The conceptualisation of mental disorders in South Africa: A systematic study

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Abstract

The rate of mental disorders in South Africa is rapidly increasing causing implications in the lives of those who are directly and indirectly affected. These rates are presaged by factors such as the lack of knowledge about mental disorders from an African perspective, which persuades the misdiagnosis of mental illnesses. In this regard, the understanding of mental disorders from various cultures is of paramount importance. This study was aimed at examining the conceptualisation of mental disorders in South Africa. This study adopted qualitative research approach, with an aid of non-empirical research design: Systematic review, closely looking at seminal studies and theory application on this subject, while using South Africa as a case study, from 2007-2020 (Not in sequence). Collected data was analysed thematically.
This study revealed that the understanding of mental disorders in South Africa is a far-fetched dream. People particularly youth are still lacking knowledge on the causes, types and treatments of mental illnesses. For recommendations, South African scope on mental disorders should emphasise the role of culture in understanding mental disorders and community members should be well informed about mental disorders. To achieve this, the government and concerned stakeholders should disseminate information through the creation of awareness campaigns.

Keywords: Conceptualisation, Culture, Mental disorders, South Africa, Systematic study.

1. Introduction and problem exposition

The phenomena of mental illness affect the increasing rates of diseases globally and South Africa is not an exception (Williams, Herman, Stein, Heeringa, Jackson, Moomal & Kessler, 2008). In support, Jacob and Coetzee (2018) state that mental disorders are on the third place following the occurrence of Human Immune Deficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) and other notable chronic diseases. This reaffirms earlier findings by Williams *et al.* (2008) that there are several factors that contribute to mental disorders in South Africa namely: Apartheid, poor economic conditions, the HIV/AIDS thread and trauma as well as deadly injuries from mines. Moreover, South Africans have negative mental health because of external forces that lead to inner emotional and psychological instability. Equally, Laher and Cockcroft (2019) revealed that South Africans particularly black people suffered from violence and ill-treatment in the post-Apartheid era, which let to increasing rates of

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women abuse. For instance, the law regulated people to carry identity documents everywhere they go and if not they were beaten up.

The perception of mental disorders in South Africa is underpinned by the cultural context and many studies have shown that many people in South Africa rely on traditional health care (Ngobe, 2015). Conversely, Smit (2018) states that modern society understands mental illnesses from a western perspective, which excludes the African perceptions and this, creates implications when applied to African societies. In the western perspective, "a mental disorder is a syndrome characterised by clinically significant disturbance in an individual's cognition, emotion regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning" (American Psychological Association, 2013). This means that mental illnesses negatively affect how we think, feel and behave as well as our interaction with other people in social and occupational settings. Furthermore, Comer (2015) postulates that mental illnesses have four characteristics namely; deviance, dysfunction, danger and distress.

Therefore, observed individuals behaviours with a mental disorder causes psychological stress, it is dangerous to both the individual and people around them, deviates from the norms of the society and causes social and occupational damage. With the presented submissions *supra*, this study discusses how various cultures in South Africa conceptualise mental disorders by looking at the causes, types, manifestation and treatment of these illnesses.

2. Adopted methodology

Research methodology is a systematic process, which includes the various steps undertaken to conduct a research, it entails research design, sampling, data collection and analysis as well as the quality criteria (Kothari, 2004). Against that background, the researchers opted for non-empirical research design due to its ability to identify, describe available research literature (Gough, Oliver & Thomas, 2012). On that score, this research design was adopted in order to describe the conceptualisation of mental disorders using the existing literature.

