

# Culture Bound Syndromes

# Overview

- Introduction
- Evolution of concept – Historical aspect & nosology
- Subdividing CBS
- Common culture bound syndromes
- Course & Prognosis
- Treatment
- Critique

# Introduction

## Culture:

- **Comprising of ideas, values, habits & other patterns of behaviour which a human group transmits from one generation to another**
- **Whole complex of traditional experiences, concepts, system of values & behavioural rules in a society**
- **Open, dynamic system undergoing continuous change over time**
- **6 components of culture**

# Introduction

1. Learned
2. Passed on from one generation to the next
3. Involves a set of meanings in which words, behaviours, events, and symbols have meanings agreed upon by the cultural group;
4. Acts as a template to shape and orient future behaviours and perspectives within and between generations
5. Constant state of change
6. Includes patterns of subjective and objective components of human behaviour

# Introduction

## **Race:**

- Culturally constructed category of identity dividing humanity into groups based on superficial physical traits attributed to some hypothetical intrinsic, biological characteristics

## **Ethnicity:**

- Culturally constructed group identity used to define peoples & communities

# Introduction

- Culture bound syndromes aka:
  - Culture related specific disorders/syndromes
  - Exotic psychiatric syndromes
  - Rare atypical unclassifiable disorders
- Occur exclusively in certain cultures and not found in others

# Definition

- Combination of psychiatric and somatic symptoms considered to be a recognizable disease only within a specific society or **culture**.
- 1980s - **Raymond Prince et al** - “collection of signs and symptoms (excluding notions of cause), which is restricted to a limited number of cultures primarily by reason of certain of their psychosocial features.”

# Historical Perspectives

- 1904 - Emil Kraepelin - documented psychiatric presentations among Native Americans, African Americans and Latin Americans (Kraepelin textbook of psychiatry, 8<sup>th</sup> edition, 1909)
- 1962 - Pow Meng Yap - 'atypical cultural bound psychogenic psychosis' - 'culture bound syndrome'
- 1985 – Ronald Simons & Charles Hughes - **“The Culture Bound Syndromes”** – grouped syndromes based on phenomenological similarity across diverse cultural settings



# Historical Reports

- 1893,1897: W.G.Ellis - Amok, Latah (Malays)
- 1908: W Fletcher - Elaboration on Latah
- 1910: Musgrave,Sison - Mali-mali (Philippines)
- 1913: Brill – Pibloktoq (Arctic Hysteria)
- 1933: John Cooper - Windigo psychosis in Algonquian Indians
- 1934: Wulfften Palthe - Koro
- 1936: Winiarz and Wielawski - Imu
- 1940: Still - Dhat syndrome (India)

# Historical Reports

- 1948: Gillin - Magical fright
- 1957: Cannon - 'Voodoo' death
- 1959: Fernández-Marian - Ataques de Nervios (Puerto Rica)
- 1960: Raymond Prince - 'Brain fag' syndrome (Nigerian students)
- 1962: T. A. Lambo - Malignant anxiety (Africa)
- 1964: Rubel - Susto (Hispanic Americans)
- 1966: Hsien Rin – Frigophobia (fear of catching cold) in Taiwan

# Relationship to Psychiatric Classification

- Cultural pluralism in society requires clinicians to examine the impact of cultural factors on psychiatric illness
- Need for a systematic method for eliciting and evaluating cultural information to make an accurate diagnosis and manage

# Nosology

- 1<sup>st</sup> included in 1992 – ICD-10; 1994 – DSM-IV
- DSM-IV:
  - recurrent, locality-specific patterns of aberrant behavior & troubling experience, that may or may not be linked to a particular DSM-IV diagnostic category
  - indigenously considered to be "illnesses," or at least afflictions, having local names
  - Generally limited to specific societies or culture areas

# CBS in DSM-IV

1. Amok
2. Ataques de nervios
3. Bilis and colera
4. Boufe delirante
5. Brain fag
6. Dhat
7. Falling out or blacking out
8. Ghost sickness
9. Hwa-byung
10. Koro
11. Latah
12. Locura
13. Mal de oio

# ICD-10

- 12 syndromes in Annexure 2
- Lacks any diagnostic and cultural explanatory guidelines.

