and delusional ideas as typical behaviour for *á-tcò*. This became a major obstacle for providing care as care recipients resisted healthcare, personal and general hygiene, and lifestyle changes, such as avoiding substance abuse. It should be noted that the care recipients' need for assistance in these areas varied. For example, Christina was generally capable of taking care of herself, whereas Jacob and David needed care in most areas. Caregivers described care recipients' verbal and physical resistance as common responses when they attempted to enforce care:

> *I want to go with Christina to the clinic but Christina don't want to go. [If] I try in another way, like forcing her, then she gets angry.* (Christina's sister)

Although caregivers made initial attempts to enforce care, often after the onset of symptoms, the upsetting situation that arose and their ineffectiveness caused caregivers to abandon involuntary care. Only on rare occasions did caregivers continue to pursue

involuntary care. For example, Jacob's caregivers mentioned that his condition sometimes deteriorates at which point they take him to the clinic against his will.

Care strategies were usually non-confrontational so caregivers provided care in a manner that did not result in conflict with care recipients. Examples included: accommodating a person's request (e.g. buying groceries in town), carefully trying to persuade a person to do something (e.g. to wear clean clothes or take medication), attempting to control the environment (e.g. asking community members not to sell or give alcohol to the person), and accommodating care recipients' specific preferences:

> *Caregiver: Dala doesn't want me to visit him there [at his home] because . . . I don't know, it is the sickness that makes him so . . . he decides when he wants to see me. [. . .]*
> *Researcher: Okay so you never go to visit him?*
> *Caregiver: If Dala is with his aunt . . . then I go to his place to see if the house is clean. If he is at home then I don't go there because he doesn't want to see me there. [. . .] If I'm there then I only clean the kitchen and living room. I can't clean in his bedroom because he doesn't want me to clean there.* (Dala's sister)

Non-confrontational care strategies have ambivalent effects as they maintain a relative peace between caregivers and care recipients, but simultaneously allow the care recipients' maladaptive behaviour to continue. This is not only a concern for the care recipients' general well-being but it also affects the caregivers' emotional well-being. For example, caregivers are sometimes concerned about other community members' views on the quality of care they are providing:

> *It's like I'm taking care of her, but she likes to go to other peoples' houses. So, I feel bad when people say I don't take care of her, but I'm really trying.* (Christina's brother)

Discussion

Although leading rather autonomous lives, people with chronic psychotic symptoms were dependent on informal care to a great extent. This was especially true when a person was unable to care for him or herself in terms of daily needs, medical treatment and safety. In this study, informal care was characterized by shared and fragmented care, poverty and care resistance. These characteristics should be understood as dynamics generated by broader contextual factors.

Informal care in our case studies was shared and included family members from various households and unrelated community members. This contrasts with findings from other studies that described informal care as single-household activity (e.g. Duncan et al., 2011; Ogden et al., 2006) that in practice may be restricted to specific people, such as women (Akintola, 2006; Taylor, Seeley, & Kajura, 1996; Van Der Geest, 2005). Shared-care structures beyond single households were evident in a few studies (Addlakha, 1999; Seloilwe, 2006) and appeared to be well organised by caregivers. In our study, however, care was significantly more dynamic and care recipients often played a central role in orchestrating and demanding care. In part, this could be explained by the Khwe's socio-historical context. Many family units live in close proximity to each other in Platfontein, which has resulted in the availability of several potential caregivers. In addition,

Platfontein's relative social isolation and the general familiarity and acceptance of people with chronic psychotic symptoms, contribute to a relatively safe environment for the care recipients to wander around and demand care from various sources. Another contributing factor in Platfontein is the absence of stigma by association, which in other studies is reported as an obstacle to providing care (Marimbe-Dube, 2013; Mavundla et al., 2009). Caregivers in our study appeared unrestricted in their interactions with care recipients.

The shared-care structure reported in this study is an adaptive process that responds to local dynamics and care recipients' needs. It does not, however, guarantee the availability of care. Care may be scarce due to a lack of resources, caregiver absence due to employment, sickness or death, or because caregivers redirect caregiving responsibilities. This affirms critiques of the assumption of the availability of informal care (Ogden et al., 2006; Seeley et al., 1993) and serves as a critical note for community-based mental healthcare that implicitly assumes the availability of informal care for daily caregiving activities.

Similar to other studies in low- and middle- income countries, poverty restricts caregiving opportunities in terms of providing basic needs (Mavundla et al., 2009; Seloilwe, 2006). In the South African context, reform of municipal basic services and mental healthcare may further restrict the caregiving opportunities in poor households (Breen et al., 2007). Studies have also reported on financial constraints in relation to traditional and biomedical treatment for mental health problems (Jack-Ide et al., 2013; Marimbe-Dube, 2013; Van Der Geest, 2005). Caregivers in our study mentioned the cost of traditional healing, but not the cost of biomedical treatment as free biomedical care is accessible at the local healthcare clinic.

South Africa's social care in the form of social grants aims to alleviate the burden of poverty for individuals with a disability. These grants are often an essential part of household income (Duncan et al., 2011). However, in this study, three people had no disability grants due to their resistance towards medical treatment and their caregivers' non-confrontational care strategies. Furthermore, our findings revealed that the management of a social grant could become problematic as caregivers struggled to address the care recipients' resistance to allow caregivers to manage the money. In addition, the widespread struggle for resources in Platfontein makes financial management of a social grant a potential source of interpersonal conflict among caregivers.

Care resistance was mentioned as an important obstacle to providing care, which is also commonly reported in other studies about informal care for individuals with psychotic symptoms (Mavundla et al., 2009; Ryan, 1993; Seloilwe, 2006; Sethabouppha & Kane, 2005; Van Der Geest, 2005). Caregivers often described non-confrontational responses as a means to prevent conflict with the care recipient. In a study about mothers of adult children with schizophrenia (Ryan, 1993), a mother described her experience as 'walking on eggshells'. Having peace in the household seems to be an important strategy in living with or caring for a person with psychotic symptoms. In contrast, studies have also reported care strategies in which control is enforced through physical restraints (Read et al., 2009; Sethabouppha & Kane, 2005). Local responses to people suffering from psychotic symptoms follow common practice and this is often unquestioned (Read et al., 2009). In Platfontein, non-confrontational care, including unrestricted mobility for the care recipients, was common practice. Although this form of care exposed care recipients to harm at times when they wandered outside Platfontein, caregivers saw no other option and considered this approach to be the most appropriate way to care for people suffering from psychotic symptoms.

It is evident that informal care dynamics are shaped by local contexts, such as socioeconomic, historical and cultural contexts, and may differ significantly among settings. The ethnographic case study approach allowed us to bring local realities of informal care to light and situate them in the context. It should be noted that we focussed on people suffering from chronic psychotic symptoms. Dynamics of informal care may be different for people who suffer from temporary psychotic episodes. This study's findings indicate the need for local understanding of the following themes (i) the structure and organisation of informal care and its dynamics over time; (ii) caregiver challenges related to poverty and care resistance; and (iii) social contexts that may benefit care recipients (such as community acceptance), or expose them to harm (such as alcohol abuse, physical abuse, robberies and traffic accidents). Policies and formal mental healthcare services in low- and middle-income countries usually neglect these aspects of the lives of individuals with mental health problems and their caregivers, and give priority to psychiatric service delivery. Incorporating local challenges and strengths into service delivery will greatly benefit the quality of life of people suffering from chronic psychotic symptoms. Considering the pivotal role of informal care for people with a chronic (mental) illness, care and support for caregivers is an important step forward (Chadda, 2014; Ogden et al., 2006).

Conclusion

Informal care is an essential part of the care environment of individuals suffering from mental health problems. Additionally, the interdependent whole that shapes the care environment includes formal healthcare services, community and the broader social environment. Improving the quality of life of individuals with psychosis-related mental health problems demands a holistic approach that takes care environments into consideration. The adaptability of informal care is a key feature that enables timely and appropriate responses to local dynamics and care recipients' needs. Strengthening and supporting informal care structures without compromising their adaptability is essential for improving the living conditions of care recipients and caregivers.

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6|

Discussions and Conclusions

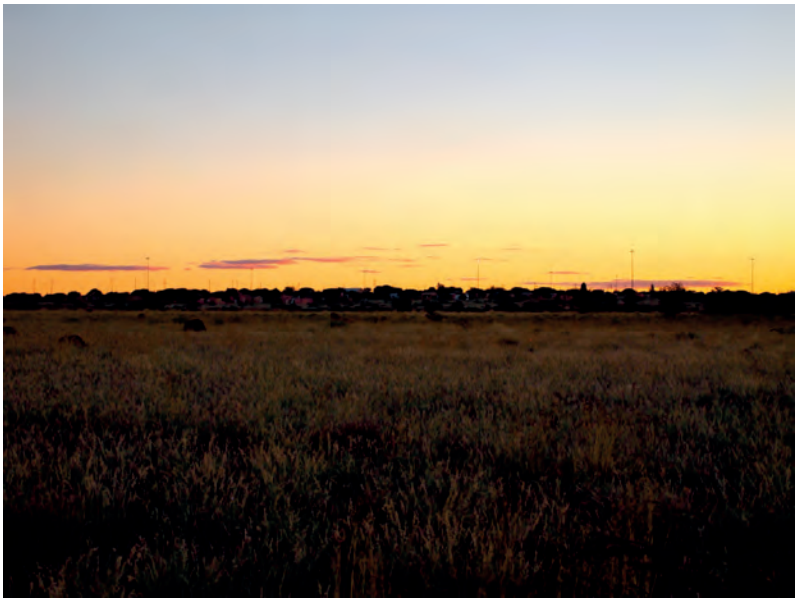

Figure 9: Platfontein in the distance.

