

Mini Review

Culture-bound Syndrome: The Enigmatic Contingency in Clinical Epidemiology

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Introduction:

In medical science, particularly in medical anthropology, 'Culture-bound Syndrome (CbS)' remains a culture-bound syndrome- which is also dubbed as 'Folk Illness'. CbS constitutes a blended entity of psychiatric & somatic symptoms that are considered/recognized as 'occurrence of diseases' among &/or within a specific society or in a defined cultural unit, only. The term *culture-bound syndrome (CbS)* has been included in 4th version of *Diagnostic & Statistical Manual of Mental Disorders* (Am Psychiatric Assoc., 1994) adding a list of common culture-bound conditions. But, there are no objective biochemicals or structural alterations of body organs &/or functions, and CbS is essentially centered within some cultures that is not recognized by other cultures/communities. Broadly, an endemic disease attributing to certain behavior pattern within specific culture/community refer to as 'potential behavioral epidemic'.

The aim of this mini review is to bring out CbS into recent light in our medical arena to judge if some of such issues do suits to our country perspective since use of drugs, or alcohol abusing, smoking and disease transmission are being determined by communal reinforcement via person-to-person interaction. Though CbS often

remains difficult to get those diagnosed properly just based on etiological grounds, yet it must remain distinguishable based on causal contribution of community/culture specific prevailing diseases staying apart from other environmental factors like toxicity.¹

The term 'CbS' is not familiar in Bangladesh, *Am Psychiatric Assoc.*, signifies it as recurrent, locality-specific patterns of aberrant behavior/troubling-experiencing symptoms plausibly linking to particular DSM-IV diagnostic category, where some of such indigenously considered 'illness or affliction' with local names.² We, thus, wanted to bring into light if such culture-bound syndrome or community-based societal practices exist in our local areas/tribes/ religious groups, in Bangladesh that might be in vogue in some traditional communities/ spiritual practices, may open newer horizon in the disease epidemiology of Bangladesh towards adding values as plausible clue(s) in our country's re/emerging infectious diseases issues much more.

Culture-bound syndrome is identified based on the following characteristics:1-2

- Categorized such CbS/disease which neither remain voluntary behavior nor false claiming
- How widely CbS are spread out in communities having a definite basis in a given culture
- Are those lacking in familiarity or misunderstood the condition to community/cultures
- CbS mostly has no objective-based proofs of biochemical or tissue abnormalities (signs)
- Mostly recognized and treated by the community-derived or culture-based folk medicine

CbS/culture-specific syndrome is not similar to geographically-localized disease with specific,
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identifiable yet causal tissue abnormalities. One of such is 'Kuru' (sleeping sickness), or certain genetic conditions. Nevertheless, condition originally assumed as culture-bound behavioral syndrome based on biological cause must have certain medical perspective to be redefined into another nosologically categorized.

Of its wider perspectives, some CbS involves somatic symptoms, like, pain, disturbed body function, while others remain behavioral/features of trans-cultural communities, with locally specific traits, viz., penis panics.

Medical Perspectives:

According to *Am Psychiatric Assoc.*, the term *culture-bound syndrome* (CbS) signifies recurrent, locality-specific patterns of aberrant behavior and troubling-experiencing symptoms might be linked to particular DSM-IV diagnostic category, though many of such patterns are indigenously considered as 'illness or affliction' with local names.² Though presentations conforming to such DSM-IV categories exists throughout the globe, the particular symptoms, course, and social response are often influenced by locally-followed cultural factors. In contrast, CbS are generally limited to specific societies/community-areas having definite culture remain localized, folk, diagnostic categories that frame coherent meanings for certain repetitive, typical/patterned, and clumsy/troubling sets of experiences and observations.

Controversies and Arguments:

The term *culture-bound syndrome* often seems to be controversial since it reflects different opinions of anthropologists and psychiatrists.³ Anthropologists have a tendency to emphasize the relativistic and culture-specific dimensions of the syndromes, while physicians tend to emphasize the universal and neuropsychological dimensions.^{4,5}

In 1999, psychiatrists like, Guarnaccia & Rogler, argued in favor of investigating CbS on their own terms since the syndromes have enough cultural integrity to be treated as independent objects of research.⁶ They demonstrated that such issues occurring on diagnosing CbS to be used DSM-IV. They referred that 'one of key problems remains the "subsumption of culture bound syndromes into psychiatric categories",⁶ which ultimately creates a medical hegemony and places the western perspective above that of other cultural and epistemological explanations of disease. So, Guarnaccia and Rogler felt the urgency for further investigation or reconsideration

of the DSM-IV's authoritative power is emphasized, as the DSM becomes an international document for research and medical systems abroad. They provided two research questions that must be considered, "firstly: how much do physicians know about CbS to be able to fit those into any standard classification; and secondly: whether such a standard and exhaustive classification in fact exists".⁶

