

Culture and mental disorders

Kultura a zaburzenia psychiczne

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Streszczenie

Psychiatria kulturowa jest dziedziną psychiatrii, która zajmuje się epidemiologią, etiologią, patogenezą, symptomatologią i leczeniem zaburzeń psychicznych z uwzględnieniem wpływów kulturowych i warunków środowiska. Pojęcie psychiatrii kulturowej jest nadrzędne w stosunku do terminów psychiatria transkulturowa, psychiatria porównawcza czy etnopsychiatria. Celem artykułu jest przybliżenie zagadnień związanych z psychiatrią kulturową, dotyczących specyfiki zaburzeń psychicznych, uwarunkowanych kulturowo oraz zespołów występujących jedynie w określonych grupach etnicznych. Pewne odrębności, co do częstości oraz nasilenia poszczególnych objawów, mogą występować w wielu zaburzeniach psychicznych, takich jak psychozy z kręgu schizofrenii, zaburzenia nastroju, zaburzenia lękowe czy też uzależnienia. Ciekawym zagadnieniem są zespoły chorobowe występujące jedynie w specyficznych grupach etnicznych. Do najbardziej znanych należą: koro, amok, dhat, latah i windigo.

Słowa kluczowe: psychiatria kulturowa, etnopsychiatria, psychozy egzotyczne.

Abstract

Cultural psychiatry is an area of psychiatry focusing on epidemiology, aetiology, pathogenesis, symptomatology and treatment of psychiatric disorders taking into account the influence of culture and environmental conditions. The term cultural psychiatry is superior to terms: transcultural psychiatry, comparative psychiatry or ethnopsychiatry. Transcultural psychiatry focuses on the study of characteristics of mental disorders, whereas comparative psychiatry concentrates on the differences in psychopathology determined by cultural differences. The field of psychiatry called ethnopsychiatry (cultural psychiatry) focuses on studying the exotic types of mental disorders and establishing their possible connection with ethnic variables.

The aim of this article is to approach the issue connected to cultural psychiatry regarding the specific character of mental disorders, which are conditioned culturally or syndromes existing only in particular ethnic groups. Several distinctions in frequency and severity of particular symptoms can exist in many psychiatric disorders, such as schizophrenic psychosis, mood disorders, anxiety disorders or addictions. Syndromes existing only in particular ethnic groups consist a very interesting topic. The best known ones include: koro, amok, dhat, latah and windigo.

Keywords: cultural psychiatry, ethnopsychiatry, exotic psychosis

Introduction

Culture is meanings, values and behaviour norms, which are learnt and handed down in the dominant society and within the internal social groups. Culture significantly influences cognition, feelings, perception of own 'self', as well as diagnostic process and the way of treatment [1]. This is why the culture, in which we live, can play the role of precipitating, pathoplastic factor or factor triggering psychiatric diseases [2].

Cultural environment influences the individual by its primary (family structure) and secondary institutions (social structure). Primary institution exerts influence among others through the particular family model, socialization patterns and methods of bringing up children. The elements of secondary institutions are above all the beliefs, commons, rituals, systems of norms and values,

characteristics of social structure, thinking and behaviour patterns, legal, economical and political systems, etc. It seems that the cultures differ: they can be sociocentric or egocentric by creating psychological patterns called idiocentrism and sociocentrism. Idiocentrism is connected with independence, emotional insensitivity and relying mostly on self, whereas allocentrism is interdependence, socialization and caring for others [3].

The aim of the article is to approach the problems relating to cultural psychiatry, regarding specificity of psychiatric disorders conditioned culturally and syndromes existing only in particular ethnic groups.

Cultural psychiatry

Cultural psychiatry is an area of psychiatry focusing on epidemiology, aetiology, pathogenesis, symptomatology and treatment of psychiatric disorders taking into account the influence of culture and environmental conditions. The term cultural psychiatry is superior to terms transcultural psychiatry, comparative psychiatry or ethnopsychiatry [4].

Transcultural psychiatry [5] focuses on the study of characteristics of mental disorders, whereas comparative psychiatry concentrates on the differences in psychopathology determined by cultural differences [6].

