Culture-Bound Syndromes as Fakery

ROBERT E. BARTHOLOMEW

Oh, what a tangled web we weave,
when first we practice to deceive!

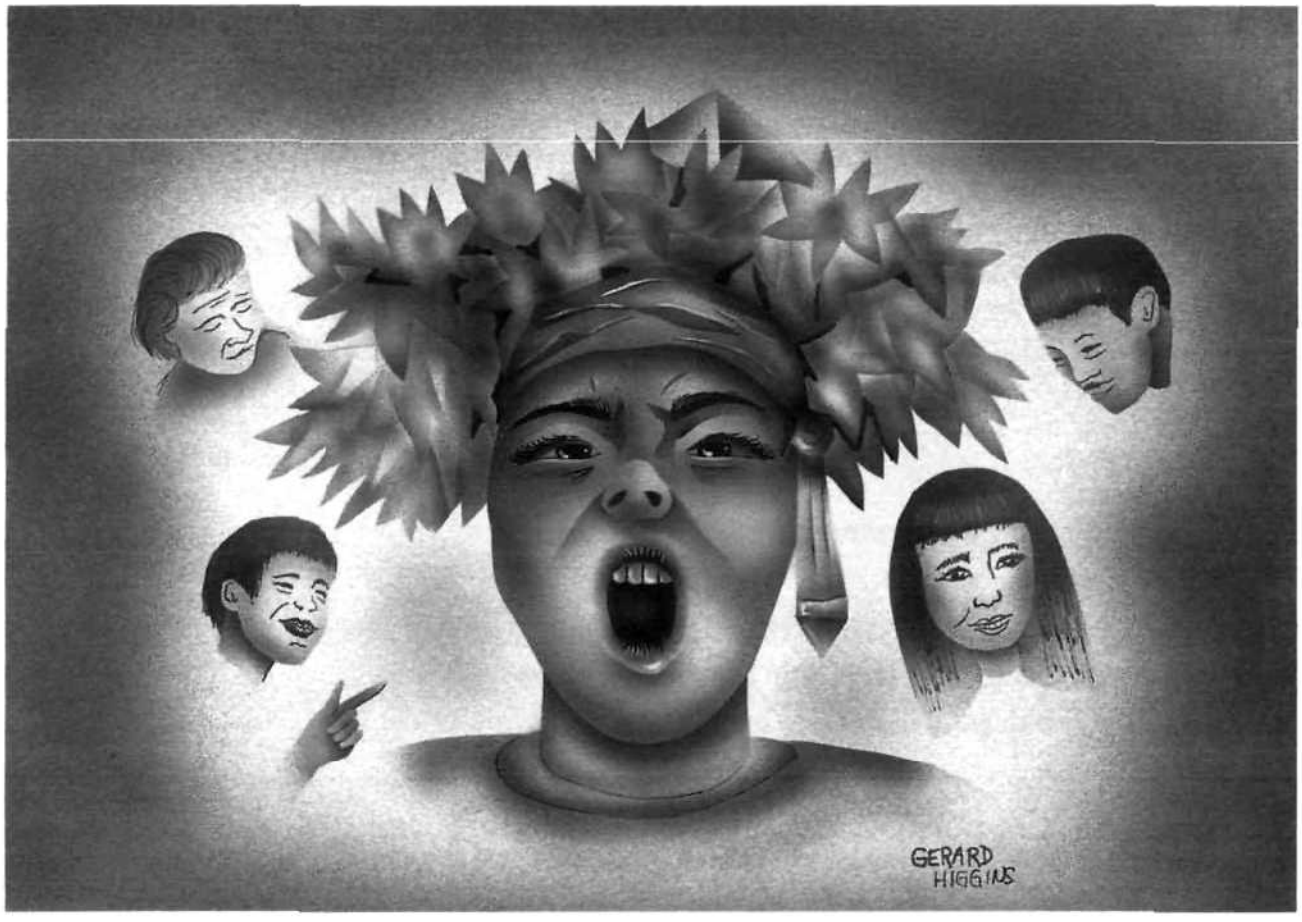
—Sir Walter Scott

. . . nearly all forms of deception are now accepted by the medical profession as a form of illness. Even where deception is recognised, as for instance in the confabulations of the Munchausen syndrome, this is attributed to previous mental trauma, or to some form of cultural disadvantage. The deceiver, always referred to as a patient, is said to be "disturbed"; he is regarded as a victim, not as a rogue (Naish 1979).

