In the literature of cultural psychiatry numerous “exotic” mental disorders have been described, and interpretations given in local terms, often with the indigenous name for the disorder entering into the medical literature. Below are some examples of some of the better-known syndromes.

*Amok* involves wild, aggressive behavior of limited duration (usually among males) in which there are attempts to kill or injure a person. It has been identified in Southeast Asia (Malaysia, Indonesia and Thailand). *Amok* is a Bahasa Malay term meaning “to engage furiously in battle” (Westermeyer, 1973). It has obvious links to the Viking behavior *berserker* practiced just prior to entering battle (Leff, 1981). The terms “running amok” and “going berserk” are now in common usage, perhaps because the associated behaviors also occur in other societies.

*Anorexia nervosa* is a form of self-starvation, in the search for extreme thinness. It has been identified in western industrial societies, with suggestions that it is a culture-bound syndrome for affluent societies, and developing elite sectors of other societies (Swartz, 1985; DiNicola, 1990). However, in most societies there is a positive correlation between social status and body weight (Fedoroff and McFarlane, 1998).

*Brain fag* involves problems of academic learning, headache and eye fatigue, and an inability to concentrate. It appears widely in West African students often just prior to school and university examinations (Prince, 1960), and is virtually unknown outside that culture area.

*Dhat*, which may be related to the genital-retraction anxiety disorder (i.e., *koro*, another culture-bound syndrome), is the semen-loss or semen-lacking anxiety disorder or spermatorrhea. The disorder refers to the clinical condition in which the patient is morbidly preoccupied with excessive loss of semen from an “improper form of leaking” such as nocturnal emissions, masturbation or urination. The underlying anxiety is based on the cultural belief that excessive semen loss will result in illness.

*Hikikomori* is a relatively new social malady thought to be unique to Japanese youth. It was in the 1980s that this disorder was first noted (Furlong, 2008) and in 2000 that it was named (Watts, 2002). The malady involves a behavioral trend toward social withdrawal among youths. These reclusive youths refuse to participate in socially established norms. It is estimated that approximately one million
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Japanese, mostly young boys of the middle and upper classes, and in particular eldest sons, suffer from this reclusiveness. The onset of this social withdrawal has been linked to the experiencing of one or more traumatic events such as social or academic failure.

*Koro* is a term that is believed to originate from two different Malaysian words for “to shrink” or “the tortoise.” As a culture-bound syndrome, *koro* refers to an episode of sudden and intense anxiety that the penis (or in females, the vulva and nipples) will recede into the abdomen, and the belief that when fully retracted death will result. Panic attempts to keep the penis from retracting can lead to severe physical damage. The syndrome is reported in South and East Asia.

*Latah* involves imitative behavior (usually among women) that seems beyond control; movements and speech are copied, and individuals in this state are compliant to commands to do things outside their usual range of behavior (e.g., to utter obscenities). Its onset is often the result of a sudden or startling stimulus. The term *latah* means “ticklish” in the Bahasa Malay language.

*Pibloktoq* involves an uncontrollable urge to leave one’s shelter, tear off one’s clothes and expose oneself to the Arctic winter weather. It has been identified in Greenland, Alaska and the Canadian Arctic, and linked both to isolated environmental conditions and to limited calcium uptake during long sunless winters.

*Susto* involves insomnia, apathy, depression and anxiety, often among children, usually brought on by fright. Among the people of the Andean highlands, it is believed to result from contact with supernatural forces (witches, the evil eye, etc.), and to result in soul loss.

*Witiko* involves a distaste for ordinary food and feelings of depression and anxiety, leading to possession by the *witiko* spirit (a giant man-eating monster), and often resulting in homicide and cannibalism. It occurs among Canadian Indians and has been interpreted as an extreme form of starvation anxiety. If a cure is not attained, the *witiko* sufferer often pleads for death to avoid his cannibalistic desires.

The hallmark of all these syndromes is their apparently culturally unique qualities; each is usually given an interpretation within the terms of its own culture. The issue for transcultural psychiatry is whether they are also comprehensible within a universal framework of psychopathology (see Simons and Hughes, 1985).

**REFERENCES**


Examples of culture-bound syndromes