Introduction

The aim of this thesis is to contribute to understanding the multi-dimensional character of mental suffering in displaced and marginalized communities. In this chapter, I discuss and draw conclusions on the main research findings presented in chapters 2-5 and answer the main research question:

- How do the !Xun and Khwe understand, give meaning to, and cope with mental suffering, and how is this embedded in local contexts?

Firstly, the three sub-questions are answered by reflecting upon and concluding the main research findings of the studies presented in chapters 2-5. This is followed by implications and research reflections.

Discussions and conclusions

In this section the main findings of the studies presented in chapters 2-5 are discussed and conclusions are drawn in relation to the research sub-question and in light of the main research question.

How may the current living conditions and marginalized position of the !Xun and Khwe be understood from a socio-historical perspective?

In order to appreciate the multi-dimensional character of mental suffering, there is a need to look beyond the individual level and include contextual circumstances from which stressors originate. Among the !Xun and Khwe sources of distress may come from poverty, unemployment, marginalisation, social tensions within and between communities, and health problems. To understand their current marginalized position and poor living conditions, chapter 2 describes key socio-historical dynamics that shape their current situation. These dynamics were made visible by focussing on the resettlement process and the tensions between the two communities that hamper development and interfere in many aspects of social life.

Three key socio-historical dynamics were discerned. Firstly, forced togetherness in displacements at a time of war characterizes the history of the !Xun and Khwe. The Angolan war of independence from Portugal (1961-1974) and the South African border war (1966-1989) dramatically altered the lives of the !Xun and Khwe, as they collaborated with the Portuguese and South Africans. In this period of war and violence they were forced together despite being two linguistically distinct groups. The forced togetherness, which mostly took shape during their time under the South African Defence Force (SADF), led to antagonism between both communities and can still be observed today. Under the Portuguese and the SADF they worked and lived in close proximity of each other but were simultaneously attributed different qualities that were reflected in task divisions. Division also took place in terms of separate living quarters, which makes practical sense considering their distinct languages. These conditions of forced togetherness and division fuelled antagonism between the communities. In addition, their shared history among the Portuguese and the SADF contributed to the idea that they belonged together and frustrated their wish to go their separate ways during the resettlement from the army base Schmidtsdrift to Platfontein. On three occasions the !Xun and Khwe experienced displacement. Both under the Portuguese and the SADF, they ended up on the losing side of the war and fled the

country in fear of retribution. The third time they were forced to relocate from Schmidtsdrift to be resettled in Platfontein. Displacement is known to have disruptive effects on individual, family, and community levels. War and displacement have, in addition to traumatic experiences, immense impacts, as they give rise to daily stressors that continue long after war and displacement. Examples of such disruptions are loss of established social networks, loss of valued social roles, separation from family members, discrimination by host communities, adjusting to a new environment, poverty, and unemployment (Miller & Rasco, 2004; Miller & Rasmussen, 2010; Porter & Haslam, 2005). For the !Xun and Khwe such daily stressors underlie the experience of mental suffering, as discussed in the next research question.

Secondly, their identity as 'San' or 'Bushmen', attributed by others and actively taken up by themselves, became part of identity politics and thereby became an influential factor in shaping day-to-day living conditions. First of all, it kept the !Xun and Khwe together in 'Bushman' battalions during their time under the SADF. The SADF used the Bushman battalions in their propaganda, claiming that the SADF had a humanistic goal of uplifting local communities to the level of the modern world (Gordon & Sholto-Douglas, 2000). Both communities share characteristics of a San culture, however the !Xun were considered to resemble more the stereotypical San physique. Whereas the Khwe, specifically the Angolan Khwe, were attributed better military qualities due to their knowledge of the geographical area and their experience in offensive units under the Portuguese. In order to portray the 'Bushman' battalions and to maintain effective units, the SADF kept the !Xun and Khwe together. Secondly, during their time in Schmidtsdrift the !Xun and Khwe used the San identity to position themselves as indigenous people. In doing so they distanced themselves from their time under the SADF, which had become problematic considering the political change from apartheid to a democratic South Africa. In addition, it allowed them to access funds from international donors. It is still used today in terms of tourism ventures. Thirdly, in addition to the shared history of the !Xun and Khwe (discussed above), the ascribed and actively pursued identity as San contributed to perceptions that the !Xun and Khwe belonged together. This obstructed their wish to go their separate ways in the resettlement from Schmidtsdrift. Fourthly and finally, the San identity has throughout history been credited with primordial undertones and has consequently marginalized San communities. This also occurred with the !Xun and Khwe, as the SADF, for example, considered them to have an innate ability for superior tracking skills. In addition the SADF displayed them as a group of people in need of being uplifted to modern times. Primordial and other stereotypical perceptions of the San continue to persist, as the !Xun and Khwe experience discrimination by local communities and perceive such perceptions to be a cause for lack of employment. The fact that the few employment opportunities come in the form of farm or security work in which tracking is part of the job description exemplifies the continuation of primordial views of the San. An introductory video about the history of the !Xun and Khwe at the Wildebeest Kuil Rock Art Centre, located on the property of the !Xun and Khwe, captured it well: 'The information age is beckoning the San people but they first need to overcome the many incorrect perceptions people have of them'.

The third socio-historical dynamic concerns the political context in South Africa from the time of their arrival in 1990, which resulted in changes over which the !Xun and Khwe had little control. In the years before South Africa installed their first democratic government in 1994, the national government made attempts to redress past wrongs under apartheid.

Consequently, the SADF, part of the apartheid machinery, was reorganized and their actions were carefully monitored. The reputation of the !Xun and Khwe as soldiers or 'mercenaries' of the SADF put them in a difficult position. The !Xun and Khwe lived in a tented camp on the military base Schmidtsdrift and were promised more permanent housing by the SADF. However, due to the changing political climate these plans were set aside. In addition, job availability decreased, as Bushman battalions were disbanded in the reorganization of the South African Defence Force. One of the pressing issues in the period of reform before and after 1994 was land allocation, as many people had lost rights to their land under apartheid. The Advisory Commission for Land Allocation was created to take the first steps towards redressing these wrongs. For the !Xun and Khwe this resulted in a third forced relocation when the Bathlaping people won their land claim for the Schmidtsdrift army base. The changing political climate did however provide the !Xun and Khwe with a comprehensive resettlement scheme. That said, as the South African government struggled to recognize diversity whilst pursuing unity, the wish of the !Xun and Khwe to go their separate ways became politically sensitive. This would come too close to the ethnic-based rights and separate development, which were the key strategies for structuring society during apartheid. This contributed to the decision that the !Xun and Khwe were to be relocated together in one township.

In conclusion, the analysis reveals how socio-historical dynamics shaped current living conditions of the !Xun and Khwe, particularly the fact that they now live together in one township with on-going community tensions. In addition, socio-historical dynamics continue to shape experiences in Platfontein, which becomes more evident in the studies discussed below.

How do the !Xun and Khwe understand and give meaning to mental suffering and how is this embedded in local contexts?

Two studies were undertaken to answer this question: a depression vignette study (chapter 3) and a study on the local idiom of distress, 'thinking a lot' (chapter 4). The contextualized stories initiated by the depression vignette revealed dimensions through which stress and distress states were understood. In addition, the stories revealed local stressors that were considered to play a major part in the causation of distress/stress states. The study of the local idiom of distress, 'thinking a lot', homed in on the cognitive dimension and enabled a more detailed understanding of the local ethnopsychology, particularly how the different dimensions were interrelated. What became evident is that stress and distress states are understood as an interrelated whole, involving emotional, cognitive, physical, social, socioeconomic, socio-historical, and behavioural dimensions. These dimensions were weighed differently and were interrelated in diverse ways: see figure 10.

Firstly, mental suffering is primarily understood as embodying emotional and cognitive experience. In emotional terms respondents focused, for example, on sadness, loneliness, pain/hurting 'inside' or in the 'heart', and suicidal ideation. Cognitive dimensions were prominent in terms ruminating about life problems, referred to as 'thinking a lot'. This is considered to be part of mental suffering as well as aggravating the emotional part of the experience. It was, for example, mentioned that intense and long periods of rumination could lead to a spiral of negative thoughts and suicidal ideation. 'Thinking a lot' thereby serves as a bridge to connect life struggles, particularly in the social and socioeconomic domain (discussed below), to emotional states. The key position of this cognitive process is

also reflected in coping strategies that for a large part focus on restraining thoughts. The embodied experience of mental suffering became evident in the way respondents located key processes to specific body parts and attributed certain physical complaints to mental suffering. Firstly, the body is in general considered to be working hard in times of distress, which results in a loss of energy. Secondly, the cognitive experience of 'thinking a lot' is located in the brain and thereby becomes an important physical location through which distress is experienced. In severe cases 'thinking a lot' is thought to damage the brain and result in 'madness' or death. Thirdly, cardio-vascular complaints, such as high blood pressure and increased heartbeat, are attributed to distress. In addition, it is thought that in severe cases a person could suffer a heart attack. The heart and vascular system are thereby the second physical location for experiencing distress. The heart here serves a dual meaning, as it is also used to signify emotional experiences by, for example, referring to 'pain in the heart'.