For data collection, as recommended by Creswell (2014), researchers relied on the peer reviewed published articles from different journals. Due to the abundance of literature on mental disorders, the researchers had to sample literature. Hence, purposive sampling technique was used to sample literature from search engines such as follows: The Google scholar, South African National ETD portal, Jstor, Sabinet and EbcoHost that focused on the study topic using keywords/phrases. The selection criteria were also determined by restricted data from the year 2005 to 2020 with a 15 years' projection (Liamputtong, 2013; Maluleke, 2020, Mokwena & Maluleke, 2020; and Mokwena, Motsepe, Maluleke & Shandu, 2020). This data was then analysed through thematic analysis, which is the identification, organisation and understanding of collected data using themes (Braun, Clarke & Weate, 2016).

3. Literature review and discussions

3.1 The conceptualisation of mental disorders in the South African context

Time immemorial, there have been mental disorders. This resulted in different countries holding different point of view of how mental disorders should be conceptualised. On that score, Njenga (2007) opines that South Africans view mental disorders in relation to the history, culture, scientific knowledge and the level of education that people have. In support, Sigida (2016) states that the perception of mental disorders depends on the cultural context and factors such as the individual's norms, beliefs and customs, which must be considered when, diagnosing a person. For instance, many South Africans believe that people get sick because they have offended their ancestors or are either possessed by ancestral or evil spirits. To affirm this, Monama and Basson (2017) emphasise that in South Africa, mental disorders are described in relation to the culture in which they occur and South Africans specifically black people believe that mental disorders originate from cultural implications.

Evidently, Smit (2018) conducted a study on *Xhosa* families with schizophrenic individuals revealed that mental possessions, witchcraft and evil spirits cause disorders. On the other side, Sigida (2016) maintains that people observe mental disorders in behaviours, which violates societal norms. To clarify, mentally sick individuals display abnormal behaviours such as aggression, incoherent speech, isolation, yelling, confusion and bizarre behaviours. For example, sick people walk around wearing torn clothes and act violently towards people who want to help them. The way in which mental disorders are perceived within cultural and religious groups determines how people respond to them and the treatment that is offered Sehoana (2015). This suggests that the observation of mental disorders acts as a determinant for treatment. For example, people who display have bizarre such as claiming that they are communicating with God on behalf of everyone may be taken to church to be prayed for. To Smit (2018) the South African healthcare system considers both the western and indigenous approach of mental disorders as important although most South Africans prefer the indigenous approach.

3.2 Selected causes of mental disorders: South African analysis

Aspects such as worry, fear and emotional distress strengthen mental disorders. In other words, excessive concern, terror and emotional suffering contribute to the occurrence of disorders (Ngobe, 2015). Smit (2018) underscored that mental disorders are caused by cultural, traditional and substance abuse particularly in black communities. This reaffirms earlier findings by Sehoana (2015) who postulated that mental disorders result from factors such as a breach of a taboo, disturbances in social relations, hostile ancestral spirits, spirit possession, demonic possession, evil eye, sorcery, natural causes, and affliction by God or gods. For instance, people who have ancestral calling witness dead members of the family, trees, goats, snakes and rivers in their dreams. To a larger extend they dream about an outsider instead of a family member and this is called evil machination *(Umtsebulo)*.

Jealousy also plays a role in the contribution of mental disorders because people are

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bewitched for succeeding in life (Ngobe, 2015). In other words, other mental disorders are fabricated and manufactured for a specific purpose. For example, neighbours, friends and family members can bewitch a person to prevent them from becoming successful. Nonetheless, a research conducted by Smit (2018) indicates the importance of factors such as brain injury due to accidents and abuse of substances, which can lead to a chemical imbalance in a person's mind and result into mental illness.

Sehoana (2015) maintains that different cultures of South Africa view the causes of mental disorders differently. For example, the views of *Sotho* culture differ from those of the *Nguni* cultures. In addition, Monama and Basson (2017) underscore that many South African communities believe witchcraft, possession by evil spirits, ancestral dissatisfaction, water on the brain and untreated epilepsy *(Tshifafa)* results in mental disorders. For instance, schizophrenic individuals are perceived as either bewitched or possessed by demons and this leads to isolation from communities. Formerly, Ngobe (2015) conducted a study on traditional healers and found that mental disorders result from supernatural powers, social, biological and psychological factors. For example, people believe that mentally ill people suffer from ancestral calling which is called *"Badimo"* in *Sotho* culture.