# CBS in ICD-10

1. Amok
2. Dhat
3. Koro
4. Latah
5. Nervios
6. Frigophobia
7. Pibloktoq
8. Susto
9. Taijin Kyofoshu
10. Ufufuyane

# DSM-5

- Basic cultural concepts and culture-related diagnostic issues for each diagnostic category
- Revised Cultural Formulation chapter in Section III – Cultural Formulation Interview (CFI)
- Appendix – clinical conceptualizations of distress and most studied cultural syndromes



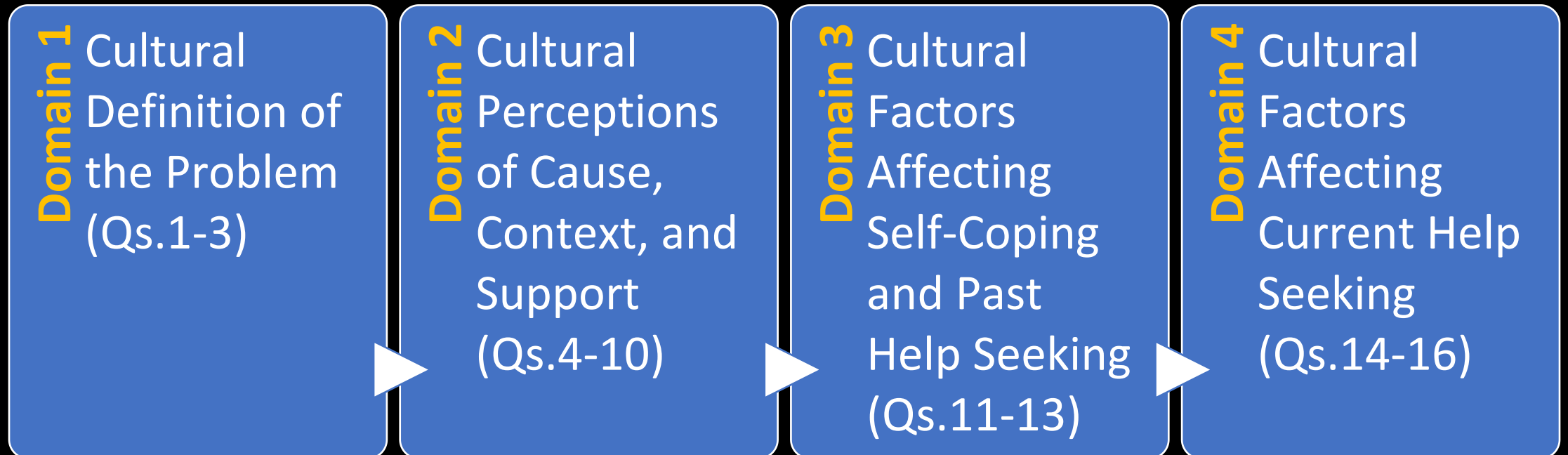
# DSM-5

## **Outline for Cultural Formulation - 5 areas of assessment:**

1. Cultural identity of the individual
2. Cultural conceptualizations of distress
3. Psychosocial stressors & cultural features of vulnerability and resilience
4. Cultural features of the relationship between the individual and the clinician
5. Overall cultural assessment

# Cultural Formulation Interview

- Set of 16 questions
- Assess impact of culture on individual's clinical presentation and care



# Subgroupings/Classification

- Yap (1967): Subgrouping by cardinal symptoms:
  - Primary fear reactions (Malignant anxiety, latah, psychogenic/magical death)
  - Morbid rage reaction (Amok)
  - Specific culture-imposed nosophobia (Koro)
  - Trance dissociation (Windigo psychosis)

# Subgroupings/Classification

- Simons, Hughes (1985): subgrouping by common factor (taxon):
  - Startle-matching taxon (Latah, imu)
  - Sleep-paralysis taxon
  - Genital-retraction taxon (Koro)
  - Sudden-mass-assault taxon (Amok)
  - Running taxon (Pibloktoq, grisi siknis, Arctic hysteria)
  - Fright-illness taxon (Susto)
  - Cannibal-compulsion taxon (Windigo psychosis).

