



# Topic 3

## Culture-bound syndromes (CBSs)

### Specification content

*Syndromes apparently bound by culture (e.g. Koro, Dhat). Arguments for and against the existence of these culture-bound syndromes.*

Students need to:

- know what is meant by culture-bound syndromes (CBSs)
- be able to refer to case studies of examples
- discuss arguments for and against the existence of CBSs

### Examination focus

Examination questions are likely to ask students to discuss arguments for and/or against the existence of CBSs. A typical question might be:

*Critically consider the arguments for and against the existence of culture-bound syndromes.* (30 marks)

### Topic focus

This section looks at brief examples of CBSs, and then considers some more detailed case studies. This is followed by an outline of different approaches to the topic, which puts forward the arguments for and against the idea that the concept of CBSs is necessary.

### Learning outcomes

Students should be able to:

- define what is meant by a culture-bound syndrome
- give brief examples of a variety of disorders that could be considered to be CBSs
- relate the idea of CBSs to illustrative case studies
- understand the issue of whether or not the concept of CBSs is necessary
- outline and evaluate arguments both for and against the existence of CBSs

### Lesson notes

#### 1 Worksheet Ws1: identifying culture-bound syndromes (45 minutes)

**Aim** To become familiar with the concept of CBSs and a range of examples.

Ws1 gives a list of CBSs, countries where each is found and the main characteristics of each. Students should use their textbooks and any other sources of information — searching for ‘culture-bound syndromes’ on [www.google.com](http://www.google.com) brings up some useful sites — to match each CBS with a country/countries and characteristics.

Suggested answers to the questions are as follows:

- 1 Amok: B, c
- 2 Anorexia nervosa: D, c
- 3 Brain fag/fog: E, i
- 4 Bulimia nervosa: C & D, a
- 5 Dhat: F, d
- 6 Falling out/blacking out: I, k
- 7 Going postal: D, c
- 8 Hsieh-ping: H, b
- 9 Koro: B, j
- 10 Qui-gong reactive psychosis: A, j
- 11 Shenjian shuairuo (neurasthenia): A, f
- 12 Shenkui: A, d
- 13 Suo yang: A, j
- 14 Taijin kyofusho: G, e

### 2 Worksheet Ws2: case studies and symptoms of culture-bound syndromes (45 minutes)

**Aim** To look in a little more detail at some CBSs, explore possible links with Western classification systems (ICD and DSM) and consider what other factors may need to be taken into account.

**Ws2** contains case studies that provide a little more detail of some CBSs. These should be used along with information from **Ws1** to answer the questions about each case study. The questions allow possible links to be explored between CBSs and the categories included in DSM and ICD, and start to raise further issues that may need to be considered.

Suggested answers to the questions are as follows:

- 1 This example of suo-yang could be diagnosed as anxiety (particularly in view of the man's earlier experience with a prostitute) and possibly depression.
- 2 The patient in the study felt cold — and the penis shrinks with cold. In the Chinese system of medicine, this could be interpreted as yin (female/cold) overpowering yang (male/hot).
- 3 Somatisation is when mental or emotional problems are expressed through physical symptoms. All the symptoms described in this case study are physical, as is the treatment. The pattern of symptoms presented reflects the cultural context of the patient and doctor.
- 4 Kleinman suggests that these symptoms can be interpreted as depression and anxiety.
- 5 The hallucinations suggest that this example of qi-gong reactive psychosis could be a form of schizophrenia.
- 6 The psychosis in the case study is specifically related to a cultural practice (qi-gong), so would not necessarily be strictly comparable with Western psychotic disorders.
- 7 ● dhat: anxiety  
● falling out/blacking out: dissociative disorder  
● taijin kyofusho: social phobia

**3 Worksheet Ws3: claims and evidence relating to CBSs (45 minutes + essay)**

**Aim** To look at the arguments for and against the concept of CBSs in preparation for writing an essay on this issue.

**Ws3** contains statements referring to arguments both for and against the concept of CBSs. Students need to expand on the material as suggested on the sheet, drawing on examples from previous worksheets on CBSs and material from Unit 2. The issues raised on **Ws2** should also be incorporated into the essay:

*Using examples, critically consider whether the concept of culture-bound syndromes is necessary.* (30 marks)

As this is a Unit 5 essay, it should not be longer than what could reasonably be written in 40 minutes.