In relation to the aforementioned causes, Williams *et al.* (2008) enunciate that Apartheid and mining industries have a negative influence on South Africans' mental health. As such, Atwoli and Stein (2013:) aver that disorders such as post-traumatic stress disorder (PTSD) result from the trauma suffered during Apartheid. For example, people witnessed cruel acts such as the death of their loved ones and were beaten to the core. In support, Zungu (2013) underscored that people who experience accidents and injuries in mines suffer from post-traumatic stress disorder which affects their daily functioning.

3.3 Types of mental disorders in South Africa

Numerous disorders are experienced in South Africa namely: genetic *(Kwemvelo)*, depressive and anxiety disorders, addiction disorders *(Tidzakamiva)*, psychotic disorders *(Kuhlanya)* and adjustment disorders (Ngobe, 2015). This suggests that factors such as heredity, bereavement, intoxication, adaptability and disorganised behaviours differentiates the type of a disorder that is suffered. In support, Sehoana (2015) indicates that there is also a disorder known as Schizophrenia (Amafufunyana) in *Xhosa* and *Zulu* cultures and its symptoms are similar to the symptoms of hysteria. In other words, the actions of people who have *Amafufunyana* does not differ from those with hysteria. For example, individuals who have this disease become dangerous to themselves and society, they exhibit abnormal behaviours such as tearing clothes, throwing themselves on the ground and attempting suicide. Several findings show concern for the lack of knowledge about the disorders (Smit, 2018). This reaffirms earlier findings by Ramaboea and Mokhuane (2015) who states that young people are not well-informed about the various types of mental disorders and conducted a study on *Mamelodi* youth where 70% of the participants indicated that they can describe mental disorders but cannot provide names.

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3.4 Manifestations and treatments of mental disorders in South Africa

3.4.1 The manifestation of mental disorders

Mahlangu (2018) contends that it is difficult to recognise the signs and symptoms of mental disorders in South African cultures and there is insufficient research on these disorders. However, Campbell, Sibeko, Mall, Baldinger, Nagdee, Susser and Stein (2017) underscored that the *Xhosa* culture recognises disorders in people who show delusional behaviour. For instance, individuals who are delusional think other people want to hurt them or are plotting against them. Sehoana (2015) who indicates that cultures such as the Zulu and Xhosa perceive people who have a disorganised behaviour, incoherent speech and social isolation as mentally ill earlier reported this. Smit (2018) further avers that lacking knowledge of the symptoms of the disorders might lead to misdiagnosis and practitioners can offer irrelevant treatment.

3.4.2 Treatments of mental disorders

The use of traditional measures in combating mental illnesses is essential to South African communities because they believe in cultural and indigenous causation (Ngobe, 2015). This implies that communities value the indigenous treatment and believe that you cannot use a western approach to treat an illness that is caused by an indigenous factor. However, Ramaboea (2015) states that the use of both traditional and western approaches are considered in the treatment of mental disorders to encourage the consideration of cultural and religious contexts by practitioners.

Molot (2017) reiterates that the current system of South Africa permits practices by traditional healers as supported by the Traditional Health Practitioners Act (No. 22 of 2007). This Act suggests that the interim of traditional Health Practitioners Council of South Africa has been recognised through this act to safeguard the efficacy, safety and control of the services rendered by traditional healers. In addition, Monama and Basson (2017) confirm that the traditional treatment of mental disorders includes African churches such as the Zion Christian Church (ZCC) church, which combines African culture with Christianity to heal people.