# Subgroupings/Classification

- Tseng (2001):
  - Culture-related **beliefs** (pathogenetic): Koro, Dhat
  - Culture-patterned specific **stress coping reactions** (pathoselective): Amok, Family suicide
  - Culture-shaped **variations** (pathoplastic): Taijinkyofusho, Brain fog
  - Culturally elaborated unique **behavior reactions** (pathoelaborating): Latah
  - Culture provoked frequent **occurrences** of pathological conditions (pathofacilitating): Mass hysteria, substance abuse
  - Cultural **interpretations and reactions** to certain mental conditions (pathoreactive): Hwabyung, Susto

# Amok

- Dissociative episode - period of depression – violent, aggressive, homicidal behaviour; stressor present
- Persecutory ideas, automation, amnesia, exhaustion
- Return to premorbid state after episode
- Malay, Muslim, Male, 20-45 yrs., low education, rural origin
- **Amok** (Malaysia; to attack furiously); **Cafard/Cathard** (Laos, Polynesia, Philippines); **Mal de pelea** (Puerto Rico); **Lich'aa** (Navajo)
- Eg: Military amok, Raja of Jodhpur

# Prototypical Episode

1. Stressor – anger, loss, shame, decreased self-esteem
2. Social withdrawal & brooding
3. Frenzied, extremely violent homicidality
4. Indiscriminate victim selection
5. Verbalization – frenzied, express internal conflict, split consciousness
6. Cessation – spontaneous, killed, abrupt stupor or sleep
7. Partial/total amnesia, unconsciousness”
8. Perceptual disturbances, affective decompensations – psychosis/depression

# Treatment

- Exempted from legal/moral responsibility – “insanity defence” – attacks “unconscious” and beyond control
- Hospitalized – frequently diagnosed with schizophrenia and treated with antipsychotics



# Ataque de Nervios

- Idiom of distress (“Attack of the nerves”)
- Latinos, Caribbean, Latin American Cuba, Puerto Rico and the Dominican Republic
- Stressful event (family related) - uncontrollable shouting, attacks of crying, trembling, heat in the chest rising into the head, verbal/physical aggression
- Dissociative experiences, seizure-like/fainting episodes, suicidal gestures (out of control) - amnesia; return to premorbid state
- 13.8% prevalence, females, > 45yrs, low education, unemployed, divorced/widowed/separated

# Prototypical Episode

1. Stressor – fear, grief, anger
2. Brooding/emotional “shock”
3. Primary congruent affect, sense of loss of control
4. Accompanied by **bodily sensations & behaviours**
5. Verbalization – frenzied, express internal conflict, split consciousness
6. Cessation – abrupt/gradual, disrupted by others – return of consciousness and exhaustion
7. Partial/total amnesia (loss of consciousness, depersonalization, mind going blank, unawareness)

# Treatment

- Ensure safety
- “Talking the person down” , family support, rubbing alcohol (alcoholado)
- “Telling the story” – ‘unburdened” (desahogado)
- Single attack – brief follow-up
- Multiple attacks – psychotherapy + pharmacotherapy (short acting BZDs)

# Possession Syndrome



- South Asian presentations of involuntary possession trance in India & Sri Lanka
- Similar episodes reported in Hong Kong, China, Japan, Malaysia, Niger, Uganda, Haiti, Puerto Rico, Brazil etc.
- Involuntary, causing distress, not occurring as a normal part of collective cultural or religious ritual or performance
- Women, 15-35 yrs., all Hindu castes, Muslims, Christians and tribal people
- Sporadic/epidemic; (in)voluntary
- Beneficial – special status to individual