Earlier, in 1991, Latour, Bruno from USA opined DSM (Diagnostic and Statistical Manual of Mental Disorders) as problematic in nature and that, the 'DSM has been evident when viewed as definitively conclusive'. He further posed questions: if CbS can be treated as discrete entities, or, more importantly, if their CbS-symptoms remain generalized to perceive it as an merger of previously diagnosed illnesses'. If yes, then DSM may be, what Bruno defined as "particular universalism" which Western medical system may view to have a privileged insight into the true intelligence of nature, in contrast to the model provided by other cultural perspectives.⁷

Some studies on childhood diseases/disorders suggest CbS as an acceptable way within specific cultural context among certain vulnerable individuals (i.e. an *ataque de nervios* at a funeral in Puerto Rico) to express distress in the wake of a traumatic experience,⁸ a similar manifestation of distress pertaining to childhood trauma when displaced into US culture leading to different way including adverse outcome in individuals and family.⁹ Thus, history &/or etymology of such cases, like, 'Brain-Fag Syndrome', also reattributed to 19th Century Victorian Britain rather than West Africa.¹⁰ Judging all these options and opinions, the term *culture-bound syndrome* (CbS) was dropped from the DSM 5 to replace it anew with "cultural concepts of distress".¹¹

Cultural Collusion with Medical Perspectives:

A study published by the Epilepsy Foundation reported that within the traditional among culture, epilepsy (qaug dab peg) is directly translated into "the spirit catches you and you fall down" meaning an evil spirit called a dab that captures soul to make one ill. In such culture, individuals with seizures are thought to be blessed with gift; as an access into spiritual realm than anyone.¹²

Contrarily, to that, in Western society, epilepsy is recognized as a serious long-term brain condition that might cause major impairment in one's life. The way the illness is dealt with in Hmong culture is vastly different due to the high-status epilepsy in their culture, compared to individuals who have it in western societies.

Individuals with epilepsy within the Hmong culture are a source of pride for their family.¹³ Another type of culture bound illness remains neurasthenia- a vaguely described medical ailment in Chinese culture that presents as lassitude, weariness, headaches, and irritability and is mostly linked to emotional disturbance. A back in 1942 a report revealed 87% of such patients diagnosed by Chinese psychiatrists as having neurasthenia. So this has been reclassified as having major depression according to the DSM-3 criteria.¹⁴ In Hong Kong, Cheung, Fanny M et al, reported in a study in 1982 & later on in 1985 that most patients selectively presented symptoms accordingly what they perceived as appropriate and tended to focus on somatic suffering only than their emotional issues that had been facing.^{15,16}

An abridged test DSM-IV & DSM-V

The following 26 diseases have been listed out in the 4th edition of *Diagnostic and Statistical Manual of Mental Disorders* classifying those as culture-bound syndromes (CbS), as shown, below:¹⁷

1. **Running amok:** It is an aggressive dissociative behavioral pattern derived from Indonesia and Malaysia that led to the English phrase, running amok. The word derives from the Malay word *amuk*, traditionally meaning "an episode of sudden mass assault against people or objects, usually by a single individual, following a period of brooding, which has traditionally been regarded as occurring especially in Malaysian culture but is now increasingly viewed as psychopathological behavior.
2. **Ataque de nervios & 3. Bilis, cólera:** It is a psychological syndrome mostly associated, in the United States, with Spanish-speaking people from the Caribbean, although commonly identified among all Iberian-descended cultures. *Ataque de nervios* translates into English as "attack of nerves", although it is used in its common cultural form to refer to a specific pattern of symptoms, rather than being a general term for feeling nervous.
3. **Bouffée délirante:** It is a uniquely French psychiatric diagnostic term. It is "an acute, brief nonorganic psychosis that typically presents with a sudden onset of fully formed, thematically variable delusions and hallucinations against a background of some degree of clouding of consciousness, unstable and fluctuating affect, and spontaneous recovery with some probability of relapse."
4. **Brain Fog syndrome:** It is characterized by confusion, forgetfulness, and a lack of focus and mental clarity. This can be caused by overworking, lack of sleep, stress, and spending too much time on the computer.
5. **Dhat syndrome:** It is a condition found in the cultures of South Asia (including Pakistan, India, Bangladesh, Nepal, and Sri Lanka) in which male patients report that they suffer from premature ejaculation or impotence, and believe that they are passing semen in their urine.
6. **Falling-out:** It is reported in Latin America and the Caribbean and usually brought on by stress.
7. **Ghost sickness:** It is more a socio-cultured being traditional incertion indigenous peoples in North America, notably the Navajo, and some Muscogee and Plains cultures, as well as among Polynesian peoples. People who are preoccupied and/or consumed by the deceased are believed to suffer from ghost sickness. Reported symptoms can include general weakness, loss of appetite, suffocation feelings, recurring nightmares, and a pervasive feeling of terror. The sickness is attributed to ghosts or, occasionally, to witches or witchcraft.
8. **Hwabyeong:** It is a Korean somatization disorder, a mental illness which arises when people are unable to confront their anger as a result of conditions which they perceive to be unfair.
9. **Koro:** Also known as shrinking penis, is a culture bound delusional disorder in which individuals have an overpowering belief that their sex organs are retracting and will disappear, despite the lack of any true longstanding changes to the genitals.
10. **Khyâl cap:** It is a syndrome of PTSD specific to Cambodian refugees. Symptoms are similar to the ones of common panic attacks and include palpitations, dizziness and shortness of breath. This Cambodian term directly translate to wind attacks.
11. **Latah:** It is a condition in which abnormal behaviors result from a person experiencing a sudden shock or other external stressor almost exclusively having been observed in persons from Southeast Asia. When induced, the affected person typically engages in such behaviors as screaming, cursing, dance movements, uncontrollable laughter, mimicry and command obedience.