The field of psychiatry called ethnopsychiatry (cultural psychiatry) focuses on studying the exotic types of mental disorders and establishing their possible connection with ethnic variables. Particular focus of cultural psychiatry is etiopathogenic role of cultural, physical environment (for example climate, nutrition and specific infections), way of showing emotions (expression) and emotional reactions, especially in the stressful situations [7].

Ethnopsychiatry examines the exotic types of mental disorders and establishes their possible connection with ethnic variables. According to Kirmayer [8] cultural psychiatry should focus on 1/ intracultural studies of mental diseases and traditional methods of treatment; 2/ trying to find answer to the question what are the needs of culturally diverse societies encompassing locals, immigrants and refugees; 3/ reaching to the ethnographic studies to learn how the culture influences the psychopathological reasons, course and symptoms as well as studying the methods of traditional treatment which are used and how effective they were.

The following possibilities of cultural conditioning should be taken into account: 1/ creation of characteristic ('exotic') syndromes of mental disorders; 2/ shaping of several personality types prone to psychiatric disorders; 3/ psychopathological influence of family environment; 4/ activity of the factor triggering the disorder; 5/ strengthening the disorder due to exposing the patient to the activities of witch-doctors [9], healers, priests or gurus; 6/ quick cultural transformations, migration, which can influence different models of marriage, difficulties with obeying taboo, changed nutrition, living, transportation patterns.

Psychical disorder in cultural contest

The comprehension of mental disease by the clinician coming from the Western culture for sure will be strongly influenced by Western social and cultural factors. A physician, who does not know the characteristics of other cultural context than his own, can inappropri-

ately qualify normal behaviour, beliefs or experiences characteristic for this person's culture as psychopathology [1].

Some symptoms of emotional disorders called the culturally-bound symptoms refer to different cultures. They are presenting as a combination of emotional, behaviour and belief disorders, many of which have local names. Some of them can be easily connected with symptoms of behaviours described in ICD-10 or DSM-IV; others do not have Western equivalents, however they seem to be a type of somatization, dissociation or conversive disorders [4].

As far as schizophrenia is concerned, some explicitly psychotic experiences can be perceived as normal in other cultures. It regards delusions (for example belief in magic powers, spirits and demons) and hallucinations (for example seeing auras, God images, hearing of God's voice). Differences in extra-verbal communication (for example eye contact, face expressions, body language) can also be misinterpreted. In the USA and UK there has always been a visible tendency to immediate schizophrenia diagnosing in people coming from some culture origins (for example Afro-Caribbean). However, it probably does not prove the differences in frequency of schizophrenia occurrence, but rather shows lack of understanding of cultural distinctness.

Cultural distinction of depression symptoms is depending on the population. In some cultures there is bigger attention for somatic condition, for example 'anxiety', 'weakness' or 'headaches' (Mediterranean culture); 'heart problems' (Middle East); 'losing of balance', 'weakness', 'tiredness' (China and Asia). [1]

The presence of guilt and sin delusions in depression syndromes is perceived to be characteristic for the Jewish Christian cultures. Affective disorders occur mainly in the form of maniac syndromes and suicidal behaviours within depressive syndromes occur rarely in African and Latin American countries [4].

In some cultures, the panic attacks can be interpreted as the proof of magical or witchcraft activity (especially if they appear unexpectedly). Religious and cultural beliefs strongly influence the type of obsession and the nature of compulsive behaviour. Conversion and dissociative behaviours occurring more often in rural and less educated societies can be normal in the particular society. In some religious rituals they use changes in consciousness (including trance), beliefs in haunting by the spirit or various types of behaviours socially stigmatized, which can be perceived as conversive and dissociative disorders [10].

Cultural factors influence the accessibility, patterns of consumption, attitude and even consequences of use of alcohol and substances. Social, family and religious attitude towards consumption of alcohol can influence pat-

terns of its consumption and probability of occurrence of alcohol problems. Behaviour of people under the influence of alcohol can be culturally determined; aggressive and antisocial behaviour (pattern of 'pseudo-football fan') does not occur often in the cultures, where alcohol is perceived only as a mean helping to make social contacts despite the fact that alcohol consumption is on the similar level as in other countries.