# Prototypical Episode

1. Stressor – subacute conflict (gradual/non-specific or sudden/specific)
2. Behaviour change –
  - Dramatic, semi-purposeful movements + guttural incoherent verbalizations
  - Aggressive, violent actions directed at self/others, impulsive suicidal/homicidal gestures, derogatory/threatening coherent verbalizations
  - Specific gestures/comments/requests indicating appearance of a known possessing personality (culturally recognizable figures/deceased family members or acquaintances)

# Prototypical Episode

3. Emergence of one or many secondary personalities, adhering to cultural norms
4. Episodic (alternation) – usual state: dazed, exhausted, distressed, confused – visual/auditory perceptual disturbances
5. Disclosure of possessing personalities by family members and indigenous practitioners
6. Variable outcome – total recovery/prolonged morbidity

# Treatment

- Psychiatric treatment typically avoided
- Indigenous treatment – neutralization of conflict/stress via communal rituals
- Reformulation of the suffering into beneficent individual and communal practice via initiation into spirit devotional cult or education into the roles of oracle, exorcist or avatar

# Shenjing Shuairuo

- Mandarin/Chinese: “Weakness of the nervous system” (neurasthenia)
- China, Japan, Hong Kong & Taiwan
- CCMD 2-R
- At least 3/5 symptoms for at least 3 months:
  - Weakness, emotional, excitement, nervous symptoms & sleep disturbances
- Included in ICD 10 as “neurasthenia”





# Prototypical Episode

1. Gradual onset; sense of powerlessness
2. Various symptoms: Insomnia, affective dysphoria, headache, bodily pains & distortions, dizziness, difficulty concentrating, tension and anxiety, worry, fatigue, weakness, gastrointestinal problems, and “troubled vexation” (fan nao).
3. Sick role
4. Variable course, responds to changing IPR and social circumstances, resolving the stressor
5. Response mediated by the sick role and its relationship to stressors

# Treatment

- Self help remedies
- Preference for non psychiatric settings
- Traditional Chinese medicines
- Polypharmacy

# Common Culture Bound Syndromes in India

- Dhat Syndrome
- Possession Syndrome
- Koro
- Gilhari syndrome
- Bhanmati sorcery
- Culture-bound suicide (Sati, Santhara)
- Ascetic syndrome
- Suudu
- Jhin jhinia

# Dhat Syndrome

- Nocturnal emissions lead to severe anxiety and hypochondriasis, often associated with sexual impotence.
- Somatic, psychological and sexual symptoms
- Attributes it to the passing of whitish discharge, believed to be semen (Dhat), in urine; no objective evidence
- Dhat – “Dhatu” – precious fluid
- Semen most precious “dhatu” (elixir) of the body (Susruta Samhita)
- Shukrameha (Shukra – sperms) ~ Dhat Syndrome (Charak Samhita)
- Term coined by Wig (1960)

# Dhat Syndrome

- “Veerya” – bravery, valor, strength
- 40 meals - 1 drop of blood; 40 drops of blood – 1 drop of bone marrow; 40 drops of bone marrow – 1 drop of semen
- Loss of excessive semen (masturbation, nocturnal emission) harmful
- Preservation – health & longevity
- India, Pakistan, Sri Lanka (Sukra Prameha), China (Sen-k’uri)

# Dhat Syndrome

- Foul smelling, less viscous semen
- Generalized weakness and pain
- Numbness and tingling sensation
- Easy fatigue, lassitude
- Loss of appetite, weight loss, loss of attention and concentration
- Excessive worrying, panic attacks, low mood, forgetfulness
- Guilt (masturbation)
- Sexual complaints (premature ejaculation, erectile dysfunction)