# Identifying culture-bound syndromes

Use your textbook and any other sources of information to match each of the culture-bound syndromes in List 1 with a country/countries in List 2 and a description of its characteristics in List 3.

More than one of the syndromes listed can be found in a particular country or area and some of the syndromes can be found in more than one area. There are only 11 descriptions of characteristics, as in three cases, very similar syndromes have different names in different parts of the world.

## List 1: culture-bound syndromes

- |                    |                                |                                     |
|--------------------|--------------------------------|-------------------------------------|
| 1 Amok             | 6 Falling out/blacking out     | 11 Shenjian shuairuo (neurasthenia) |
| 2 Anorexia nervosa | 7 Going postal                 | 12 Shenkui                          |
| 3 Brain fag/fog    | 8 Hsieh-ping                   | 13 Suo-yang                         |
| 4 Bulimia nervosa  | 9 Koro                         | 14 Taijin kyofusho                  |
| 5 Dhat             | 10 Qui-gong reactive psychosis |                                     |

## List 2: countries/areas

- |                  |                 |             |
|------------------|-----------------|-------------|
| A China          | D North America | G Japan     |
| B Malaysia       | E West Africa   | H Taiwan    |
| C Western Europe | F India         | I Caribbean |

## List 3: characteristics

- Binge eating followed by purging, involving vomiting and/or the use of laxatives and diuretics. There is a morbid fear of putting on weight.
- Patients believe they are possessed by a ghost of their ancestors and experience hallucinations and delirium.
- A disorder shown only by males, where a period of brooding is followed by an outbreak of violent and aggressive behaviour, which may be forgotten when it is over.
- Feelings of weakness and exhaustion which the sufferer associates with loss of semen.
- Fear that one's body and/or its functions are offensive to others.
- Physical and mental fatigue, aches and pains, sleeplessness, digestive problems and irritability.
- Very little eating, accompanied by a morbid fear of putting on weight.
- A disorder that may occur after taking part in a variation of tai chi. Sufferers may experience hallucinations — both auditory and visual — and paranoid delusions.
- A disorder experienced by male students, who report difficulty in concentrating, together with pain and pressure round the head and neck, blurring of vision and feeling hot.
- Extreme anxiety that the penis will withdraw into the body and may cause death. There are rare cases affecting females, where the sources of anxiety are the nipples and vulva.
- Feelings of dizziness followed by collapse. Patients claim not to be able to see, even though their eyes are open, and cannot respond, despite the fact that they are aware of what is going on around them.

# Case studies and symptoms of culture-bound syndromes

Read through the case studies below and answer the questions that follow. For some questions, you will need to use your textbook to look at the categories used in the Western classification systems of ICD and DSM.

## Suo-yang (Gwee Ah Leng, 1985)

A 34-year-old Chinese man was at a cinema when he felt the need to urinate. As he was doing so, he suddenly became aware of a loss of feeling in his genitals, noticed that his penis was getting shorter and immediately thought it would shrivel up into his body. He felt cold and weak all over and collapsed on to the floor, holding on to his penis to stop it disappearing into his body. About half an hour later, he felt better. He went to see a doctor; it emerged that he had been with a prostitute some years earlier and had contracted gonorrhoea. After treatment and reassurance, there were no further attacks.

- 1 How could this example of suo-yang be fitted in to Western classification systems (ICD and DSM)?
- 2 The Chinese system of medicine is concerned with the balance of yin (associated with females and cold) and yang (associated with males and heat). How would this system explain the symptoms experienced by the patient in the case study?

