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SOUTHERN AFRICA

SECOND EDITION

ABNORMAL PSYCHOLOGY

A South African perspective

T Austin • C Bezuidenhout • K Botha • E Du Plessis • L Du Plessis • E Jordaan
M Lake • M Moletsane • J Nel • B Pillay • G Ure • C Visser • B Von Krosigk • A Vorster

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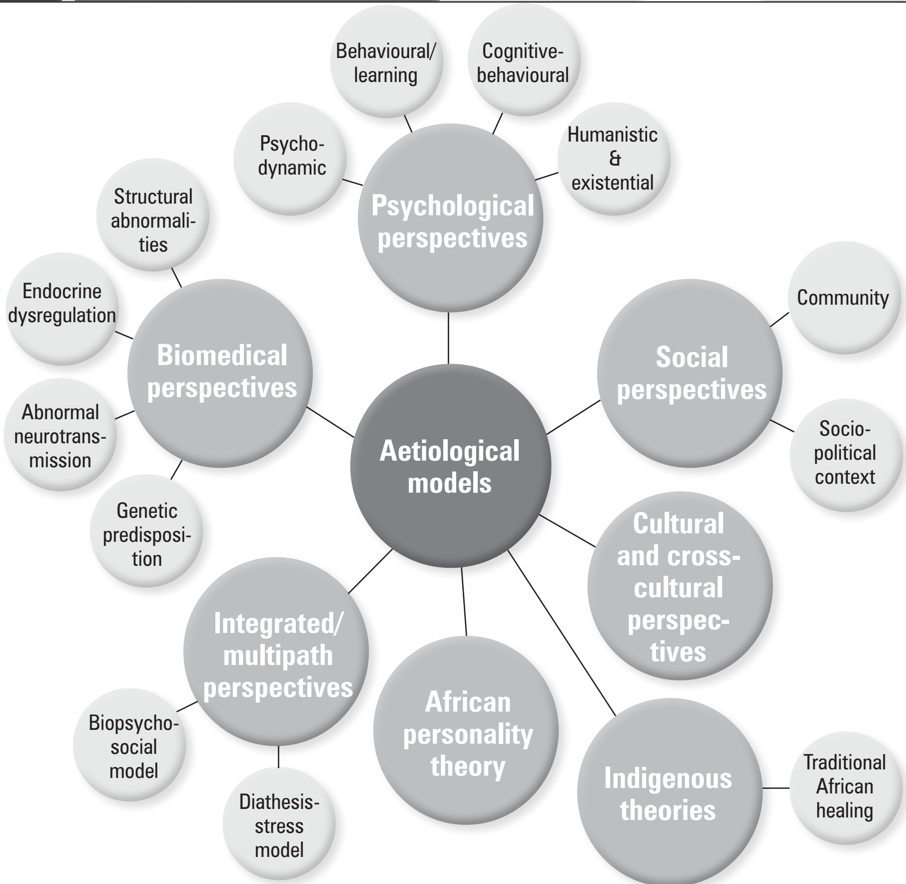

Introduction

Biomedical perspectives
- Genetic predisposition
- Abnormal functioning of neurotransmitters
- Endocrine dysregulation
- Structural abnormalities

Psychological perspectives
- Psychodynamic approaches
- Behavioural/learning perspectives
- Cognitive-behavioural perspective
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Social perspectives
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Cultural and cross-cultural psychology in South Africa

African personality theory

Indigenous theories of health and illness
- Traditional African healing model of healing

Integrated perspectives
- The biopsychosocial model
- The diathesis-stress model

Conclusion

generations. Since the traditional healers are easily available and represent the same cultural group as the clients, they are trusted and perceived as well trained. Also, for the unemployed and poor, modern medicine is unaffordable and not easily accessible. In addition, some of the older people in African communities, who are not traditional healers, acquired knowledge of indigenous healing from the past generations and are therefore familiar with traditional prevention, diagnosis, prognosis, and medicine. They are usually wise older women and men who give advice to the community members. They can be regarded as indigenous community counsellors. Out of these traditional beliefs and practices has come an African understanding of aetiology. The study conducted by Moletsane (2011) highlights these African aetiological explanations (see Table 2.6). When assisting clients from an African cultural background, it is crucial to have an understanding of these aetiological explanations.