The use of hallucinogens and other drugs can be socially accepted if it makes up a part of religious rituals (for example Mexican cactus in National American Church, marihuana in Rastafarianism). Similarly, secular movements started by the hippies in the 60's and 70's or the 'dance culture' in the period closer to today, provide the moral context in which the psychedelic experiences after using LSD or Ecstasy can be accepted by some social groups. Among the people using Ecstasy we can observe instability of mood (80%), worsened concentration (70%), depression (65%), sleeping disorders (52%), loss of weight (48%) [11].

Exotic psychosis

Exotic psychosis can be split basing on domineering symptoms into those, where anxiety, awareness disorders or mood disorders are the strongest [3].

The main syndrome of Koro, existing in China, India, Malaysia, is anxiety. The strongest syndrome is fear of death, which is supposed to happen as a result of penis receding into the abdomen. The patient feels his penis shrinking; also the behaviour of the patient and his environment is disturbed, as everyone is trying to help the patient for example by keeping the penis in special grips or by attaching weights to it. Experienced anxiety is accompanied by awareness disorders, even cases of death occur. Anxiety is paroxysmal with vegetative symptoms, like heart palpitation, severe sweating and paleness of skin [12].

This disorder can present not only in single cases, but sometimes it has features of an epidemic, involving large groups of people. It is significantly influenced by cultural environment and beliefs. It can be assumed that there is a connection between feeling of sexual identity, problems of masculinity, feeling of guilt following masturbation, fear of sexual activeness and loss of a partner [3].

Koro presents most frequently in men in young and middle age. Single cases of its presence in women have been described on Borneo and the fear was regarding receding of breasts and labia. Although in ICD-10 koro is included in the category 'Other anxiety disorders', it seems to be more similar to psychotic disorders. Thinking disturbance regarding 'receding of penis' which can be fatal seems to be of delusional character. Moreover, it can

occur as one of the symptoms of schizophrenic of affective psychosis. In spite of the fact that koro is not a frequent disorder, it is one of significant interest of researchers and in the literature there are numerous studies concerning particular cases descriptions, diagnostic discussions or suggestions of treatment. Although koro is qualified as exotic disorder, basing on new descriptions, which are constantly being added, there are suggestions to consider it a general disorder, regardless of cultural area [3,12].

Citizens of Vanatu fence their houses with barbed wire to protect their possessions from the neighbours, who would throw a poisonous leaf causing shrinking and receding of penis [13].

In South and Latin American countries, especially in Mexico, young people suffer from a disease called *susto*, by American Indians called *espanto*. Its major symptom is fear of death, which is due to be a result of loss of soul caused by evil spirits, magic or witchcraft. Significantly strengthened fear occurs in the first phase of disease, which leaves the patient in the state of apathy, resignation, withdrawal or considerable motor arousal. No food consumption leads to impoverishment, which is sometimes accompanied by fever, insomnia, convulsions and diarrhoea. In numerous cases patients die. In case of this illness a role is also played by infection accompanying other symptoms [4,14].

Imu, disorder occurring most often in Japanese women, is characterized by panic attacks, anxiety, accompanied by such symptoms like echolalia, echopraxia and aggressive behaviours [10].

The group of disorders with domineering consciousness disorders includes characteristic for South Africa *ufufuyana*, *saka* attributed to magic powers from poisoned drink served by rejected lover or activities of evil spirits. Affected person is screaming, sobbing, repeating random words, can behave as paralyzed or have convulsions. Such condition can last for some days or weeks. More frequently it occurred in unmarried women and sometimes its outset is connected to a look from a man, especially a stranger. *Pibloctoq*, disorder found beyond the Arctic Circle is characterized by attacks of violent behaviour including tearing own clothing off, tearing it into pieces, running without purpose, rolling in the snow, echolalia, vandalizing objects or eating excrements. Sometimes convulsions occur as well. Attack of such disorder usually lasts a dozen or so minutes and after it has finished, the patient does not remember it. Such states appear in religious rituals and disappear without leaving any trace; their cause is seen in impersonating of the soul of predecessor, God, Satan, *dybbuk* (in Jewish tradition – evil spirit seizing someone), etc. into the patient [3].