## Neurasthenia (Kleinman & Mechanic, 1981)

A 41-year-old patient complained of headaches, pains in his joints, insomnia, 'too many dreams', loss of appetite, weakness and the belief that there was something wrong with his brain that caused his scalp to sweat excessively. In treating him, the doctor diagnosed a skin disease of the scalp. He claimed that if this were treated, it would improve the scalp problem and through it the patient's 'brain function'.

- 3 Kleinman claims that somatisation is encouraged in Asian cultures. What does this mean? How does it relate to this case?
- 4 How could this example of neurasthenia be fitted into Western classification systems (ICD and DSM)?

## Qi-gong reactive psychosis (Lim & Lin, 1996)

A 57-year-old Chinese-American started qi-gong to help with kidney problems. A few days later, he started to experience both visual and auditory hallucinations. He believed he heard voices telling him how to perform qi-gong and also that he had made contact with aliens.

- 5 How could this example of qi-gong reactive psychosis be fitted into Western classification systems (ICD and DSM)?
- 6 What role does culture play in its development?
- 7 How could the following examples of culture-bound syndromes be fitted into Western classification systems (ICD and DSM)?
  - dhat
  - falling out/blacking out
  - taijin kyofusho

## References

- Gwee Ah Leng (1985) 'Koro – a cultural disease', in Simons, R. C. and Hughes, C. C. (eds) *The Culture-Bound Syndromes: Folk Illnesses of Psychiatric and Anthropological Interest*, Reidel.
- Kleinman, A. and Mechanic, D. (1981) 'Mental illness and psychosocial aspects of medical problems in China', in Kleinman, A. and Lin, T.-Y. (eds) *Normal and Abnormal Behaviour in Chinese Culture*, Reidel.
- Lim, R. F. and Lin, K.-M. (1996) 'Cultural formulation of psychiatric diagnosis: case no. 03: psychosis following qi-gong in a Chinese immigrant', *Culture, Medicine and Psychiatry*, Vol. 20, pp. 369–78.

# Claims and evidence relating to CBSs

This worksheet contains outline material for the following essay:

*Using examples, critically consider whether the concept of culture-bound syndromes is necessary.*

(30 marks)

Use this worksheet and material from **Ws1** and **Ws2** to illustrate your points. Use your textbook as a source of additional examples or points you might want to make. You will need to draw your material together at the end in a brief conclusion.

## The case against CBSs:

- Mental disorders have a biological basis (include a brief outline of the principles of the biological/medical model from your work on Unit 2), so Western categories can be applied universally. Think of an example from your work on Unit 2 that supports this idea.
- CBSs are merely local variations in how an underlying disorder is expressed in a particular culture. Use examples from your previous work on CBSs to illustrate this idea.
- **However**, the assumption that CBSs are local variations of universal disorders can be seen as *ethnocentric*. What does this mean in the context of diagnosis and CBSs?
- Inappropriate judgements of CBSs may be made if Western diagnostic criteria — such as those in DSM — are used. Explain how this may come about.

## The case for CBSs:

- Some disorders have no apparent biological basis. Think of an example from your work on Unit 2 that supports this idea.
- Society decides which patterns of behaviour are abnormal. For example, feeling sad, showing no interest in social activities and lack of energy are not considered a problem in Sri Lanka. How would this pattern of symptoms be likely to be interpreted in Western countries?
- When a person has been labelled as 'mentally ill', society provides the cues as to how this role should be fulfilled. Use an example from your previous work on CBSs to illustrate this idea.
- If we are to understand a mental disorder fully, we need to understand the context in which it occurs. Use an example to illustrate this, for example the Chinese ideas of yin/yang and suo-yang. You may be able to find other examples in your textbook; for example what Western medicine might interpret as psychosis can be interpreted more positively in other cultures.
- **However**, the focus on social and cultural context ignores the biological basis of some disorders.