Social and socioeconomic dimensions came up during free associations with the depression vignette and the idiom of distress, 'thinking a lot', and in terms of causal explanations. A range of social and socioeconomic problems were discussed that describe common stressors in Platfontein: poverty, unemployment, violence, substance abuse, losing loved ones, relationship problems, and lack of support in times of need. These stressors are understood in an interrelated manner and reflect the synergy of problems in different domains and how this shapes living circumstances. For example, respondents' detailed descriptions about the interrelation of unemployment, poverty, substance abuse, and violence revealed how these domains played into each other to create highly disrupting living circumstances. In many cases these stressors are not events, which have a determinate time frame, but on-going circumstances, which have to be endured without a foreseeable end. Rumination about such situations is considered particularly problematic because the situation is unlikely to change. Rumination could cause negative thought spirals and a sense of hopelessness. Political dimensions reinforce the sense of hopelessness: dependency on power structures such as the South African government and local leadership structures create an experienced lack of control. Although political dimensions are not often directly associated with mental suffering, it is an ever-present dynamic used to attribute meaning to the poor socioeconomic circumstances in Platfontein.

Behavioural dimensions came up in terms of consequences of 'thinking a lot'. Social withdrawal is considered the most common and problematic behavioural consequence. It is considered particularly problematic, as social contact and sharing problems and emotions are key strategies to improve emotional states and prevent catastrophic consequences. In addition, a range of behaviours coming from increased irritability such as shouting, swearing, being bad-tempered, and overreacting, along with destructive behaviour such as drug and alcohol abuse and violence are considered as potential consequences of distress states.

Spiritual dimensions, discussed in terms of Christian beliefs and ancestral spirits or witchcraft, are scarcely considered as causal explanations – rarely mentioned in the depression vignette study and absent in the study of 'thinking a lot'. The forms of mental suffering studied here are most compellingly situated in social and socioeconomic circumstances.

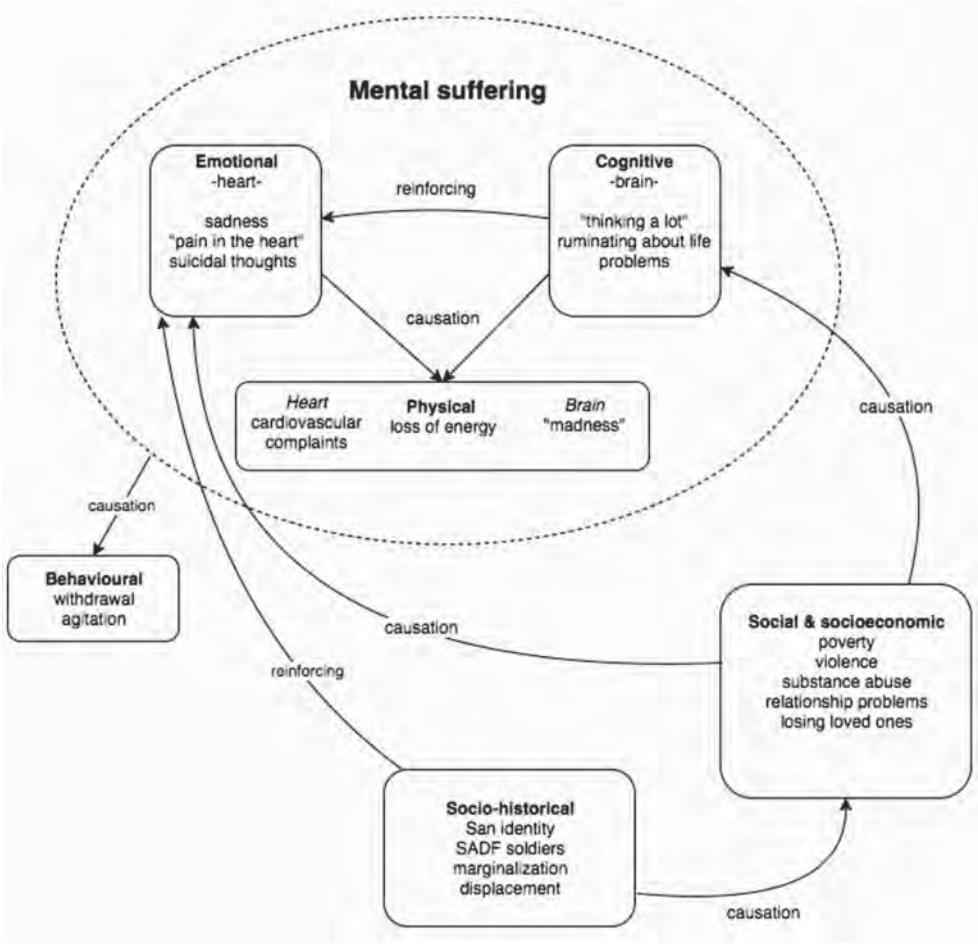

Figure 10: schematic overview of the ethnopsychological model of mental suffering among the !Xun and Khwe.

The findings of both studies indicate that the experience of stress and distress states among the !Xun and Khwe is primarily a cognitive, emotional, and physical (embodied) experience embedded in social and socioeconomic contexts. The emotional dimension describes negative feelings, such as sadness, and is typically associated with the heart. The cognitive dimension refers to thought processes, specifically rumination, and is located in the brain. The distinction between the heart and mind is reflected in the embodied experience, such as an increased heartbeat and potential damage to the brain. Although brain damage and 'madness' are primarily associated with the cognitive process of 'thinking a lot', cardiovascular complaints such as high blood pressure are not strictly associated with emotional dimensions but rather the combination of emotional and cognitive processes. The strong interrelation of distress with social and socioeconomic problems came up in both studies as the idiom 'thinking a lot', and the depression vignette triggered stories of common life problems in Platfontein. In addition, the idiom 'thinking a lot' is considered and actively used to indicate problematic situations. Social and socioeconomic context is thereby

an integral part of the forms of mental suffering studied here. Political and socio-historical dimensions are used to attribute meaning to the social and socioeconomic problems that underlie mental suffering. Political marginalisation is expressed through unfulfilled governmental promises, lack of development, and poor provision of services compared to other townships. The San identity is described by respondents as holding them back from development and acquiring jobs. Social and political dimensions are therefore of importance in relation to the mental suffering studied here.

In conclusion, local understandings of and meanings attached to mental suffering are embedded in sociocultural, social, socioeconomic, political, and socio-historical contexts. The two studies in chapters 3 and 4 illustrate how local contexts prescribe how stress and distress states are experienced and understood. The findings of these studies revealed local enthopsychology and ethnophysiology in which several dimensions of distress/stress states (e.g. emotional, cognitive, and physical) were distinguished and described in relation to one another. Although partly resembling findings from studies in other settings, remarkable differences remain, which emphasise the sociocultural variations of mental suffering in terms of experiences, symptomatic expressions, conceptualization, and explanatory models (Bhugra & Mastrogianni, 2004; Kirmayer, 2001). Findings of the study on the idiom of distress, 'thinking a lot' (chapter 4), further illustrate the sociocultural locality of experiences and expressions of distress, as in other settings the same idiom of distress references different meanings. Furthermore, experiences of stress and distress states were situated in disruptive social and socioeconomic contexts as causal explanations. These conditions were in turn understood through socio-historical contexts, revealed in chapter 2. Poverty, unemployment, and poor quality of municipal services in Platfontein were attributed to the historically marginalized position of the San in general and specific histories of the !Xun and Khwe, primarily their displacements and involvement with the SADF. This further emphasizes the value of understanding mental suffering beyond an individual dimension and includes sociocultural, socio-historical, social, socioeconomic, and political contexts.

How do the !Xun and Khwe cope with mental suffering and how are coping strategies embedded in local contexts?

This sub-question consists of two parts: coping with mental suffering in terms of stress and distress as studied in the depression vignette and 'thinking a lot' study (chapters 3 and 4), and coping with chronic psychotic symptoms (chapter 5).

As described in the previous section, experiences of distress/stress is primarily comprised of emotional, cognitive, and physical symptoms. Findings from both studies indicate that primary targets of coping strategies are emotional and cognitive dimensions, and in addition underlying social and socioeconomic problems are addressed. The strong focus on emotional and cognitive dimensions is in line with the core experience of distress/stress, discussed in the previous section. Coping strategies usually target both emotional and cognitive dimensions, as these are experienced as intertwined: rumination aggravates negative emotions. Three main strategies were identified: sharing problems and emotions, distraction, and religion. Sharing problems and emotions is highly valued and considered essential for the well-being of the affected person. The reason being that, if a person bottles up his/her thoughts and emotions, it could result in catastrophic consequences, such as suffering a heart attack or committing suicide. Moreover, sharing also has the positive effect of feeling relieved. Friends and family are considered the first persons to provide such

support. In addition, church and support/counselling groups were mentioned. Secondly, distraction from negative emotional affect and rumination is considered a useful strategy, albeit with temporary effect. Respondents mentioned various activities for distraction such as exercise, social interactions, reading, doing chores, and watching television. Thirdly, religion is a considered helpful, as respondents mentioned receiving strength from God through prayer or attending church. In addition, coping strategies that address social and socioeconomic problems are considered because these address sources of distress/stress. Social support, received through sharing problems and emotions, is considered useful in the form of advice or assistance to resolve problems. Furthermore, religion plays a role, as respondents mentioned how they asked God to resolve underlying problems.