Moth madness is a disease characteristic for American Indians from Navaho tribe. Patients suffer from fits similar to epilepsy, self-destructive behaviours, loss of control over own behaviour and feeling that head, trunk and genitalia are shrinking. The name derives from similarity of patient's behaviour to tossing of a moth. American Indians believe that the cause of the problem is profaning of incest taboo [10].

One of the most popular clinical presentations including awareness disturbance is *latah* found in people of Java, Madagascar, in Japan and in Tibet. This condition occurs mainly in women and it appears usually when they see a snake or a tiger, or hear their names. It is a sign of strong anxiety experience. It is characterized by awareness narrowing, anxiety, disturbed behaviour and often running away ahead [15].

Amok, other awareness disorder is found in population of South-East Asia, sometimes in Latin America, New Zealand and Kenya. It occurs more frequently in men. The disorder starts with states of meditation followed by the state of hyperactivity, awareness narrowing and disturbed behaviour consisting of significantly strengthened physical aggression towards the surrounding people, which often ends up in a murder. Aggression towards self ending up in suicide is also possible. Such state lasts minutes or hours and after waking up the patient does not remember what happened. *Amok* is categorised under code F.68.8 - Other specified disorders of adult personality and behaviour [16].

Mal ojo (bad eye) occurring in young people in Latin America is characterized by anxiety, fear, awareness narrowing, lowering mood, sleep disturbance, nausea and sometimes fever. Its onset is sudden and the illness does not last long. According to the local beliefs, the disorder is caused by a casted spell or magic powers of an envious person. In different cultures, on different continents states of trance occur during ritual dances performed in step with music or dance. In the course of rhythm acceleration, the awareness of participating people is becoming narrow, emotional tension increases and behaviour is getting automatic. Ritual trance is often following the consumption of intoxicating substances [3,6].

Zar is an awareness disorder found in North Africa. It is connected with possession by an evil spirit, which is leading to behaviour disturbance. Affected person is laughing, crying and hitting head against trees. These actions cannot be stopped either by the family or other people, except for the shaman. *Amakiro*, found in Africa, is a postnatal psychosis with awareness disturbances connected with loss of soul for the benefit of newly born child. Symptomatically similar postnatal disorder found on Fiji is called *na tadoka ni vesuku*. Prevailing symptoms of this disorder are somatic symptoms with anxiety and

lower mood. Disorder called *stamboli* caused by possession by an evil spirit was described in Tunis. In order to remove the spirit a ritual dance is being performed, which is evolving into trance in course of increasing speed of the music and often ending up with convulsions [3].

A mood disorder *windigo* is found in Canadian Indians *Ojibwa*. In the first phase it is characterised by depression, tendency to isolation, anxiety, lack of appetite, afterwards diarrhoeas and vomiting occur. After a few days patient starts to express his delusions that he transformed into *windigo*, which is a monster looking like a giant skeleton made of ice, which according to the myths was eating human meat. Identification with this monster is leading to behaviour disorders with tendency to eating own colleagues. Being perceived dangerous, such person is expelled from the tribe or even killed [4].

Hwa-byung as a result of suppressing anger is found in Korea. Characteristic symptoms are: insomnia, feeling of fatigue, panic fear of death and depression. In this region also popular is *sin-byung* starting from pains in different area of the body. In the course of this condition also splitting of functionality occurs. The disease is attributed to possession by the spirits of ancestors [3].

Dhat, found in India, Sri Lanka and China and characterised by acute fear, especially of getting sick and feeling of fatigue is being connected with loss of semen [17].

Voodoo is a syncretistic Afro-American religion professed mainly in Haiti and south of USA. Its basis is constituted by the beliefs of Western-African peoples (Yoruba, Congo, Fulham) and rituals play a significant role in these beliefs. The confessors of voodoo cultivate their ancestors and include people of merit for the nation or local society into their pantheon. The bases of worship are 'rituals of possession'. Drums playing sophisticated polyrhythm are of significant importance. Thanks to them, the participants fall into trance, in the course of which spirits possess one of more previously initiated or specifically prone for trance people. Among the Voodoo confessors there is a belief that thanks to magic it is possible to revive body of a dead person and cause that it will for example automatically work in the field like a machine - zombie. A person becomes a zombie as a result of intoxication by a special type of poison, which is prepared by a magician. Substances like atropine, hyoscyamine and tetrodotoxin are used for this purpose. This activity is usually performed by a magician, so called *necromate*, who is responsible for reviving the dead, who are due to obey his commands.