A Ph.D. . . . does not confer expertise in detecting trickery. Thus, they are just as vulnerable, if not more so, to the magic tricks of a [Uri] Geller, as are people who lack their scientific training (Hines 1988:92).

The curious and bizarre behavior known as latah has been classified as an exotic syndrome. But evidence indicates it is more likely to be a culturally based deception.

For the past one hundred years anthropologists and psychiatrists have debated the origin and nature of a curious behavior confined almost exclusively to the Southeast Asian neighboring cultures of Malaysia and Indonesia: Upon being startled, ordinarily timid, exceedingly polite women sometimes respond with vulgarities, obscenities, and outrageous sexual gestures. In severe cases, the women experience



Gerard Higgins

"automatic obedience," doing whatever they are told. Afterward they claim amnesia and are not held responsible for their actions. Episodes of this type last from a few minutes to several hours. Victims of *latah* are almost always middle-aged women of Malay and Javanese descent. It is rare among women of other nationalities (but such a case will be discussed later), even when they are neighbors of those experiencing latah. Scientists have been divided as to whether latah is a disease (Opler 1967; Rosenthal 1970); a disorder (Simons 1985, 1994; Howard and Ford 1992); or a form of symbolic cultural expression (Kenny 1978; Lee 1981). None of these explanations has been able to account for all of the characteristic features of latah, which is typically classified in medical textbooks as a culture-bound psychiatric syndrome.

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In January 1990, I married into an extended Malay family in which latah is prevalent, and gained the confidence of family members. While having no intention of studying latah—despite it landing literally at my anthropological doorstep—the more I observed, the more a number of contradictions became evident. Of 99 living female and male family members surveyed, 30 were classifiable as having "mild" latah and two as having "severe" latah, according to classic textbook definitions of the condition (Bartholomew 1994).

I first observed a severe case while attending my brother-in-law's wedding in the home of the bride's parents. I was astounded to observe my wife's shy, decrepit aunt, who had considerable difficulty even walking, intentionally startled by her elderly uncle. "S" suddenly leapt to her feet, lost all inhibition, and for the next 10 minutes followed each of her teaser's commands, mimicking his every gesture. During the episode, she was made to cry like a baby, perform *silat* (Malay self-defense), dance vigorously, and partially disrobe, all to the hilarity of the entire wedding party which crowded around her. She would occasionally improvise gestures, such as lifting her sarong in a sexually suggestive manner and utter the most repulsive words and phrases. Throughout the episode, after some outrageous display, she would immediately and profusely apologize for her vulgarity, then launch into another series of behaviors, apologizing more than 30 times during this particular "fit." The next day at a crowded wedding reception at the groom's home, I was able to tease her into a similar, less dramatic episode by suddenly slapping my hands onto the floor next to her. She responded with a 10-minute display, mimicking my every action, from dancing to slapping her face repeatedly. Other family members also joined in the teasing.

A few days later I visited "S" at her residence in the presence of two relatives. I startled her and she responded with a short vulgar phrase. Immediately thereafter, I slapped my hands on the floor next to her, exactly as I had done at the wedding reception, but there was no response. I slapped the floor, then my face, hard, but again there was no response. I was perplexed. Just a few days earlier in the presence of about 60 people, even minor startles would send her into prolonged "fits." At both parties she was sitting on the floor next to me, and I executed the same sequence—startling her, slapping the floor, then my face. Family elders later explained emphatically that unless there is a large social gathering, "severes" *never* exhibit anything beyond "mild" symptoms, responding only with an offensive word or phrase. They also report that "teasers" are always close relatives—ensuring that the "victim" does not do anything too outrageous, such as responding to a request to stab someone with a knife.

Over the course of a month, I observed "S" teased into 10-minute "fits" at other weddings where she sat in the main crowded room of the groom's house, despite claiming to dread being teased. If "S" genuinely feared teasing, she simply could have told family members not to tease her, avoided wedding crowds, or visited privately instead of prancing onto center stage. I asked her, "If you suffer amnesia during 'attacks,' how can you apologize if you are unaware of your actions?" She had no explanation.