As becomes clear from these main findings, the immediate social environment is key for coping in times of distress/stress. The stress-buffering mechanism of social support is well established (Kawachi & Berkman, 2001; Thoits, 2011) and may be crucial for preventing severe distress states among the !Xun and Khwe. Aside from family, church groups appear to be a safe environment to access social support in Platfontein. However, social relations are also a source of distress, and lack of support is reported by respondents. Devastating impacts of displacement on social life in terms of connection to support networks, social roles, and meaningful activities (Miller & Rasco, 2004) may very well play a role here. In Platfontein social disruptions may be observed in terms of lost connections with family and friends due to war and displacement, dysfunctional families, child neglect, violence, and substance abuse. Family structures are under further pressure due to people lost to HIV/AIDS, along with the temporary absence – up to nine months – of family members due to employment on farms or in security work. It is therefore questionable whether the social environment in Platfontein is able to meet the needs of individuals in distress/stress. Yet, social support remains the primary source of relief, as other sources are scarcely available.

The study in chapter 5 focuses on informal care for people suffering from chronic psychotic symptoms. The case study revealed that, although initial responses after the onset of symptoms were directed at healing, the main focus lies at enabling affected people to live with chronic psychotic symptoms. As became evident from the other studies in this thesis, daily life in Platfontein is characterized by poverty and dysfunctional social life. In such a context, the task of providing the basic needs of a person with chronic psychotic symptoms, for example, in terms of food, clothing, shelter, and safety, becomes an immense challenge in and of itself. The case study therefore focused on how caregivers cope with this challenge and how this relates to specific contexts in Platfontein. The analysis revealed a shared and fragmented care structure in which diverse caregivers (distant and immediate family members, community members, and outsiders) participated. This care structure proved to be highly adaptable to changing circumstances, such as availability of resources. However, it simultaneously increases vulnerability, as it enables caregivers to withdraw care by redirecting care responsibilities. In addition, the lack of continuous supervision exposes care recipients to harm such as (physical) abuse and accidents. The analysis further identified specific challenges of informal care related to poverty and care-recipients' resistance to care. Local sociocultural, socioeconomic, and socio-historical contexts shape these informal care structures and challenges. Sociocultural contexts, for example, included norms and values in relation to caring for family members. In addition, caregivers do not often experience stigma by association, which facilitates caregiving. Socioeconomic contexts shape informal care, as poverty restricts availability of resources and frustrates

opportunities for receiving social grants due to competition for resources. In addition, caregivers were at times unavailable due to employment outside the community for long periods of time. Socio-historical contexts shaped current community structures; a relatively isolated and small community with many familial relationships allowed shared-care structures to evolve.

The case study provides detailed insights into local care structures and realities, and, in the process, identified key characteristics that should be considered when studying informal care for people suffering from chronic psychotic symptoms in other settings. Firstly, the structure and organization of care and its dynamics over time is important for understanding local realities. Who is involved in caregiving and how care is organized appears to differ between settings and greatly impacts the opportunities for care as well as the challenges. If care is shared among many caregivers the burden is also shared and thereby diminished. However, this also requires more effort to adequately organize care. The care structure in Platfontein illustrates that lack of organization may create gaps in care that increase vulnerability. The case study also revealed that over a relatively short period of time care structures may collapse, leaving care recipients without structural support. Secondly, identifying the main challenges of caregivers is essential in understanding local realities. In Platfontein as well as other poor socioeconomic settings, the main challenges stem from poverty and resistance to care. Thirdly, studying social contexts reveals specific challenges and opportunities for informal care. In Platfontein, opportunities are, for example, identified in community acceptance and lack of stigma by association, while additional challenges come in the form of substance abuse, violence, and traffic accidents.

In conclusion, coping with mental suffering in terms of stress and distress states, along with chronic psychotic symptoms, is heavily dependent on social support systems and is influenced by local contexts. In socially disruptive environments such as Platfontein social support structures may be limited and thereby restrict opportunities for coping. Local contexts have further informed coping strategies and informal care structures at multiple levels. Sociocultural contexts include, for example, local ethnopsychology and ethnophysiology that determined focus points for coping with stress and distress states. In addition, norms and values concerning family responsibilities and stigma in relation to persons suffering from chronic psychotic symptoms shape opportunities and restrictions for informal care. In terms of the socioeconomic context, poverty often restricts opportunities for coping with both forms of mental suffering studied here. Furthermore, socio-historical contexts have shaped basic conditions in which mental suffering takes place, such as community structure and poor socioeconomic conditions.

Implications

In the following paragraphs, I will discuss the implications entailed in the conclusions for further research and interventions among the !Xun and Khwe and other displaced and marginalized communities.

Firstly, sociocultural contexts are of great importance for understanding mental suffering and providing adequate cultural-sensitive care. Sociocultural meanings have proven to be essential in clinical encounters, for example, in recognition of signals/symptoms of distress, treatment negotiation or compliance, and identification of local resources (Bhui & Bhugra, 2002; Hinton & Lewis-Fernández, 2010; Kirmayer, 2001; Kleinman, Eisenberg, & Good,

1978). What is important here is to pay close attention to nuances. The study on the idiom of distress, 'thinking a lot', for example, illustrated that although the idiom is, in the literature, often compared to psychopathology, it may actually be a rather flexible idiom that refers to conditions with a broad range of severity. This has implications for how idioms of distress are used in clinical encounters or for interventions. Abramowitz (2010) critically assesses the appropriation of idioms of distress in clinical settings. He warns about the possibility that idioms come to function as pidgin psychiatry to implement biomedical classification systems and treatment. In order to uncover nuances of idioms of distress, studies should use in-depth qualitative methodologies and take community samples instead of relying solely on clinical samples. In addition, anthropological approaches may further strengthen local validity of studies. One of the most important local resources for coping with stress and distress states is social support. The beneficial effects of social support are well described (Kawachi & Berkman, 2001; Thoits, 2011). Unfortunately in some areas the value of social support is not fully appreciated; it is, for example, often not included in studies on treatments gaps or pathways to care for common mental health problems (e.g. Burns & Tomita, 2014; Kohn, Saxena, Levav, & Saraceno, 2004). Losing sight of such important resources would be even more unfortunate, considering the fact that many low- and middle-income countries struggle with scarcity and unequal distribution of resources to adequately address mental health issues (Saxena, Thornicroft, Knapp, & Whiteford, 2007). It is therefore highly recommended to revalue social support as an indispensable resource in alleviating the burden of mental suffering, for example, by collaborating with or strengthening community social structures that facilitate social support, such as church groups in Platfontein.

Secondly, social and socioeconomic contexts proved to be central in understanding and experiencing stress and distress states. Supporting this causal interpretation, the relation of marginalization and dysfunctional social settings with mental suffering is well established and should therefore not be underestimated (Kirmayer, Macdonald, & Brass, 2001; Miller & Rasmussen, 2010; Patel & Kleinman, 2003; Vega & Rumbaut, 1991). Psychosocial approaches are often recommended as part of mental health care in post-conflict settings and displaced communities (De Jong et al., 2001; Jordans et al., 2010; Miller & Rasco, 2004; Tol et al., 2011). Psychosocial approaches aim to address the social dimensions of mental suffering by strengthening or revitalizing local support structures and individual resilience, and to address local stressors that may contribute to mental health problems. Such holistic approaches are very much needed in addressing the multi-dimensional character of mental suffering. It is, however, also quite challenging, as professions and institutes are more often specialized rather than interdisciplinary. In light of the findings presented in this thesis, there is a priority to invest in basic social and economic conditions among the !Xun and Khwe.

Thirdly, making local realities visible proved to be valuable in uncovering local obstacles and opportunities for alleviating mental suffering. Such insights may help to understand why available services are underutilized, or contribute to developing locally appropriate services and interventions. The informal care study (chapter 5), for example, provides indications as to why biomedical services and social grants are not adequately reaching the persons in need. In-depth contextualized approaches, such as undertaken in the studies that comprise this thesis, are needed to bring local realities to light and thereby enable opportunities for

developing holistic and appropriate interventions.

Research reflections

In this section, I will reflect on aspects of the overall research that may be taken into consideration for further research on mental suffering among marginalized and displaced communities, and specifically among the !Xun and Khwe and other San communities. Three topics are discussed: 1) methodological approaches and research processes in relation to understanding mental suffering, 2) conducting research as a team with master's students, and 3) research among indigenous communities.

Considering the paucity of research on mental well-being among the !Xun and Khwe and San in general, this thesis aimed to contribute by taking an exploratory approach using qualitative methods. The approach was chosen to gain insight into emic views on mental suffering, and to reveal local ethnopsychology and terminology used in relation to mental suffering. At times this was a daunting task, as it implied finding appropriate methodologies and words to initiate conversations by using my own frames of reference as little as possible. An iterative research process was helpful in this matter, as it facilitated the trial and error process. Furthermore, it allowed me to follow up on interesting leads such a local idiom of distress, 'thinking a lot', that was uncovered in earlier research phases. Reflecting on the depression vignette and the 'thinking a lot' study, both of these studies revealed emic views vis-à-vis mental suffering; however, the 'thinking a lot' study provided much more focus and thereby revealed greater detail about local ethnopsychology. The additional focus provided by the idiom of distress is likely due to the locally delineated sets of meanings attributed to this idiom. In comparison, the depression vignette described symptomatic expressions of depression common in Euro-American settings, which may have compromised the local validity of the vignette and thereby resulted in less detailed insights. Taking this into consideration, studies that aim to explore experiences of mental suffering may do well to start with qualitative methodologies that allow respondents to make free associations, such as the depression vignette study, in order to uncover local idioms of distress. These idioms of distress may then be used in subsequent studies to provide a deeper understanding of experiences and perceptions of mental suffering. The iterative research process, mentioned earlier, also meant that specific local challenges could be studied that could not have been foreseen otherwise. This was most evidently the case for the informal care study described in chapter 5. During the first fieldwork visit, I became aware of the importance of social support for mental suffering in the living circumstances of Platfontein. During that time I also encountered several people suffering from chronic psychotic symptoms. This awareness and experience initiated an interest in informal caregiving for people suffering with chronic psychotic symptoms, which resulted in the in-depth case study on informal care.