In some societies the states of trance are culturally accepted and people who fall into trance are respected by the others. If we exclude existence of such states under influence on hallucinogens, it can be probably assumed

that they are connected with personality features of these people [3].

The term 'witch doctor' describing a person healing others, but also being a political and religious leader is connected with cultural psychiatry. The word 'witch doctor' derives from the language of East-Siberian Evenks, earlier Tangus. Before, shamanism was being associated solely with the area of Middle Siberia, however it turns out that it was also present in many other belief systems on all continents. When in the 20th century the seaside tribes of North-West part of North America were discovered, it was found that the 'witch doctor' was responsible for communication with spirits there. Sometimes a person with epilepsy, treated as someone with special powers, was becoming a 'witch doctor'. Similarly it can be assumed that mental disorders with features of schizophrenia, in which mystical experiences were a sign of psychopathology, could exist in 'witch doctors'. It is worth underlining that in case these people were mentally ill, they could obtain significant support from the society thanks to their function and they existed with distinct, but accepted by everyone rules [18].

Summary

Many syndromes existing only in particular ethnic groups were described; besides, the psychical disorders diagnosed in other places in the world can be characterised by different symptoms. The knowledge of cultural psychiatry problems enables the clinicians to gain broader perspective in diagnosing and treating patients.

Literature

1. Gaw A.C. Zagadnienia kulturowe. W: Hales R.E., Yudofsky S.C., Gabbard G.O. red., *Psychiatria Tom 1.*, Warszawa; Medipage: 2010, s. 307-333.
2. Barrio C., Culture and schizophrenia: A cross-ethnic growth curve analysis. *J Nerv Mental Disease*, 2001; 189 (10): 676-684.
3. Grzywa A. *Oblicza psychozy*. Lublin; Wyd. Czelej: 2005.
4. Jakubik A. *Psychiatria kulturowa*. W: Dąbrowski S., Jaroszyński J., Pużyński S. red. *Psychiatria Tom 3.*, Warszawa; PZWL: 1989 ,s. 51-64.
5. Krzyżowski J. *Psychiatria transkulturowa*. Warszawa; Medyk: 2002.
6. Yap P.M. *Comparative psychiatry: A theoretical Framework*. Toronto; University of Toronto: 1974.
7. Wulff E. *Ethnopsychiatrie*. Wiesbaden; Akademische Verlagsgesellschaft: 1978
8. Kirmayer L.J., Young A. Culture and somatization: Clinical, epidemiological, and ethnographic perspective., *Psychosom Med*, 1998; 60: 420-430.
9. Eliade M. *Aspekty mitu*. Warszawa; Wyd. KR: 1998..
10. Grzywa A. *Pogranicza psychiatrii*. Lublin; Wyd. Czelej: 2009.
11. Parrot A. Kac po ekstazie. *Charaktery*, 2009; 8: 88-91.
12. Bernstein R.L., Gaw A.C. Koro: proposed classification for DSM-IV. *Am J Psychiatry*, 1990 ;147(12):1670-4.
13. Montgomery C. Bóg Rekin. *Wyprawa do źródeł magii*. Warszawa; Świat Książki: 2007.
14. Quinlan M.B. Ethnomedicine and ethnobotany of fright, a Caribbean culture-bound psychiatric syndrome. *J Ethnobiol Ethnomed*, 2010;17(2): 6-9.
15. Kenny M.G. Latah: the symbolism of a putative mental disorder. *Cult Med Psychiatry*, 1978;2(3):209-31.
16. Hatta S.M. A Malay crosscultural worldview and forensic review of amok. *Aust N Z J Psychiatry*, 1996; 30(4):505-10.
17. Sumathipala A., Siribaddana S.H., Bhugra D. Culture-bound syndromes: the story of dhat syndrome. *The British Journal of Psychiatry*, 2004;184: 200-209.
18. El-Mallakh R.S. Schizophrenia and the origins of shamanism among the Kwakiutl maritime cultures of Northwest North America: A hypothesis. *Schizophrenia Res*, 2006; 86: 329-330.