# Dhat Syndrome

- Absence of physical illness (diabetes, local genital abnormalities, STDs)
- Common in lower SE strata
- Seek help from traditional healers before reaching hospital
- Comorbidities: depression, somatoform disorder, anxiety disorder
- Treatment:
  - Psychoeducation,
  - Reassurance
  - Treating underlying disorder

# Koro

- Episode of sudden & intense anxiety that penis (or, in women, the vulva & nipples) will recede into body and possibly cause death
- South and East Asia
- Also known as:
  - Shuk yang/Shook yong/Suo yang (Chinese)
  - Jinjinia bemar (Assam)
  - Rok-joo (Thailand)





# Koro

- Expect fatal consequences
- More common in males
- Inappropriate sex (masturbation/sex outside marriage), illness, exposure to cold
- Koro-like symptoms – UK, Canada, Israel
- Clamps, ties, pegs or hooks may be used
- Onset is rapid, intense, unexpected
- Therapy : Assurance, educational counselling.

# Gilhari Syndrome

- Prevalent in Bikaner
- Feeling of “gilhari” (squirrel) running on back of body, a/w intense pain and anxiety, finally reaching throat and causing stoppage of breathing
- Small swelling on the body, frequently changing position
- Belief that “gilhari” must be crushed to death else it will kill them
- Treatment mainly received from local experts/faith healers

# Bhanmati Sorcery

- South India
- Due to psychiatric illness (conversion disorders, somatization disorders, anxiety disorder, dysthymia, schizophrenia etc.)
- Nosological status unclear

# Culture Bound Suicide (Sati, Santhara)

- **Sati:** self-immolation by a widow on her husband's pyre
- Sati, wife of Daksha
- Upper castes (brahmins & kshatriyas)
- Banned in India since 19th century
- **Santhara/Sallekhana:** voluntarily giving up life by fasting unto death over a period of time for religious reasons to attain God/Moksha
- Jain community – celebrates them as religious festivals
- Initially takes liquids, later even refusing to take them



# Ascetic Syndrome

- Described by Neki in 1972
- Adolescent and young adults
- Social withdrawal, severe sexual abstinence, practice of religious austerities, lack of concern with physical appearance and considerable loss of weight

# Suudu

- South India (Tamil culture)
- Painful urination and pelvic “heat”
- Both males & females
- Attributed to increase in “inner heat” of body, due to dehydration
- Treatment:
  - Sesame oil/castor oil in navel and pelvic region
  - Oil massage, warm water bath
  - Fenugreek seeds soaked overnight in water

# Jhin Jhinia

- Epidemic form in India
- Bizarre and seemingly involuntary contractions and spasms
- Nosological status unclear

# Bilis

- aka cólera or muina
- Underlying cause : strongly experienced anger or rage
- Disturb core body balances (hot & cold valences & b/w material & spiritual aspects)
- Symptoms:
  - Headache
  - Trembling, screaming,
  - Stomach disturbances, loss of consciousness.

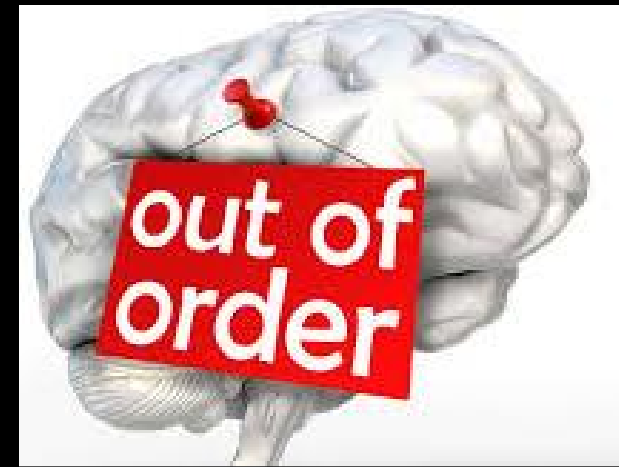


# Boufée Delirante

- Sudden outburst, acute, non-affective and non-schizophrenic psychosis (strikes "like a thunderbolt")
- May resemble brief psychotic disorder (a/w visual, auditory hallucinations or paranoid ideation)
- Complete remission after an acute episode
- Age < 30 yrs
- West Africa and Haiti, Caribbean