Conducting research as a team, consisting of two or three master's students and myself, created dynamics that influenced the research as a whole. By conducting multiple studies at a time, we were able to explore diverse research angles and use different methodologies. Team members brought their own insights, personalities, and interests, which benefitted the breadth of study topics and approaches used. In addition, findings of these separate studies informed each other and thereby contributed to contextualization of results. On the other hand, conducting research with master's students implied that I was researcher as

well as supervisor. Therefore, much time was invested in reflecting on and fine-tuning research designs and execution in order to meet quality standards. Dividing my time over different research projects implied that at times my personal involvement in some of the projects was less than would have been preferable. A final effect of working with multiple researchers is that it facilitated trust relations with community members. Conducting research among a heavily researched group of people such as the !Xun and Khwe implies investing in local trust relations. In my experience, the diverse personalities of team members contributed to dynamics that facilitated relations with community members. However, the fact that each year the team's composition changed, myself excluded, meant that new trust relations had to be formed. This process did, however, take less time each consecutive year, as I was a returning contact through whom trust relations continued.

Conducting research among heavily researched and marginalized communities such as the !Xun and Khwe comes with its challenges (Bregin, 2001; Ellis, 2014; Tomaselli, 2014, 2003). Here I will focus on one aspect that was central throughout the research project. As mentioned in the introduction of this thesis, the history of indigenous communities with researchers, filmmakers, and photographers makes the question 'who benefits?' highly relevant. While our presence and research process was thoroughly discussed with community leaders, members, and other relevant parties, the question of benefit remained. Research outcomes, such as reports and publications, do not directly translate into benefits for the communities. Of course, contributing to the knowledge base and identifying issues of concern may assist in raising awareness and thereby facilitate actions for change. This is, however, in the hands of socio-political forces in which research reports or publications may only play minor roles. On the other hand, research outcomes do directly benefit the respective researchers and institutes, as master's and doctoral degrees are obtained. Whilst conducting research, community members were keen to remind me of this aspect. One informant, for example, repetitively asked me for a Rolex watch; given the fact that I was from Europe, this would be something I could easily afford. Although it was always asked in a playful manner, the tone turned all the more serious in our discussions about the implications of my research. In this way, a recurring joke became a reminder of the question who benefits. In contrast, in other San communities, the question of benefits resulted in community members commodifying knowledge by asking for monetary compensation for interviews, which would severely impact research opportunities (Tomaselli, 2003). Ellis (2014) describes asking large sums of money for an interview as a strategy of 'withholding' and resisting research. In Platfontein 'withholding' mostly took place by simply refusing to participate. Acknowledging the unequal distribution of benefits, we resorted to small tokens of appreciation and respect to the community as a whole, and informants of our studies and research facilitators specifically. The uneasiness I experienced as a white European conducting research among marginalized indigenous people left me questioning the rights and roles of academic researchers in such communities. Shifting research roles by supporting indigenous research projects (Smith, 1999) may be more appropriate and should be considered by academics before commencing a research project among these communities.

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Summary

Thesis title: *'We have come out of one place: it is called Omega': An ethnographic study on the role of context in understanding mental suffering among the !Xun and Khwe of South Africa*

The **Introduction** provides a general overview of the research and what it sets out to do. The !Xun and Khwe are displaced and marginalized communities residing in Platfontein, a township near Kimberley, South Africa. The remnants of their disruptive histories, including active involvement in the Angolan war of independence from Portugal (1961-1974) and the South African Border War (1966-1989), along with three forced displacements, can still be observed today. Most prevalent issues in the communities are poverty and unemployment, health problems (particularly HIV/AIDS and tuberculosis), and violence, as well as substance abuse. Such disruptive histories and socioeconomic conditions are known to negatively affect mental well-being. The !Xun and Khwe, and San communities, in general, have received much attention from scholars, yet mental well-being is a topic left mostly untouched. Trauma-focussed and psychosocial interventions have also been nearly absent among the !Xun and Khwe. This thesis hopes to contribute to understanding the complex dynamics of social and mental despair among the !Xun and Khwe by exploring local understandings of mental suffering. Contextualization is a central theme, as this allows us to make sense of the environment in which mental suffering takes place, of the local understandings and meanings attached to mental suffering, and of the coping strategies used to alleviate the effects of mental suffering. The overall aim of the thesis is to contribute to understanding the multi-dimensional character of mental suffering in displaced and marginalized communities.

Chapter 2 takes a socio-historical approach to provide insight into contextual dynamics that shaped the current living conditions of the !Xun and Khwe. In particular, it aims to explain how these two communities were bound together despite their wish to go separate ways during resettlement from the Schmidtsdrift army base to Platfontein. From this analysis, three key socio-historical dynamics were discerned. Firstly, the Angolan war of independence from Portugal (1961-1974) and the South African border war (1966-1989) bound the !Xun and Khwe together despite being two linguistically distinct groups. Antagonism between these groups grew, as the !Xun and Khwe lived in close proximity to each other but were simultaneously attributed different qualities. Their active involvement in both wars resulted in two forced displacements after the independence of Angola and Namibia. Secondly, the San identity of the !Xun and Khwe affected their lives in multiple ways. San communities have throughout history been positioned at the bottom of social hierarchies, and this has in some ways been perpetuated to this day. Their San identity and marginalization are contributing factors for their involvement in both wars. In addition this shared identity contributed to the idea that the !Xun and Khwe belonged together, which frustrated their wish to go their separate ways. Thirdly, the political context in South Africa, at the time of their arrival in 1990, had considerable impact on their living circumstances and resettlement to Platfontein. South Africa was at that time moving away from apartheid to a democratic nation. The South African Defence Force (SADF) was restructured, and jobs for the !Xun and Khwe diminished; the development of housing and services in

Schmidtsdrift were put on hold, and a local land claim covering the military base implied a third forced displacement of the !Xun and Khwe. In their resettlement from Schmidtsdrift, the political context, with its high sensitivity for racial segregation, made it impossible for the !Xun and Khwe to go their separate ways. In relation to mental suffering experienced by the !Xun and Khwe, these dynamics provide insights into 1) the origins of the current living circumstances that give rise to sources of distress that increase the risk of mental suffering, 2) the origins of disrupted social fabrics that may cause (inter)personal distress and threaten social dynamics that could inhibit negative effects of distress, and 3) the socio-historical background that shapes experiences and meanings attached to mental suffering. In addition, it provides the necessary contextual depth to situate the research findings in chapters 3-5.

In **chapter 3** local perceptions on mental suffering are studied using a depression vignette. Twenty semi-structured interviews were conducted to explore causal interpretations and coping strategies for depressive conditions. Respondents interpreted depressive symptoms by drawing on personal experiences and community issues, which revealed a multi-dimensional understanding of depression. The depressive condition described in the vignette was interpreted as a cognitive and emotional condition. The causal interpretations consisted of several dimensions, including life struggles and physical, psychological, and spiritual interpretations. Respondents primarily focussed on their life struggles in terms of socioeconomic and interpersonal problems. The stories of the respondents acted as a mirror of the socio-cultural setting and thereby revealed common stressors in Platfontein. Coping strategies mainly addressed negative emotional and psychological affect through social support for relief, comfort, distraction, or advice on coping with the situation and emotions. In addition, religious coping and professional support from a social worker, psychologist, support group, or medications were considered valuable. Although social support was the primary source of support, it was also considered a source of distress. Social support might therefore not be readily available in Platfontein due to pressures on social relations arising out of poverty, unemployment, and substance abuse. The findings illustrate that depression should be understood beyond individual suffering, and be situated in its immediate social environment and larger socio-political setting.

In **chapter 4** meanings attached to the local idiom of distress, 'thinking a lot', are studied. Twenty semi-structured exploratory interviews were conducted among the Khwe. The main topics included use of the idiom in social settings, the content of 'thinking a lot', and key characteristics such as symptoms, timeline and duration, causal explanations, consequences, and coping strategies. This idiom refers to an intense form of thinking and is distinguished from 'normal' thinking. It is described as a common experience of reflecting on personal and interpersonal problems and does not necessarily indicate psychopathology. Moreover, the content of 'thinking a lot' and causal explanations reveal meanings situated in social, socioeconomic, and political contexts that reflect the marginalized position of the !Xun and Khwe. Consequences include emotional, psychological, social, behavioural, and physical effects. The way in which these were related to one another provided insight into local ethnopsychology and ethnophysiology. Coping strategies include social support, distraction, and religious practices. Although the idiom is used in diverse regions of the world and is commonly grouped together, the results of this study indicate that local

nuances do exist, which emphasises the importance of paying attention to local contextual meanings and resisting generalization. We also call for caution when positioning the idiom in an illness domain and argue that 'thinking a lot' should be understood beyond the individual and should include interpersonal, community, and socio-political dimensions. Mental health assessments and interventions should therefore be contextualized, should work across disciplines, and should incorporate local coping strategies.