12. **Locura:** Which translates to "insanity" in Spanish, is a mental disorder characterized as severe chronic psychosis. The term refers to a culture-bound syndrome, found mostly in Latin America and Latin Americans in the United States. Also referred to as *ataques de locura* (meaning "madness attacks"), it is categorized as a more severe form of *nervios ataque de nervios* with symptoms appearing similar to those of schizophrenia.
13. **Mal de pelea:** It is an aggressive dissociative behavioral pattern derived from Puerto Rico. It is like running amok.
14. **Evil eye:** The evil eye is a supernatural belief in a curse brought about by a malevolent glare, usually inspired by envy. It is found in many cultures in the Mediterranean region, the Balkans, the Middle East and Central Asia, with such cultures often believing that receiving the evil eye will cause misfortune or injury,¹ while others believe it to be a kind of supernatural force that casts or reflects a malevolent gaze back upon those who wish harm upon others (especially innocents).
15. **Piblokto:** Also known as pibloktoq and Arctic hysteria, is a condition most commonly appearing in Inughuit (Northwest Greenlandic Inuit) societies living within the Arctic Circle. Piblokto who has culture-specific hysterical reaction in Inuit, especially women, who may perform irrational or dangerous acts suffering from amnesia.
16. **Pa-leng (frigophobia):** It is a phobia pertaining to the fear of becoming too cold. Which is mainly in the Chinese culture. Sufferers of this problem bundle up in heavy clothes and blankets, regardless of the ambient air temperature.
17. **Zou huo ru mo (Qigong psychotic reaction):** Also known as qigong **deviation** is a Chinese-culture concept traditionally used to indicate that something has gone wrong in spiritual or martial arts training.
18. **Rootwork/Hoodoo:** Hoodoo is a set of spiritual practices, traditions, and beliefs that were created by enslaved African Americans in the Southern USA taken from various traditional African spiritual. Christianity and from healers indigenous botanical background including Hoodoo rootworkers, conjure doctors, conjure man and woman (Regional synonyms conjure).
19. **Sangue dormido:** **Sangue dormido** (lit. 'sleeping blood'): It is a psychological syndrome reportedly affecting Cape Verdeans and members of the Cape Verdean diaspora who believe infak. The patient described Cape Verdean folk beliefs in which traumatic injury would cause living blood (*sangre vivo*) to leak out and coagulate as sleeping blood (*sangue dormido*) or dead blood (*sangue morto*), resulting in loss of circulation to affected area and thus gets more potentially serious symptoms ("backing up" behind the obstruction).
20. **Shenjing shuairuo/Neurasthenia:** Neurasthenia (from the Ancient Greek νεῦρον *neuron* "nerve" and ἀσθενής *asthenés* "weak") is a term that was first used as early as 1829^[6] for a mechanical weakness of the nerves. The condition was explained as being a result of exhaustion of the central nervous system's energy reserves, which Beard attributed to modern civilization. As a result as the increasingly Physicians in the Beard school of thought physicians associated neurasthenia suffering from stresses of urbanization. This commonly occurs elite people and with professionals sedentary occupations that include any one living within the monetary system.
21. **Shenkui, shen-k'uei:** It is a traditional Chinese medicinal term in which the individual suffers withdrawal like symptoms including chills, nausea, and even flu-like symptoms with anxiety, believed to be caused by an orgasm and loss of semen. The symptoms may last weeks to months after a single orgasm.
22. **Shinbyeong:** Also called "self-loss", is the possession from a god that a chosen *mu* (shaman) goes through in the Korean shamanic tradition. It is said to be accompanied by physical pain and psychosis. Believers would assert that the physical and mental symptoms are not subject to medical treatment, but may only be cured through acceptance of and full communion with the spirit only.
23. **Susto:** It is a cultural illness primarily among Latin American cultures. Inhibiting condition of "chronic somatic suffering stemming from emotional trauma or from witnessing any/some traumatic experiences that others may have had.

