

*Айгул Мехмедова*

Личност  
и глобализация

**TIMELINE OF PSYCHOPATHOLOGY:  
A SOUTH AFRICAN PERSPECTIVE**

*Aygul Mehmedova*

**Abstract.** Psychopathology is the study of origin, development, and manifestations of mental or behavioral disorders. It has used various categorizations of psychological disorders throughout its life span categorizing this study as a developmental notion of categorization of mental and behavioral disorders common to various populations. It is thus crucial to define psychological disorders within the study of psychopathology as psychological dysfunctions identified within individuals associated with distresses or impairments in functioning and response deviating from their cultural norms (Barlow & Durand, 2009).

**Key words:** psychopathology, mental illness, classification, South Africa

**Historical background of mental illnesses within the study of psychopathology**

Dominant understanding of mental illness during the pre-scientific era was based on the belief that abnormal behaviour was triggered by supernatural forces (Barlow & Durand 2009). This belief however has not diminished its meaning from the various South African cultural backgrounds of today. Traditional healing of supernatural forces is a notion of psychopathology within the South African context with the use of many traditional healers in which are believed to interact with such supernatural forces in attempts to heal patients from abnormal behaviours or to use supernatural forces in order to restore human functioning.

The first sign of change to a biological view of mental illness placed main emphasis upon consciousness, intelligence, and emotion thus concluding that changes in human behaviour were ascribed to changes in the human brain with influences of human interpersonal factors such as

relationships or communication between people as possible causes for mental illness. This view was further developed by Galen (CE: 129 - 199) by ascribing changes in human behaviour as a result to imbalances in bodily fluids such as blood, phlegm, black and yellow bile with options of treatment through natural remedies (Barlow & Durand 2009).

During the Middle Ages of human existence, less emphasis was now placed on the biological model proposed by Galen placing greater priority on human behaviour through supernatural forces based on organised forms of religious doctrine viewing mental illness as punishment for sins committed, or as a form of demonic possession killing people believed to have obtained supernatural powers against Christian faith. This particular view is of continuous existence within the South African context as many cultural diversities believe that homosexuality (previously categorised as ego-dystonic homosexuality in DSM-III) or diagnosis of HIV/Aids are sins as a result to punishment for 'immoral' behaviour as prescribed by various religious backgrounds.

Formal seclusion of mentally disturbed individuals during the late Middle Ages took place when churches began locking up individuals deemed with mental disorders (Austin & Burke 2009). This is a much relevant and continuous view in the South African context of today, as establishment of psychiatric hospitals may have derived from this practice which initially commenced during the late Middle Ages with mental institutions placing greater focus on rehabilitation and treatment of serious mental disorders, such as clinical depression, schizophrenia and bipolar disorder amongst others.

As the scientific understanding of mental illness began to develop further, institutionalisation of the mentally ill increased during the sixteenth century (Foerschner 2010). Measures of treatment in patients with mental illnesses within secluded areas included restrain from daily and socially occupied environments as well as exposure to torturous and toxic treatments which were eventually challenged with the emergence of humanitarian reforms across the world with an aim in exposing patients with mental illnesses to caring and supportive settings with facilitation of recreational and constructive activities by trained professionals common within the South African urban context of today.

### **Scientific era**

During the end of the nineteenth century, a shift back towards the biological approach to the causes of mental disorders once again took place. This encouraged a higher stance for research of other biological causes which were potential factors associated with mental illness forming a foundation of modern-day psychiatry relevant to psychological and psychiatric practices within the present social context of South Africa including identification, interpretation, and treatment of various forms of psychopathology. This approach led to further classifying observable mental and behavioural disorders into a Diagnostic and Statistical Manual of Mental Disorders currently used to classify and formulate diagnosis of mental and behavioural disorders (Austin & Burke 2009). In the late nineteenth century however, Sigmund Freud formulated a theoretical view known as psychoanalysis which attempted to explain a wide variety of the human functioning psyche supported by motivating how mental disorders develop when viewing the structure of human personality as well as over-reliance on particular defence mechanisms which give rise to various forms of disorders. This theoretical approach in discovery and interpretation of psychopathology made way for other theoretical approaches such as behaviourism which claimed the genesis of psychopathology within psychological conflict caused by instinctual drives as well as emphasis on observation of how abnormal behaviour is learned and reinforced by the external environment.

As a result of various theoretical approaches, numerous forms of psychological treatments such as various therapeutic approaches have been aligned with medical and technological advancements of today in order to understand the human condition and its unique traits of abnormal behaviour (Austin & Burke 2009). A great deal of conflict therefore continues to question which types of treatments are more effective than others favouring various approaches to treatment more than others without clarification and sound reasoning.

### **A cross-cultural view in psychopathology**

Although South Africa has adopted Western approaches in psychopathology, deviating from the dominance of the West is common among various South African cultures in understanding, approaching and treating mental and behavioural disorders using indigenous theories of illness and psychopathology by viewing personal problems attributed to mental

and behavioural disorders caused by difficulties in social relationships which include interaction with other individuals and spiritual ancestors who play an essential role in social life and death. Dealing with such issues therefore results to consultations with indigenous healers, herbalists and prophets. It is of question however whether forms of treatment are effective and whether such approaches to treatment can be integrated into the Western approaches in psychopathology in order to truly understand human functioning and its traits of human abnormal behaviour.

Through a personal view, a patient-centred approach to mental and behavioural disorders is of most relevance within the South African demographic. Important considerations of patients' social context, worldview, cultural heritage, socio-economic status and racial grouping are essential considerations within diagnosis in order to assign appropriate kinds of treatments and therapeutic approaches congruent to patients' contexts and needs. This kind of multidimensional approach draws on the strengths of various models of psychopathology in a way in which can assist the patient (Austin & Burke 2009). Such an approach is most useful within the South African context considering the role in which culturally derived understandings of mental illness may play in a practitioners' ability to assist and expose the patient to a westernized medical approach in treatment while encouraged to consult with an indigenous or traditional healer, with neither needing to take main priority in patient's well being.