Consequently, Sigida (2016) indicates that traditional treatment focuses on both the individual and their family and does not consider the causes of the illness as compared to the western approach that is concerned with the use of existing various models. In other words, successful treatment of a patient in the traditional perspective follows a holistic view of the illness and all the areas in connection with the individual being attacked. For example, if a mentally ill person consults spiritual leaders they may decide to visit the person's home to sing and dance as a way of casting out evil spirits in the home. Monama and Basson (2017) state that there is a difference in the types of traditional healers that are consulted, other people consult herbalists *(Inyanga)*, which makes use plants and roots to treat illnesses at hand whereas others consult a diviner which is trained by other diviners to be a mediator between the living and the dead.

4. Theoretical framework applications

The concept 'psychopathology' is intertwined to culture thus treating mental disorders requires a careful consideration of the cultural context (Hassim, 2012). In

other words, when health professionals tackle the issue of mental disorders they should consider the culture in which they occur. For example, mental disorders in various cultures are explained differently and what is deemed a mental disorder in the Pedi culture might not be a disorder in the Zulu culture.

In supporting the stated assertion *Supra*, Cockerham (2016) reveales that the occurrence of mental disorders are understood differently in every culture and mostly affects individuals from disadvantaged backgrounds. These disorders can be spotted when the mentally ill individuals display behaviours such as extreme avoidance of certain situations. In essence, people with anxiety disorders may not appreciate being in situations that evoke their anxiety and may avoid them. Correspondingly, Sigida (2016) avers that the features, subtypes and manifestation of mental disorders vary across cultures and culture functions to distinguish psychopathology on an interpersonal, spiritual, biological and supernatural level. This means that the cultural context of an individual determines the manifestation, symptoms and treatment of the disorders that they suffer from. For instance, South African cultures such as the Zulu may perceive someone who experiences weird dreams as being possessed by evil spirits and recommend an *Inyanga* to remove this spirits. There are enormous approaches that can be used to explain the influence of culture on psychopathology. Hassim (2012) best explained these approaches as follows:

- **Socio-biological approach** contends that culture is affected by the evolutionary and biological factors.
- **Eco-cultural approach** maintains that culture is influenced by people's interaction with the environment and the systems that they belong to.
- **Bio-psychosocial approach** maintains that culture influences psychopathology through the interaction of the biological, psychological and social factors.
- **Multi-culturalism approach** appraises the existence of variances within cultures and maintains that all individuals should be culturally competent so that societies can interact with each other in a confident manner.

4.1 Knowledge of the Socio-cultural Theory

In light of the brief description of different 'Psychopathology Theories,' the researchers opted for the Socio-cultural Approach' due to its ability to explain mental illnesses in relation to an individual's cultural background (Cockerham, 2016). Theorists of this approach argue that psychopathology is magnified by the environment that people find themselves in, their interaction with other people as well as social institutions and forces (Hassim, 2012; Scott & Palincsar, 2013; and Ameri, 2020). In other words, an individual's circumstances and their relationship to the society is a primary factor in dealing reciprocal relationship individuals have with the society with psychopathology due to the. In support, Richard (2017) states that the 'Socio-cultural Perspective' considers aspects such as a person's race, gender and nationality. Largely, this approach evaluates the person in terms of how they behave and the displayed symptoms from a cultural perspective. To this course, Mehmedova (2018) recommends that a practitioner should consider both the cultural and religious beliefs of their client to in an attempt to ameliorate disorders during therapy sessions.

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4.2 Critiques of the Socio-cultural Theory

The Socio-cultural Theory acknowledges that indigenous people have their way of understanding mental disorders. This is in line with the views of Mehmedova (2018) enunciates that South Africans, particularly black people use traditional remedies to deal with mental disorders and they use a collective approach wherein they consider an individual cultural background, how they are raised and how they interact with other people. On that score, researchers used this theory as a guideline in understanding the occurrence of mental disorders in various cultural backgrounds of South Africa.

