'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

den Hertog, T.N.

Citation for published version (APA):
den Hertog, T. N. (2018). '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.
Discussions and Conclusions

Figure 9: Platfontein in the distance.
CHAPTER 6
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 Kuilt 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
CHAPTER 6

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.
DISCUSSIONS AND CONCLUSIONS

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
CHAPTER 6

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 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,
DISCUSSIONS AND CONCLUSIONS

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.
References


Miller, K. E., & Rasmussen, A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks. *Social Science & Medicine, 70*(1), 7–16.