University of Washington psychiatrist Ronald Simons is the leading proponent of the theory that latah is a universal human disorder to startle in response to fright, akin to Westerners swearing in response to fright. The reactions vary according to cultural conditioning. Simons takes subjects' explanations at their face value, assuming their truthfulness in claiming their behavior is involuntary.

I was surprised to learn that "S," who would commonly drop and throw objects while in a state of latah, was frequently allowed to cradle babies in her arms, with a perfect record of holding onto them! Since there are many "severe" cases in Malaysia, one wonders why there are no newspaper headlines: "Another Malay Drops Baby!" or "Latah Claims Two in Yet Another Car Mishap." While claiming to hate being "teased," the "victim" and onlookers seem to heartily enjoy it. This denial of self-control is necessary for the perpetration of the latah deception since it "sets the stage" for the ensuing performance which allows for the violation of Malay norms. The subject enjoys complete immunity from blame. What "victim" can willingly invite the latah condition since it would be tantamount to admitting that they enjoy violating strict taboos? If her protestations were genuine, mothers, sons and grandchildren would certainly not torment their elder loved ones, who are always treated with the utmost dignity and respect in Malayo-Indonesian culture. From this perspective, the latah startler unwittingly serves as a coach, orchestrating and dictating the subject's responses.

This ritual also allows for the release of individual expressions. While the subject is required to perform the coach's choreography, the foul language and obscene body gestures are improvisations by the latah performer. The performance is almost always terminated by both physical and verbal cues that the subject is tired. In this ritual of deception, family members recognize the latah subject is not ill. But they do believe they have temporary and complete control over the subject's mind, and are careful to keep knives and other sharp objects away from subjects during latah episodes.

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A Dubious History

Latah has been an enigmatic "ailment" in that its classification has curiously eluded a number of competent researchers. In fact, in the *American Handbook of Psychiatry* (Arieti and Brody 1974) it is placed under "Rare, Unclassifiable, Collective, and Exotic Psychotic Syndromes." To date, outsiders have been able to catch only glimpses of the mysterious world of latah. They have noted considerable difficulty gathering detailed case histories from informants, as has the late, prominent cross-cultural psychiatrist P. M. Yap (1952), despite his fluency in the Malay language. Kenny (1985) remarked that only a single case of latah has been observed and studied in sufficient context and depth to provide some insights into the processes involved—that reported by Australian anthropologist Clive Kessler (1977). Coincidentally, the woman in this case study possesses a marked histrionic personality.

Exhibitionism best fits the evidence, explaining why latah is not considered an illness by participants and their families, the reluctance of informants to provide detailed information, observations that most subjects are described as clever (Fitzgerald 1923; Murphy 1973), and the conspicuous absence of any sign of mental abnormality outside of episodes. It explains latah's almost exclusive restriction to lower-class women and servants, and their conspicuous tendency to startle in the presence of higher status peers (Geertz 1968; Murphy 1976; Kessler 1977).

It has been observed that "severe" subjects typically lead solitary and reclusive lives to avoid being teased (Langness 1967:149). Yet, it is equal-

ly plausible that these subjects become performers *because* they are lonely and desire attention. Previous observers have presented primarily anecdotal evidence that the onset of severe symptoms coincides with depression, financial dependence, and loneliness following the death of a close family member (Yap 1952; Chiu, Tong and Schmidt 1972; Kenny 1978:210). Some anthropologists even argue that latah symbolizes the plight of such people and is a means of conveying to others that something is amiss (Kenny 1978).

"S" first exhibited severe symptoms at public gatherings within a few months after the death of her daughter, followed in close succession by the death of her husband. She was unemployed, in social isolation, and dependent on her surviving children for support. Researchers have focused their attention on the conditions likely to prompt latah, largely ignoring the question of the conditions under which people are likely to feign or exaggerate latah for attention. It is notable that two other family members were in virtually the exact social circumstances as "S" following the deaths of their husbands. Both of these "mild" subjects experienced latah slightly longer than usual. They explained latah as an unconscious means of relieving emotional stress and perhaps an unconscious means of getting attention. Yet, neither became "severe."