# Brain Fag/Brain Fog

- Difficulty in concentrating, remembering, thinking in college/high school students (Brains are fatigues)
- Other somatic symptoms: head and neck pain, pressure, tightness, blurring of vision, heat, burning sensation
- May resemble anxiety, depressive and somatoform disorders
- Common in US (elderly) and West Africa (sub Saharan area)



# Blackout/Falling-out

- Southern US and Caribbean groups
- Sudden collapse, sometimes without warning, sometimes preceded by feelings of dizziness or “swimming” in the head.
- Eyes open, but person claims inability to see.
- Hear and understand what is occurring around them but feel powerless to move.



# Ghost Sickness

- Preoccupation with death and the deceased (a/w with witchcraft)
- American Indian tribes
- Symptoms attributed:
  - Bad dreams, weakness
  - Feeling of danger, loss of appetite
  - Fainting, dizziness, fear, anxiety
  - Hallucinations, loss of consciousness, confusion
  - Feelings of futility & suffocation



# Hwa-Byung

- Korea
- "fire sickness", "anger syndrome"
- Attributed to suppression of anger
- More common in women
- Symptoms:
  - Insomnia, fatigue, panic
  - Fear of impending death
  - Dysphoric affect, indigestion, anorexia
  - Dyspnea, palpitations, generalized aches & pains, feeling of mass in epigastrium.



# Latah

- Malaysia, Indonesia
- **Yaun** (Burma), **mali-mali** (Philippines), **bah-tsche** (Thai), **myriachit** (Russia), **Imu**(Japan), **Jumping Frenchmen** (French-Canadian)
- Highly exaggerated responses to a fright or trauma - “**startle**”
- Screaming, cursing, dancing and hysterical laughter, involuntary echolalia, echopraxia, or trance-like states
- Middle-aged women
- Popular in social gatherings – comic relief by uttering obscenities when provoked

# Locura

- Latinos (US, Latin America)
- Severe form of chronic psychosis
- Attributed to inherited vulnerability ± effect of multiple life difficulties
- Symptoms include:
  - Incoherence, agitation
  - Auditory and visual hallucinations
  - Inability to follow rules of social interaction
  - Unpredictability



# Mal de Ojo

- Mediterranean cultures
- “evil eye” (Spanish)
- Children & infants are especially at risk
- Symptoms include :
  - Fitful sleep,
  - Crying without apparent cause
  - Diarrhoea, vomiting and fever





# Pibloktoq

- aka Arctic hysteria
- Stressor: loss/perceived loss of valued person/object
- Symptoms : Last for few minutes
  - Brooding, depressive silences
  - Loss/disturbances of consciousness
  - Seizure-like episodes
  - Tearing off clothes, fleeing or wandering
  - Rolling in snow
  - Speaking in tongues (glossolalia) or echolalia



# Qi-gong Psychotic Reactions

- Acute, time-limited episodes characterized by dissociative, paranoid, or other psychotic or nonpsychotic symptoms
- May occur after participation in the Chinese folk health-enhancing practice of qi-gong (exercise of vital energy)
- Person who become overly involved are more vulnerable
- Included in CCMD-2

# Rootwork

- Ascribes emotional and psychological problems to hexing, witchcraft, roots, spells, sorcery, or evil influence of another person
- Symptoms:
  - Generalized anxiety
  - G.I. Complaints (eg: mausea, vomiting, diarrhoea)
  - Weakness, dizziness
  - Fear of being poisoned/killed (voodoo death) – until root has been taken off by root doctor
- Southern US (African-American, European-American, Caribbean population)