Chapter 5 takes a case-study approach to studying the social dynamics of informal care for people with chronic psychotic symptoms. Four case studies were conducted encompassing observations, along with a total of 33 interviews. Results of this study emphasised the pivotal role of informal care for the well-being of persons with mental health problems in low-resource settings. Informal care was characterized by shared and fragmented care structures. Care was shared among family members from various households and unrelated community members. This allowed for an adaptive process that responded to local dynamics and the care that recipients needed. However, informal care was fragmented, as it was generally uncoordinated, which increased recipients' vulnerability, since caregivers could redirect caregiving responsibility and withdraw care. Specific challenges for providing care were related to poverty and care resistance. These dynamics of informal care are shaped by sociocultural (e.g. norms and values related to caring for family members, relative absence of stigma by association), socioeconomic (e.g. lack of resources, long absence of caregivers because of employment), and historical contexts (e.g. composition of people living in Platfontein, relative isolation of Platfontein). To improve the living conditions of people suffering from psychosis-related mental health problems, community-based mental healthcare should broaden its scope, and incorporate local strengths and challenges.

Chapter 6 concludes the thesis by summarizing the studies in chapters 2-5 and by reflecting on the main research question: How do the !Xun and Khwe understand, give meaning to, and cope with mental suffering, and how is this embedded in local contexts? The studies presented in this thesis make visible how local understandings, meanings, and coping and caregiving strategies are embedded in sociocultural, social, socioeconomic, political, and historical contexts. Several lessons can thus be drawn. Firstly, sociocultural contexts are of great importance for understanding mental suffering and consequently providing adequate cultural-sensitive care. Secondly, social and socioeconomic contexts are of importance in order to understand local stressors that cause stress and distress states. Thirdly, making the local realities visible proved valuable in uncovering local obstacles and revealing opportunities for alleviating mental suffering. Psychosocial approaches aimed at addressing the social dimensions of mental suffering by strengthening or revitalizing local support structures and individual resilience, and by addressing local stressors, are suggested as holistic approaches that may be able to address the complex dynamics of mental suffering. To conclude the chapter and the thesis, I reflect on the research process specifically related to 1) methodological approaches and research processes in relation to understanding mental suffering, 2) to conducting research as a team with master's students, and 3) to conducting research among indigenous communities.

Samenvatting

Titel proefschrift: *'We have come out of one place: it is called Omega': An ethnographic study on the role of context in understanding mental suffering among the !Xun and Khwe of South Africa*

De **introductie** geeft een algemeen overzicht van het onderzoek: de achtergrond, het doel, onderzoeksvragen, en de aanpak. De !Xun en Khwe zijn twee ontheemde en gemarginaliseerde San gemeenschappen die oorspronkelijk uit zuidelijk Angola en noordelijk Namibië komen. Momenteel leven zij in Zuid-Afrika in een township, genaamd Platfontein, in de buurt van de stad Kimberley. De gevolgen van hun ontwrichtende geschiedenis, bestaande uit een actieve betrokkenheid bij de onafhankelijkheidsoorlog in Angola (1961-1974) en de Zuid-Afrikaanse "Border War" (1966-1989) en drie gedwongen hervestigingen, zijn nog altijd zichtbaar. De meest voorkomende problemen zijn armoede en werkloosheid, gezondheidsproblemen (met name HIV & AIDS en tuberculose), geweld en alcohol- en drugsgebruik. Met een dergelijke geschiedenis en huidige levensomstandigheden is de kans op mentale gezondheidsproblemen groot. Ondanks dat de !Xun en Khwe, en San gemeenschappen in het algemeen, een grote aantrekkingskracht hebben op onderzoekers, is er nauwelijks onderzoek gedaan naar hun mentale gezondheid. Ook hebben er tot op heden zo goed als geen trauma- of psychosociale-interventies plaats gevonden bij de !Xun en Khwe. Dit proefschrift hoopt bij te dragen aan het begrijpen van de complexe dynamiek tussen sociale en mentale omstandigheden in de! Xun en Khwe gemeenschappen door lokale opvattingen over mentaal lijden te verkennen. "Contextualiseren" is een centraal thema in dit proefschrift. Het stelt ons in staat om de betekenis van lokale opvattingen, over mentaal lijden en strategieën om hiermee om te gaan, te duiden in sociaal-culturele, sociale, sociaaleconomische, politieke en historische contexten. Het overkoepelende doel van het proefschrift is bij te dragen tot het begrijpen van het multidimensionale karakter van mentaal lijden in ontheemde en gemarginaliseerde gemeenschappen.

Hoofdstuk 2 gebruikt een sociaalhistorisch perspectief om inzicht te geven in ontwikkelingen die hebben geleid tot de huidige levensomstandigheden van de! Xun en Khwe. Centraal staat de vraag hoe deze twee gemeenschappen bij elkaar kwamen en op dit moment samen in één township leven ondanks hun nadrukkelijke wens om ieder een eigen weg te gaan ten tijde van hun verhuizing van de militaire basis in Schmidtsdrift (Zuid-Afrika). De analyse bracht drie belangrijke sociaalhistorische dynamieken naar voren. Ten eerste waren het de onafhankelijkheidsoorlog in Namibie (1961-1974) en de Zuid-Afrikaanse "Border War" (1966-1989) die beide groepen bij elkaar bracht. Tijdens hun actieve deelname aan de oorlogen in het Portugese en Zuid-Afrikaanse leger groeide de onderlinge spanningen tussen beide groepen. Ze woonden en werkten in die tijd dicht bij elkaar maar kregen tegelijkertijd door het leger verschillende kwaliteiten toegeschreven. Daarbij moesten de !Xun en Khwe tot twee keer toe het land ontvluchten, eerst na de onafhankelijkheid van Angola en vervolgens na de onafhankelijkheid van Namibië. Ten tweede beïnvloedde de San-identiteit van de! Xun en Khwe hun leven op meerdere manieren. San gemeenschappen behoorden in het verleden, en in sommige opzichten nu nog, tot de meest gemarginaliseerde sociaal-culturele groepen. Hun San-identiteit en

marginalisatie droegen bij aan hun betrokkenheid in beide oorlogen. Daarnaast droeg deze gedeelde identiteit bij aan het idee dat de! Xun en Khwe bij elkaar hoorden, wat hun wens om ieder een eigen weg te gaan dwarsboomde. Ten derde had de politieke context in Zuid-Afrika ten tijde van hun aankomst in 1990 een aanzienlijke invloed op hun levensomstandigheden en hervestiging naar Platfontein. Zuid-Afrika zat destijds midden in de overgang van apartheid naar een democratie. Als gevolg werd het Zuid-Afrikaanse leger geherstructureerd waardoor veel !Xun en Khwe hun baan verloren en ontwikkelingen voor woningbouw en dienstverlening werden stil gelegd. Daarbij won een lokale bevolkingsgroep een “land claim” waardoor de !Xun en Khwe gedwongen werden om hun huidige verblijfplaats op de militaire basis in Schmidtsdrift te verlaten. Tijdens hun hervestiging maakte de hoge gevoeligheid voor raciale segregatie het onmogelijk voor de! Xun en Khwe om ieder hun eigen weg te gaan. Deze drie sociaalhistorische dynamieken geven inzicht in 1) de oorsprong van hun huidige levensomstandigheden met vele stressfactoren die het risico op mentaal lijden vergroten; 2) de oorsprong van verstoorde sociale relaties die een oorzaak kunnen zijn van stress en mogelijke buffer-effecten tegen stress kunnen belemmeren; 3) de sociaalhistorische achtergrond die lokale ervaringen en betekenissen aan mentaal lijden vormgeven. Daarnaast biedt dit hoofdstuk de nodige achtergrondinformatie om de onderzoeksresultaten van hoofdstuk 3-5 te kunnen duiden.

In hoofdstuk 3 worden lokale opvattingen over mentaal lijden bestudeerd met behulp van een depressie vignet studie. Er zijn 20 semigestructureerde interviews uitgevoerd, gericht op oorzakelijke interpretaties en coping-strategieën voor depressieve aandoeningen. Respondenten interpreteerden depressieve symptomen op basis van persoonlijke ervaringen en veel voorkomende lokale problematiek. Dit gaf inzicht in het multidimensionale karakter van depressie. De depressieve toestand omschreven in het vignet werd geïnterpreteerd in cognitieve en emotionele dimensies. Oorzakelijke interpretaties waren opgebouwd uit veel voorkomende problemen in Platfontein en fysieke, psychologische en spirituele dimensies. Respondenten richtten zich voornamelijk op veel voorkomende problemen in termen van sociaaleconomische en interpersoonlijke problemen. De verhalen van respondenten vormden hiermee een spiegel van de sociaal-culturele omgeving en gaf daarmee inzicht in de dagelijkse problematiek in Platfontein. Coping-strategieën zijn voornamelijk gericht op negatieve emotionele en psychologische aspecten. Sociale contacten waren hierin de belangrijkste bron van steun, onder andere in de vorm van ondersteuning, afleiding of advies over het omgaan met de situatie en emoties. Daarnaast worden religie en professionele ondersteuning van een maatschappelijk werker, psycholoog, zelfhulpgroep of medicatie als waardevol beschouwd. Hoewel sociale contacten de voornaamste bron van steun zijn, worden veel dagelijkse problemen ook veroorzaakt door de sociale omgeving. Sociale steun in Platfontein is daarom niet zonder meer beschikbaar, zeker gezien de sociale problemen die voortvloeien uit armoede, werkloosheid en drank- en drugsgebruik. De bevindingen van deze studie illustreren dat depressie buiten het individuele lijden ook begrepen moet worden in lokale sociale omgevingen en sociaal-politieke context.