### **Current classification of mental illness**

Two main classification systems of health conditions are now utilised within the South African context which include International Classification of Diseases (ICD-10) published by the World Health Organization (WHO) as well as the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association (APA) solely focusing on mental-health conditions in which assist with classification, aetiology, diagnosis, prognosis, approach and treatment of mental health disorders and utilised by qualified psychologists and psychiatrists in South Africa. It is clear that South Africa relies on these westernized systems in order to identify and interpret human functioning and mental disorders however, such systems propose implications and problems in the diagnostic process within the psychopathological field open to basis upon particular psychiatric theories resulting to an atheoretical stance, highly broad categorization of

disorders specified by numerous possible combinations of symptoms and category overlap in symptomatology with lessened consideration of social and contextual influences in patients from various socio-cultural backgrounds evident within the South African context. Such implications therefore disadvantage individuals diagnosed with various categories of mental disorders exposing them to stigma, social withdrawal and increased challenge to adaptation in various contexts.

## **Post-modern perspectives in psychopathology within the South African context**

### ***1. Biomedical perspectives***

Much emphasis has been placed onto the biomedical model in approaching diagnosis within the South African context which claims that mental illnesses demonstrated by individuals living in South Africa have a biological cause. With the expansion of technological advancements in society, neuro-imaging methods have enabled non-invasive studies of brain structure and function to determine abnormalities in human functioning. Unfortunately, this perspective overshadows influences of social pressure, parenting, and additional environmental factors in the precipitation of mental disorders.

#### *1.1 Genetic predisposition*

This particular biomedical perspective was not recognised in early psychopathology however it is now a prominent factor in diagnosis of mental illness within the South African context. This perspective focuses on the genetic inheritance of hereditary mental illnesses present in previous family generations (Shaffer & Kipp 2010). Although genetic predispositions play a role in the development of mental illnesses such as schizophrenia and depression, it is not accurate to determine and base diagnosis of mental disorders through genetic predispositions alone as remaining factors such as experiences of trauma, contextual factors and other symptoms of varying mental illnesses should be considered when basing valid diagnoses through a thorough investigation of the patient.

#### *1.2 Abnormal functioning of neurotransmitters*

A post-modern and commonly used perspective in which encourages prescribed drug use in order to treat mental illnesses associated with abnormal functioning of neurotransmitters in the South African context.

An increase or decrease in certain neurotransmitters such as dopamine, serotonin, norepinephrine, gamma amino butyric acid and acetylcholine found in the human brain have been found to be associated with a number of psychiatric illnesses (Passer & Smith 2011). Despite the discovery of vastly neurotransmitter networks, treatment in chemical imbalances continue to raise questions whether the nature of atypical anti-psychotic medication is effective furthermore depicting symptoms in which additional medication is needed in order to control and maintain symptomatic relief.

### *1.3 Structural abnormalities in the human brain*

Traditionally, structural abnormalities obtained in the human brain have also been associated with various mental disorders evident in past psychopathology and carried through in modern psychopathology in South Africa. It was not however considered that head trauma may be caused due to heightened criminal activities, vehicle accidents, and physical dangers present in the current South African context increasing the number of individuals within this context to suffer from varied structural abnormalities due to exposure to traumatic events in postmodern society increasing social stigma due to decreased functioning within the home, work and social environment.

## *2. Psychological perspectives*

Such perspectives seem most prominent among the mental well-being of the South African population as psychosocial factors which include living environments and relationships place daily impact on individuals' psychological state (Shaffer & Kipp 2010). Psychosocial factors were therefore not considered in diagnosis of individuals' evident psychological state during pre- psychopathology but play a dominating role in individuals' current psychological state and well being varying in rural and urban living areas and their demands of poverty, media, financial status, social status, success in career opportunities, relationships and overall quality of living within the South African context. These factors are now considered in diagnosis and evaluation of mental well being and illness congruent to the psychological perspectives discussed below.

### *2.1 Psychodynamic approach*

Contemporary psychodynamic approaches have derived from Freudian theory evident in past psychopathology and still considered within today's South African context placing greater emphasis upon relations

with others largely influenced by internal forces which exist outside consciousness (Passer & Smith 2011). In a society such as South Africa, exposure to early trauma and / or deprivation due to abandonment and death due to HIV/Aids of caregivers for example are considered as key factors in the development of psychopathology resulting to long-term effects in which the quality and nature of caregivers and children relationships are to a great extent affected resulting to the formation of personality.

### *2.2 Cognitive-behavioural perspective and community psychological perspective*

Central to the cognitive-behavioural perspective is the idea in which mental disorders are caused by aspects of the quality and content of thoughts such as judgement and biases in thinking much relevant to South Africa's apartheid era in which biases based on a racial framework resulted to racial segregation, feelings of inadequacy and depression resulting to negative self perception, world, and future. History of apartheid in the current South African context is still prevalent in various areas of the country and has an impact on self perception among various racial groups impacting on their mental status predisposed to depression due to the long lasting effects from the country's historical background. This therefore requires greater consideration of social factors if we are to fully understand the development of psychological problems crucial for a valid diagnosis and appropriate treatment.

### Conclusion

In conclusion, abnormal behaviour should be interpreted by using multiple sources for determining abnormal manifestations in collaboration of the biomedical and socio-cultural perspectives in order to formulate a valid diagnosis and appropriate to individual needs, circumstances and contexts therapeutic approaches and treatments forming holistic understanding of patients and transitioning from a pre-modern to a post modern psychopathology.

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