Table 2.6: Indigenous African aetiological explanations

Cause of illness	Explanation
Boloi (*Sesotho*) or *ubuthakathi* (*isiZulu*): to be bewitched	It can be described as sorcery/witchcraft or use of super-power to harm or even kill someone, usually an enemy.
Go roula (*Sesotho*)	A widow has to wear black clothes for 12 months to show that she is mourning for her husband. This only applies to wives, not husbands. If this practice is not properly followed, it can cause illness.
Sefifi/senyama (*Sesotho*) or *isinyama* in *isiZulu*	A widow is regarded as contagious as she has 'senyama' or 'sefifi' which means bad luck due to her husband's death. The bad luck can be cured if the widow and the youngest child in the family are cleansed by bathing with a herb concoction as recommended by the traditional healer or a traditional community counsellor after the death of her husband. A person who is menstruating or who had sex that day is also regarded as having 'sefifi'. Such people are not allowed to enter the same room as a new-born baby or a sick person because they might pass their bad luck or illness to the baby or aggravate the condition of the sick person.
Makgome (*Sesotho*)	After the death of the husband, a widow is prohibited from having a sexual relationship with anyone. Widows are supposed to abstain from sexual activities for a period of one year. If this practice is ignored, they can cause serious illness to themselves and to anyone who has sexual contact with them.
Go tlola (*Sesotho*) or *Ukudlula* in *isiZulu*	When a widow fails to abstain from sex during the mourning period, this can cause compulsion neurosis (the uncontrollable impulse to perform stereotyped irrational acts).
Go lahla maseko/setso (*Sesotho*) or *ukulahla amasiko* in *isiZulu*	This is the failure to perform the traditional practices. For example, due to Western cultural influence, people might not believe in African rituals. This might anger the ancestors which will cause ill-health or other types of problems in a person's life.

- Whereas DSM-IV-TR listed Psychological Factor affecting General Medical Condition separately from somatoform disorders, this diagnosis is to be subsumed under the somatic symptom disorder category. This realignment emphasises that the primary presentation is somatic and recognises the interplay of psychological factors and physical symptoms.
- Body Dysmorphic Disorder is removed from the category altogether.

Table 8.4: Comparative nosology of somatoform disorders

DSM-IV-TR	DSM-5 (proposed)	ICD-10
Somatisation Disorder Undifferentiated Somatoform Disorder	Complex Somatic Symptom Disorder	Somatisation Disorder Undifferentiated Somatoform Disorder
Pain Disorder	*Specifier: with pain as predominant symptom*	Persistent Somatoform Pain Disorder
Hypochondriasis	*Specifier: with illness concerns* Illness Anxiety Disorder	Hypochondriacal Disorder
Conversion Disorder*	Functional Neurological Disorder	
Somatoform Disorder NOS	Simple Somatic Symptom Disorder Other Specified Somatic Symptom Disorder*** Unspecified Somatic Symptom Disorder***	Somatoform Autonomic Dysfunction Other Somatoform Disorders Somatoform Disorder, Unspecified
	Psychological Factors affecting Medical Condition	
Body Dysmorphic Disorder**		

* Conversion Disorder conforms to ICD-10 Dissociative Motor Disorders, Dissociative Convulsions, Dissociative Anaesthesia, etc.

** Body Dysmorphic Disorder is incorporated into ICD-10 Hypochondriacal Disorder and will likely be relocated to the Anxiety Disorders in DSM-5.

*** No proposed criteria yet

Table 8.4 lists disorders of the different nosologies. Dotted rectangles group together homologous symptoms or symptoms of a like nature; central lighter-coloured rectangles indicate DSM-5 equivalents. The central darker rectangle illustrates how DSM-5 Complex Somatic Symptom Disorder incorporates discrete DSM-IV-TR and ICD-10 conditions, including Pain Disorder and Hypochondriasis. Note how DSM-5 treats Hypochondriasis as two separate disorders.