24. **Taijin kyofusho:** This Japanese team significant culture-specific syndrome that translates into the disorder (sho) of fear (kyofu) of interpersonal relations (taijin) suffering among these feel extremely embarrassed to fearful displeasing their bodies or their appearances to others.

25. **Zār:** In the cultures of Horn of Africa and adjacent regions of the Middle East, Zār denotes a demon spirit assumingly to possess in women, causing discomfort illness. The so-called zār ritual or zār cult remains the practice of exorcising such spirits from the possessed individual.

26. **Uqamairineq:** Is a curse and a demonic possession,¹ seen in Zulu- and Xhosa-speaking communities in Kenya S. Africa that it is refer to saka. anxiety state attributed to magical effects (given to them by rejected lovers), or spirit demonic possession commonly seen in Zulu people.

Other Relevant Examples associated with culture-bound syndromes (CbS):

Reportedly, though "the ethnocentric bias of Euro-American psychiatrists has led to the idea that CbS are confined to non-Western cultures",¹⁸ within the contiguous United States, the consumption of kaolin, a type of clay, was proposed as CbS observed in Afro-Americans communities in the rural south, of mining of kaolin being common.¹⁹

Among the South African Xhosa community, the syndrome of amafufunyana is commonly used to describe possessed by demons/other malevolent spirits. Traditional healers, there, usually perform exorcisms in order to drive off these spirits. Upon investigating the phenomenon, researchers found those cases affected by the syndrome exhibited traits and characteristics of schizophrenia.²⁰

Moreover, researchers have suggested that both premenstrual syndrome (PMS) & severe premenstrual dysphoric disorder (PMDD) which have currently unknown physical mechanisms,^{21,22,23} which remain Western culture-bound syndromes.^{24,25} Nevertheless this still remains controversial.²⁴ Tarantism is an expression of mass psychogenic illness documented in Southern Italy since the 11th century.²⁶

Morgellons is a rare self-diagnosed skin condition reported primarily in white populations in the United States.²⁷ It has been described by a journalist as "a socially transmitted disease over the Internet".²⁸

In former Soviet Union countries, Vegetative-vascular dystonia can be considered an example of somatic condition formally recognised by local medical communities in former Soviet Union countries, but not in Western classification systems. Its umbrella term nature as neurological condition also results in diagnosing neurotic patients as neurological ones,^{29,30} in effect substituting possible psychiatric stigma with culture-bound syndrome disguised as a neurological condition.

Likely Swedish refugee children known to fall into coma-like states on knowing their families will be deported a condition, called *uppgivenhetssyndrom*, or resignation syndrome, existing among the refugee population in Sweden. This has been prevalent since the 21st century. In 2006, a team of psychologists, political scientists, and sociologists hypothesized that it was a culture-bound syndrome.³¹

Further startle disorder similar to latah, called *imu* [ja] (sometimes spelled *imu*:), is found among Ainu people, both Sakhalin Ainu and Hokkaido Ainu.^{32,33}

In Siberia, condition piblokto, called *menerik* [ru] (sometimes *meryachenie*), is found among Yakuts, Yukaghirs, and Evenks living in Siberia.³⁴

Finally, the trance-like violent behavior of the Viking age berserkers – behavior that disappeared with the arrival of Christianity – has been described as a culture-bound syndrome as well³⁵

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Highlights and Rundown

A thorough literature search failed to yield any information on "Culture-bound Syndrome: CbS' (Folk illness) in our Bangladeshi medical literature &/or anthropological database.

- CbS constitutes a blended entity of psychiatric and somatic symptoms that are considered as 'occurrence of diseases' among/ within a specific society or in a defined cultural unit.

- CbS is only to judge if it suits to any country perspective (drugs/ alcohol abusing, smoking, disease transmission etc.) that are determined by communal reinforcement via person-to-person interaction
- Since CbS remains difficult to diagnose properly just based on etiological grounds, so it must be distinguished based on causal contribution of community/culture-specific prevailing diseases including environmental factors.
- Though the term 'CbS' is not familiar in Bangladesh, Am Psychiatric Assoc., signifies it as recurrent, locality-specific patterns of aberrant behavior/ troubling-experiencing symptoms plausibly linking to particular DSM-IV diagnostic category, where some of such indigenously considered 'illness or affliction' with local names.
- That is why we wanted to highlight this issue if CbS or associated community-based societal practices that are existed in local communities, tribal areas, religious/spiritual groups, in Bangladesh that might contribute significantly in our disease epidemiology that may add plausible values in country's re/emerging infectious diseases and public health perspective.

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