In **hoofdstuk 4** worden lokale betekenissen van het idioom “thinking a lot” bestudeerd. Er zijn 20 semigestructureerde exploratieve interviews uitgevoerd in de Khwe gemeenschap. De belangrijkste onderwerpen van de studie bestonden uit: het gebruik van het idioom in

sociale interacties, waarover men “veel denkt”, en belangrijke kenmerken zoals symptomen, tijdlijn en duur, oorzakelijk verklaringen, gevolgen en coping-strategieën. Het idioom verwijst naar een intensieve vorm van denken en wordt onderscheiden van “normaal” denken. Het wordt beschreven als een veel voorkomende ervaring van reflecteren op persoonlijke en interpersoonlijke problemen en is niet noodzakelijkerwijs een indicatie voor psychopathologie. Bovendien blijkt dat waarover men “veel denkt” en oorzakelijke verklaringen vooral betekenis krijgen in sociale, sociaaleconomische en politieke contexten die de gemarginaliseerde positie van de !Xun en Khwe weerspiegelen. Gevolgen van “thinking a lot” bestaan uit emotionele, psychologische, sociale, lichamelijke en gedragseffecten. De manier waarop deze verband houden met elkaar geeft inzicht in de lokale ethnopsychologie en ethnofysiologie. Coping-strategieën bestaan uit sociale steun, afleiding en religieuze activiteiten. Het idioom wordt in meerdere plekken over de wereld gebruikt en hoewel deze op het eerste zicht overeenkomstige eigenschappen bevat, blijkt uit de resultaten van deze studie dat er lokale nuanceverschillen bestaan. Dit onderstreept het belang om aandacht te besteden aan lokale contextuele betekenissen en generalisatie van idiomen tegen te gaan. Daarnaast is voorzichtigheid ook vereist bij het positioneren van het idioom in een ziekte-domein. “Thinking a lot” dient, naast het individuele niveau, begrepen te worden te midden van interpersoonlijke, gemeenschaps- en sociaal-politieke dimensies. Diagnostisering van mentale gezondheidsproblemen en interventies moeten daarom contextgevoelig en multidisciplinair te werk gaan en voortbouwen op lokale coping-strategieën.

Hoofdstuk 5 is een casestudie die gericht is op de sociale dynamiek van informele zorg voor mensen met chronische psychotische symptomen. Vier casestudies zijn uitgevoerd met observaties en in totaal 33 interviews. Resultaten van deze studie onderstrepen de centrale rol van informele zorg voor het welzijn van personen met geestelijke gezondheidsproblemen in landen met weinig voorzieningen. Informele zorg wordt gekenmerkt door gedeelde en gefragmenteerde zorgstructuren. De zorg is gedeeld tussen familieleden uit verschillende huishoudens en overige bewoners van de Khwe gemeenschap. Dit leidde tot een adaptief proces dat goed in staat was om in te spelen op nieuwe ontwikkelingen en behoeften van de zorgontvangers. De informele zorg was echter gefragmenteerd, aangezien het over het algemeen niet gecoördineerd was, wat de kwetsbaarheid van de zorgontvangers bij tijden vergrootte. Bijvoorbeeld doordat zorgverleners zich terugtrekken door de verantwoordelijkheid voor de zorg bij andere zorgverleners neer te leggen. Specifieke uitdagingen van informele zorg worden bemoeilijkt door armoede en gedragseigenschappen van zorgontvangers. Deze dynamiek van informele zorg is gevormd door sociaal-culturele (bijvoorbeeld normen en waarden die verband houden met het verzorgen van familieleden en afwezigheid van stigma door associatie), sociaaleconomische (bijvoorbeeld, gebrek aan middelen en langdurige afwezigheid van zorgverleners wegens werk) en historische contexten (bijvoorbeeld de samenstelling van mensen die in Platfontein wonen en relatieve isolatie van Platfontein). Om de levensomstandigheden van mensen met psychose gerelateerde mentale gezondheidsproblemen te verbeteren, zou de “community-based” gezondheidszorg haar zichtveld moeten verbreden door voort te bouwen op bestaande succesvolle structuren van steun en actie te ondernemen op lokale uitdagingen.

In **hoofdstuk 6** worden overkoepelende conclusies getrokken door de verschillende studies samen te vatten en te reflecteren op de hoofdonderzoeksvraag: hoe geven de !Xun en Khwe betekenis aan mentaal lijden, welke coping-strategieën worden gebruikt en hoe zijn deze ingebed in lokale contexten? De studies in dit proefschrift maken inzichtelijk hoe lokale begrippen, betekenissen en coping- en verzorgingsstrategieën ingebed zijn in sociaal-culturele, sociale, sociaaleconomische, politieke en historische contexten. Hieruit zijn de volgende lessen te trekken; in de eerste plaats zijn sociaal-culturele contexten van groot belang voor het begrijpen van mentaal lijden en verlenen van cultuur-gevoelige zorg; ten tweede zijn sociale en sociaaleconomische contexten van belang om lokale omstandigheden te begrijpen die stress en “distress” veroorzaken; ten derde zijn inzichten in de lokale realiteit en synergistische relaties van diverse contexten waardevol om lokale obstakels en kansen te ontdekken die gebruikt kunnen worden voor interventies. Holistische benaderingen, zoals psychosociale interventies, zijn nodig om de complexe dynamiek van mentaal lijden op een degelijke wijze aan te kunnen aanpakken. Deze benaderingen zouden met name gericht moeten zijn op het aanpakken van lokale stressfactoren en het versterken van individuele veerkracht en sociale structuren die steun kunnen verlenen. Het hoofdstuk wordt afgesloten met een reflectie op het onderzoeksproces en richt zich specifiek op 1) methodologische benaderingen en onderzoeksprocessen met betrekking tot het begrijpen van mentaal lijden, 2) onderzoek verrichten in een team met masterstudenten en 3) onderzoek onder inheemse gemeenschappen.

Opsomming

Proefskriftitel: *'We have come out of one place: it is called Omega': An ethnographic study on the role of context in understanding mental suffering among the !Xun and Khwe of South Africa.*

Die **inleiding** bied 'n algemene oorsig en doelstelling van die ondersoek. Die !Xun en Khwe is ontheemde en gemarginaliseerde gemeenskappe wat in Platfontein, 'n township naby Kimberley, Suid-Afrika, woonagtig is. Die oorblyfsels van hul ontwrigtende geskiedenis, wat hul aktiewe betrokkenheid by die Angolese onafhanklikheidsoorlog (1961-1974) en die Suid-Afrikaanse Grensoorlog (1966-1989), sowel as drie gedwonge verskuiwings insluit, is vandag nog merkbaar. Probleme wat die meeste voorkom in die gemeenskappe is armoede en werkloosheid, gesondheidsprobleme (veral MIV/vigs en tuberkulose), en geweld, sowel as dwelmmisbruik. So 'n ontwrigtende geskiedenis en sulke sosio-ekonomiese toestande is bekend daarvoor om die geestelike welstand negatief te beïnvloed. Hoewel die !Xun en Khwe, en die San-gemeenskappe in die algemeen, baie aandag van navorsers ontvang, word daar nouliks ondersoek gedoen na hul geestelike welsyn. Trauma-gefokusde en psigososiale intervensies onder die !Xun en Khwe is ook byna afwesig. Hierdie proefskrif hoop om by te dra tot die begrip van die komplekse dinamika van sosiale en geestelike gesteldheid onder die !Xun en Khwe deur plaaslike opvattings van geestelike lyding te ondersoek. Kontekstualisering is 'n sentrale tema, aangesien dit ons in staat stel om die omgewing waarin geestelike lyding plaasvind te verklaar, asook die plaaslike begrippe en betekenisse verbonde aan geestelike lyding en die hanteringstrategieë wat gebruik word om die gevolge van geestelike lyding te verlig. Die algemene doel van die proefskrif is om by te dra tot die begrip van die multidimensionele karakter van geestelike lyding in ontheemde en gemarginaliseerde gemeenskappe.

In **hoofstuk 2** word 'n sosio-historiese benadering gebruik om insig te gee in die kontekstuele dinamika wat die huidige lewensomstandighede van die !Xun en Khwe gevorm het. Dit is veral daarop gemik om te verklaar hoe hierdie twee gemeenskappe bymekaar gebly het, ondanks hul wens om uitmekaar te gaan tydens die hervestiging op Platfontein vanaf die Schmidtsdrift-weermagbasis. Drie belangrike sosio-historiese prosesse kan uit hierdie analise onderskei word. Eerstens het die Angolese onafhanklikheidsoorlog (1961-1974) en die Suid-Afrikaanse grensoorlog (1966-1989) die !Xun en Khwe saamgebring. In die tyd moes die !Xun en Khwe, ondanks die feit dat hulle uit twee afsonderlike taalgroepe bestaan en verskillende kenmerke aan hulle toegeskryf is, in noue kontak met mekaar leef. Antagonisme tussen die twee groepe groei. Hul aktiewe betrokkenheid by albei oorloë het gelei tot twee gedwonge verhuisings ná die onafhanklikheid van Angola en Namibië. Tweedens het die San-identiteit van die !Xun en Khwe hul lewens op verskeie maniere beïnvloed. Sangemeenskappe is dwarsdeur die geskiedenis aan die onderkant van die sosiale hiërargie geplaas, en dit word op sommige maniere tot vandag toe voortgesit. Hul San-identiteit en marginalisering is bydraende faktore vir hul betrokkenheid in beide oorloë. Daarbenewens het hierdie gedeelde identiteit bygedra tot die idee dat die !Xun en Khwe bymekaar hoort, wat hulle wens om afsonderlike weë in te gaan in die wiele gery het. Derdens het die politieke konteks in Suid-Afrika, ten tye van hul aankoms in 1990, 'n aansienlike uitwerking op hul lewensomstandighede en hervestiging op Platfontein gehad.