It cannot be overemphasized that "severe" latah behavior is exceedingly rare, even in Malayo-Indonesia.[1] Colson (1971) identified five cases in a Malay village of more than 400 residents; Resner and Hartog (1970) stated that traditional Malay villages usually have but one case, while Chiu et al. (1972) located only 69 cases out of a sample of 13,219 East Malaysians. One reason researchers have chosen to downplay the obvious exhibitionistic nature of "severe" cases are reports that it once affected the majority of the populations of Malaya and parts of Indonesia (Van Brero 1895; Clifford 1898). Scientists reasoned that large numbers of inhabitants could not be feigning; therefore it must possess some unconscious ritualistic or symbolic quality. Hence, while Yap (1952:537) was convinced that latah is a mental disease of hysterical dimensions, he remarked, "It is often difficult to separate the genuine cases from those which are basically histrionic and exhibitionist in nature." Malaysian psychiatrist Eng-Seng Tan made a similar observation. Like Yap, Kiev (1972) and Murphy (1976), each assumed that this behavior characterizes hysterical and dissociative aspects of latah, especially since most "victims" are female:

> Although there has not yet been any systematic scientific study of the latah phenomenon from a psychological viewpoint, the hysterical nature of the condition is inescapable to the psychiatric observer. The condition invariably occurs in the presence of an audience, the behavior of the subject has a marked theatrical quality about it, often provoking spasms of laughter among the audience, and the subject pleads amnesia for her buffoonery when she comes out of her altered state of consciousness (Tan 1980:380).

Upon closer scrutiny, the argument dissolves that latah cannot be fraud due to its pervasiveness. "Milds" do not consider themselves to be suffering from a disorder. Upon explaining to family members the common psychiatric definition of "mild," I was told "everyone is a little latah." There is no evidence that "severe" cases were any more common in the previous century than they are today. Its habitual form persists in certain families, although it has no major social significance, except as a prerequisite for performers to emulate and elaborate. "Mild" latahs simply respond to startle in a manner comparable to Western swearing. There is no exaggeration, mimicking, amnesia, or involuntary expression. Then how is its appearance in women explained? In its "mild" form, latah is an infrequent habit formed almost exclusively by post-pubescent females in certain Malay households with cultural traditions of emulating behavior of elders. Since it is considered a feminine trait, most males do not engage in the habit, but if they do, it is infrequent and typically denied. In a similar vein, smoking cigarettes once was considered a solely masculine trait in Western society, and women who smoked usually denied it. The view of "mild" latah as habit is consistent with Murphy's (1976) observations of enigmatic behavior: The condition was extremely rare in Malayo-Indonesia during the first half of the seventeenth century; reported on every street and common among men by the 1890s; scarce during the 1920s; and diminishing in frequency today and almost exclusive to women.

The status of latah as a medical disorder is reminiscent of social scientists' attaching medical labels to other habits and fashions. Penrose (1952) considered the use of the yo-yo and crossword puzzle to cause a mild form of crowd disorder. Child psychiatrist W. Burnham (1924:337-38) made a similar evaluation of the brief "craze" in Worcester, Massachusetts, during the early part of this century, of people tickling each other with feather dusters. American psychiatric pioneer Benjamin Rush (1962 [1812]) classified lying as a disease.

Recently, psychiatrist Jack Jenner (1990, 1991) reportedly discovered seemingly indisputable evidence that