Nevertheless, different scholars have criticised the Socio-cultural Approach. For instance, Scott and Palincsar (2013) criticise this approach for being skewed to the collective rather than individual explanations. This is because theorists of the sociocultural perspective believe that important information about a person's illness is found in their surroundings and not what they think. Again, Ameri (2020) mentions that this approach failed to understand that individuals have the will to rise above their social circumstances because of the potential to understand themselves.

4.3 The lasting value of the Socio-cultural Approach

The Socio-cultural Theory is vital in explaining the historical variations between cultures. Despite its criticism, (Cockerham, 2016 & Mehmedova, 2018) underscore that the sociocultural approach has several strong points that owes to its significance in the explaining psychopathology within different cultures. In light of this, Ameri (2020) reveals that this theory is effective due to its ability to distinguish between cognitive development and a person's social, cultural and historical surroundings. In essence, this theory appreciates differences in people's thoughts and how they relate to their environment.

5. Discussion and identifications of study themes

5.1 The integration of African healing and culture

The study of mental disorders from an African view is associated with the understanding of culture. Monama and Basson (2017) supported this finding in paragraph 3.1 of the study by stating that the existence of mental disorders in South African communities is explained in relation to the culture in which they occur. Although culture is not a fundamental feature of mental health, it is significantly a prime factor in the determination of a disorder, particularly on African people. This is in line with the sociocultural approach which argues that psychopathology is magnified by the environment that people find themselves in, their interaction with other people as well as social institutions and forces (Hassim, 2012; Scott & Palincsar, 2013; Ameri, 2020). The diagnosis and treatment of mental disorders should adopt a holistic point of view in that the patients' culture is well thought out. Unlike in the western approach, paragraph 3.4.2 of the study presents the work of (Sigida (2016) who reveals that the understanding of mental disorders in the western view

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are clued to relevant existing theories. Nonetheless, the study outcomes indicate the procedures that are followed by traditional healers when treating patients, this processes includes an examination of the symptoms, culture and all areas related to the patient including family and friends.

5.2 The implication of Western perspective on African population

The development of western models excluded the context in which mental disorders occur. This notion is supported by section 1 of this study, wherein Ngobe (2015) revealed that the use of western models on different cultural backgrounds has proven to be unproductive. In light of that, (Cockerham, 2016 & Mehmedova, 2018) lamented that the use of 'Socio-cultural Approach due to its ability to appreciate differences in people's thoughts and how they relate to their environment. The various cultures in South Africa independently understand mental illness and they use methods that are culture-bound for diagnosing and treating these disorders. To that effect, the application of western methods without the amalgamation of culture and context on these populations can negatively affect intervention results.

5.3 Lack of understanding about mental illness

The South African population especially youth have proven to lack basic knowledge of mental illnesses. This is shown by paragraph 3.3 of the study wherein Smit (2018); Ramaboea and Mokhuane (2015) aver that South African youth can describe mental illnesses but they are incapable of naming them. Be that it may, the description of this disorders in South Africa varies from community to community and is determined by behaviours as elicited by the victims of mental disorders. As a result, mentally ill individuals are at the risk of being maltreated by community members.

6. Conclusions

South African cultures recognise mental disorders in deformed behaviours that result from supernatural forces-demons, magic, witchcraft, curses, gods as well as biological factors. In their understanding, they incorporate the role of culture and context as part of the factors that should be considered for the diagnosis and treatment of mental disorders. Although the population struggles to name the disorders, they still stigmatise and isolate people who behave inarticulately and are assumed to be sick. The perceptions and causes of these disorders determine the type of treatment to be offered. Moreover, community members should be educated about the disorders for support and care purposes.

7. Recommendations

Based on the findings of this study, the following recommendations are made:
• The role of culture in studying mental disorders should be acknowledged and considered.
• The South African national government and concerned stakeholders should

disseminate information through the creation of awareness campaigns.
- South African citizens should be well equipped with the existence of mental disorders to eliminate damage caused on mentally sick individuals.
- The South African Criminal Justice System (CJS) should enforce a law against people who threatens the well-being of individuals with mental disorders.

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