# Sangue Dormido

- Spanish - “sleeping blood”
- Portuguese Cape Verde Islanders & immigrants to the United States
- Symptoms:
  - Pain, numbness, tremor, paralysis,
  - Convulsions, stroke, blindness
  - Heart attack, infection, and miscarriages

# Shin-byung

- Korean folk label
- Anxiety and somatic complaints (general weakness, dizziness, fear, anorexia, insomnia, gastrointestinal problems)
- Subsequent dissociation and possession by ancestral spirits



# Spell

- Trance state - persons “communicate” with deceased relatives/spirits
- Brief periods of personality change
- Southern US (African-American, European-American)
- May be misconstrued as psychotic episodes in clinical settings



# Susto

- Folk illness in latinos (US, Mexico, Central America, South America)
- “soul loss” – caused by frightening event causing the soul to leave the body – unhappiness and sickness
- Symptoms can appear at any time
- Socio-occupational impairment
- Extreme cases can result in death

# Taijin Kyofusho

- Japan
- aka shinkeishitsu, anthropophobia
- Resembles social phobia:
  - Fear of social contact (especially friends)
  - Extreme self-consciousness
  - Fear of contracting disease
  - Somatic symptoms: head, body & stomach aches, fatigue & insomnia
- Included in Japanese diagnostic system for mental disorders.





# Windigo

- aka witiko, witigo (Algonkian name - mythical monster)
- Possession turning males into cannibal monsters
- Previously described as hysterical psychosis precipitated by chronic food shortages and myths
- Symptoms: depression, homicidal or suicidal thoughts, delusional, compulsive wish to eat human flesh
- Socially ostracized or put to death.



# Zar

- Ethiopia, Somalia, Egypt, Sudan, Iran and other North African and Middle Eastern societies.
- Experience of spirits possessing a person.
- Dissociative episodes - shouting, laughing, hitting head against wall, singing, or weeping
- Apathy and withdrawal, refusing to eat or carry out daily tasks.
- Long-term relationship with the possessing spirit.
- Not considered pathological locally



# Course & Prognosis

- Limited data on the longitudinal course
- Some eventually develop clinical features s/o schizophrenia, bipolar disorder, cognitive disorder, or other psychotic disorders
- Re-evaluating periodically to refine diagnosis and improve management

# Treatment

- Determine whether symptomatology represents culturally appropriate adaptative response to a situation
- Knowledge about demographics of local population
- Recognizing local patterns of conceptualization, naming, vocabulary, explanation and treatment of patterns of distress
- Learning about local customs, accepting and respecting the patient's cultural frame of reference
- Adapting techniques to patient's cultural background,

# Critique

- Debate b/w 2 school of thoughts:
  1. Recognize these disorders as separate entity and give adequate importance
  2. Separate classification – neglected by clinicians as they would be considered irrelevant due to cultural specificity
- Wig (1994) - separately categorizing CBS will not necessarily improve the management of these cases in the country's health services
- Littlewood (1996) - abandoning CBS includes an option that all psychiatric illnesses are culture bound and recognizing the cultural aspect will make culture bound patterns as an afterthought

# Critique

- Globalization - CBS likely to disappear in homogenous world culture
- Relabeling it as 'cultural concepts of distress'
- Future direction unclear with lack of epidemiological studies

# References

- Kaplan and Sadock's Comprehensive Textbook of Psychiatry, 9E
- Diagnostic and Statistical Manual 4 TR by APA
- Diagnostic and Statistical Manual 5 by APA
- Cross-cultural Psychopathology FANNY M. CHEUNG

# References

- DELHI PSYCHIATRY JOURNAL Vol. 11 No.1 (Cultural Bound Syndromes in India)
- Culture-bound syndromes : the story of dhat syndrome A. SUMATHIPALA, S. H. SIRIBADDANA and D. BHUGRA
- PCNA : Culture bound syndromes, Levine and Gaw,
- [https://www.researchgate.net/publication/14655778\\_Culture-bound\\_syndromes](https://www.researchgate.net/publication/14655778_Culture-bound_syndromes)



Thank You