Suid-Afrika was destyds in die proses om van apartheid na 'n demokratiese nasie oor te gaan. Die Suid-Afrikaanse Weermag (SADF) is herstruktureer, waardeur baie van die !Xun en Khwe hul werk verloor het; Die ontwikkeling van behuising en diensverlening in Schmidtsdrift is stilgelê en 'n suksesvolle grondeis op die militêre basis deur ‘n lokale bevolkingsgroep, het vir die !Xun en Khwe 'n derde gedwonge verhuising weg van Schmidtsdrift beteken. Tydens hul hervestiging maak die politieke konteks, met sy hoë sensitiwiteit vir rasse-segregasie, dit vir die !Xun en Khwe onmoontlik om elkeen sy eie weg in te slaan. Met betrekking tot die geestelike lyding wat deur die !Xun en Khwe ervaar word, bied hierdie bewegingsprosesse insig in 1) die oorsprong van die huidige lewensomstandighede met baie stresfaktore wat die risiko van mentale lyding verhoog, 2) die oorsprong van ontwrigte sosiale verhoudings wat (inter) persoonlike stres veroorsaak en die sosiale dinamiek bedreig wat negatiewe gevolge van stres kan belemmer, en 3) die sosio-historiese agtergrond wat ervarings en betekenisse verbonde aan mentale lyding vorm. Daarbenewens bied dit die nodige kontekstuele diepte om die navorsingsbevindings in hoofstukke 3-5 te plaas.

In **hoofstuk 3** word plaaslike persepsies oor mentale lyding bestudeer met behulp van 'n depressie-diagram. Twintig semi-gestruktureerde onderhoude is uitgevoer om oorsaaklike interpretasies en hanteringstrategieë vir depressiewe toestande te ondersoek. Respondente het depressiewe simptome geïnterpreteer deur persoonlike ervarings en gemeenskapsproblematiek te gebruik, wat 'n multi-dimensionele begrip van depressie toon. Die depressiewe toestand wat in die diagram omskryf word, is as 'n kognitiewe en emosionele toestand geïnterpreteer. Die oorsaaklike interpretasies is opgebou uit verskeie dimensies, insluitende lewensstryd en fisiese, sielkundige en geestelike interpretasies. Respondente het hoofsaaklik gefokus op hul lewensstryd in terme van sosio-ekonomiese en interpersoonlike probleme. Die verhale van die respondente het as 'n spieël van die sosio-kulturele omgewing gedien en daarmee die gemeenskaplike stresbronne in Platfontein onthul. Hanteringstrategieë het hoofsaaklik negatiewe emosionele en sielkundige invloed aangespreek deur sosiale ondersteuning vir verligting, troos, afleiding of advies oor die hantering van die situasie en emosies. Daarbenewens is godsdiens en die professionele ondersteuning van 'n maatskaplike werker, sielkundige, ondersteuningsgroep of medisyne as waardevol beskou. Alhoewel sosiale ondersteuning die primêre bron van steun was, is dit ook as 'n stresfaktor beskou. Sosiale ondersteuning is dus nie sondermeer in Platfontein beskikbaar nie as gevolg van sosiale probleme wat voortspruit uit armoede, werkloosheid en drank- en dwelmmisbruik. Die bevindings van hierdie studie illustreer dat depressie buite individuele lyding ook verstaan moet word in die onmiddellike sosiale omgewing en die groter sosio-politieke samehang.

In **hoofstuk 4** word die betekenisse van die plaaslike idioom, 'thinking a lot' (om baie te dink), bestudeer. Twintig semi-gestruktureerde verkennende onderhoude is onder die Khwe uitgevoer. Die belangrikste onderwerpe het die gebruik van die idioom in sosiale interaksies, die inhoud van 'thinking a lot’, en sleutel-eienskappe soos simptome, tydlyn en duur, oorsaaklike verduidelikings, gevolge, en hanteringstrategieë ingesluit. Die idioom verwys na 'n intense vorm van denke en word onderskei van 'normale' denke. Dit word beskryf as 'n algemene ervaring van reflektering op persoonlike en interpersoonlike probleme en dui nie noodwendig op psigopatologie nie. Verder het die inhoud van ‘thinking a lot’ en oorsaaklike verduidelikings betekenis blootgelê op sosiale, sosio-ekonomiese en politieke vlakke wat die

gemarginaliseerde posisie van die !Xun en Khwe weerspieël. Gevolge behels emosionele, sielkundige, sosiale, gedrags- en fisiese effekte. Die manier waarop dit met mekaar verband hou, het insig gegee in plaaslike etnopsigologie en etnofisiologie. Die hantering van strategieë sluit sosiale ondersteuning, afleiding en godsdienstige praktyke in. Hoewel die uitdrukking op verskillende plekke in die wêreld gebruik en algemeen saamgegroepeer word, dui die resultate van hierdie studie daarop dat daar plaaslike nuanses bestaan, wat die belangrikheid daarvan beklemtoon om aandag te skenk aan plaaslike kontekstuele betekenis en verset teen veralgemening. Daar word ook 'n beroep gedoen om versigtig te wees om die uitdrukking in 'n siekte-domein te posisioneer en daar word geargumenteer dat 'thinking a lot' nie alleen op individuele vlak verstaan moet word nie, maar dat dit ook interpersoonlike, gemeenskaps-, en sosio-politieke dimensies moet insluit. Geestesgesondheid-assesserings en intervensies moet dus gekontekstualiseer word, moet multi-dissiplinêr te werk gaan en moet plaaslike hanteringstrategieë insluit.

Hoofstuk 5 is 'n gevallestudie-benadering om die sosiale dinamika van informele sorg vir mense met chroniese psigotiese simptome te bestudeer. Vier gevallestudies is uitgevoer insluitende waarnemings en 'n totaal van 33 onderhoude. Die resultate van hierdie studie beklemtoon die sleutelrol van informele sorg vir die welsyn van persone met geestesgesondheidsprobleme in lae hulpbron-instellings. Informele sorg word gekenmerk deur gedeelde en gefragmenteerde sorgstrukture. Sorg is onder familielede van verskillende huishoudings en nie-verwante gemeenskapslede verdeel. Dit veroorsaak 'n aanpasbare proses wat reageer op plaaslike dinamika en die sorg wat ontvangers nodig het. Die informele sorg was egter gefragmenteer, aangesien dit oor die algemeen nie gekoördineer was nie, wat die ontvangers se kwesbaarheid verhoog het, aangesien versorgers die versorgingsverantwoordelikheid op ander kan afskuif en versorging kan onttrek. Spesifieke uitdagings vir die verskaffing van sorg was verwant aan armoede en versorgingsweerstand. Hierdie dinamika van informele sorg word gevorm deur sosiokulturele (bv. norme en waardes wat verband hou met die versorging van familielede, relatiewe afwesigheid van stigma deur assosiasie), sosio-ekonomiese (bv. gebrek aan hulpbronne, lang afwesigheid van versorgers weens indiensneming) en historiese kontekste (bv. samestelling van mense wat in Platfontein woon, relatiewe isolasie van Platfontein). Om die lewensomstandighede van mense wat aan psigosverwante geestesgesondheidsprobleme ly, te verbeter, moet die omvang van gemeenskapsgebaseerde geestesorgsorg uitgebrei word en plaaslike kragte en uitdagings insluit.

Hoofstuk 6 sluit die proefskrif af deur die studie in hoofstukke 2-5 op te som en deur te besin oor die hoofnavorsingsvraag: Hoe verstaan die !Xun en Khwe mentale lyding, watter hanteringstrategieë word hanteer en hoe word dit in plaaslike kontekste ingesluit? Die studies wat in hierdie proefskrif aangebied word, maak duidelik hoe plaaslike begrippe, betekenisse en hanteringstrategieë in sosiokulturele, sosiale, sosio-ekonomiese, politieke en historiese kontekste ingebed is. Verskeie lesse kan dus getrek word. Eerstens is sosio-kulturele kontekste van groot belang om mentale lyding te verstaan en gevolglik voldoende kulturele sensitiewe sorg te bied. Tweedens, sosiale en sosio-ekonomiese kontekste is van belang om plaaslike stresbronne wat stres- en "distress"-toestande veroorsaak te verstaan. Derdens, om die plaaslike realiteite sigbaar te maak, was dit waardevol om plaaslike struikelblokke te ontdek en geleenthede te openbaar om mentale lyding te verlig. Psigososiale benaderings wat daarop gemik is om die sosiale dimensies van mentale lyding

aan te spreek deur plaaslike ondersteuningsstrukture en individuele veerkragtigheid te versterk of te herstel, en die gebruik van plaaslike stresbronne, word as holistiese benaderings voorgestel wat die komplekse dinamika van mentale lyding kan aanspreek. Om die hoofstuk en die proefskrif af te sluit, reflekteer ek oor die navorsingsproses wat spesifiek verband hou met 1) metodologiese benaderings en navorsingsprosesse met betrekking tot die verstaan van mentale lyding, 2) om saam met meestersgraadstudente as 'n span navorsing te doen en 3) navorsing onder inheemse gemeenskappe.

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