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latah is an abnormality of the human startle mechanism that varies with cultural conditioning. He treated a 40-year-old Dutch woman in Holland who would swear profusely, become abusive, and act oddly upon being startled. He claimed the subject has no ties to Malayo-Indonesian culture, and yet, it is an amazing coincidence that this sole documented case of severe latah occurred in someone from a culture far away from, but with a significant population of Malaysians and Indonesians,[2] both Asian countries having been Dutch colonial outposts for centuries. In fact, the Dutch only agreed to lift sovereignty over Indonesia in 1949. Jenner's case study notes that his patient startled several times daily for 20 years, yet had not sought help. Her husband became so irritated he sought psychiatric assistance. She was successfully treated with "flooding" therapy, consisting of her husband and son startling her dozens of times daily. Unanswered are such fundamental questions as to whether the woman had Malaysian or Indonesian companions—an excellent likelihood given their presence in Holland—or if she was previously aware of latah. Jenner (1990) curiously noted that startling was often used by the woman to avoid household chores; get her way in deciding holiday destinations; and serving as "her most effective weapon in marital conflicts." A fraud perspective is equally plausible and best conforms to historical and contemporary evidence. I would argue that upon commencement of the "flooding" therapy, the subject rebelled, intensifying her malingering to demonstrate the ineffectiveness of treatment. Upon realizing the determination of her husband, son, and psychiatrist to continue this strategy, "symptoms" then rapidly disappeared and never returned.

Double Standards

There are numerous historical precedents for malingering for social gain, or institutionalized feigning. Anthropologist Michael Kenny contends that "severe" latah subjects do not enter an altered state of consciousness, but are engaged in latah "performance" and "theater" (Kenny 1978:209). Never are the words "fraud," "fakery," or "deception" used. Yet anthropologists appear guilty of employing double standards. A number of researchers have exposed fakery and deception in group settings: the Salem witch trials of 1692; spiritualism during the early twentieth century; epidemic demonic possession in medieval European nunneries; and channeling associated with the contemporary New Age movement. However, anthropologists and psychiatrists tend to use different language in scrutinizing similar non-Western traditions. When studied, Western faith healers are often viewed as fraudulent. But place an exotic label on essentially the same behavior involving shaman in some African tribe and anthropologists are quick to point out the "symbolic" qualities. Yet, there is also symbolism in fraud, quackery, and channeling. Carlos Casteneda's fictional writings contain a seductive, adventurous quality that was ideal for captivating popular American culture during the sixties and seventies, blending mysticism, psychedelic drug use, and a belief in paranormal and supernatural powers (Hines 1988:277). The discovery in 1971 of a "stone age" tribe in the Philippines captured the imagination of the world due in large part to its ultrapacifist symbolism—a community of "noble savages" living in unspoiled isolation from the decadence of twentieth-century civilization (Sponsel 1990). The media heavily touted the claim that these *Tasaday* people did not even have a word for war. This was later uncovered by Iten (1986) as a hoax after gaining access to their restricted preserve and finding the so-called lost tribe "living in houses, wearing Western clothing and saying they had faked the whole thing" (Willson 1989:18). The conspiracy was apparently perpetrated by the government of Ferdinand Marcos, then president of the Philippines, in order to deceive the world for political and economic gain (Dumont 1988).

Social scientists do an injustice by using such words as "malingering," "histrionic," "performance," and "symbolic action" in describing attempts to achieve social gain in the absence of an organic illness. Stripped of these euphemisms, all too often the underlying content involves conscious deception for personal gain. The entire notion of the perpetration of fraud in non-Western cultures needs to be reevaluated regardless of whether the perpetrators express a belief in their power to heal. In this regard, culture-bound idioms of deception are couched in legitimate scientific terms.

Anthropologists have an unfortunate tendency to emphasize, idolize, and glorify the exotic, especially in someone else's backyard, while psychiatrists are often overly eager to place a convenient "disorder" or "disease" label on deviant or deceptive behavior, no matter where it is found. This is also true of misperceptions involving people whose perceptual orientations are conditioned by pseudoscientific books and media programs purporting the existence of mysterious creatures. When a community experiences a spate of Bigfoot or flying saucer sightings, it is typically labeled as a form of "epidemic hysteria," yet this behavior is not infectiously contagious and participants are not clinically hysterical.

Another culture-bound "syndrome" is that of "group spirit possession," which, like latah, almost exclusively

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affects female Malays. Labeled by scientists as stressed-induced "mass hysteria," episodes of screaming, crying, and claims of possession have plagued Malaysian schools and factories since the resurgence of Islam in Malaysia in the early 1960s. In a country where Malay women do not enjoy equal rights and unions are discouraged, such "outbreaks" allow for the protest of undesirable actions or rules from managers and school principals. Anthropologist Aihwa Ong (1987) shows how "epidemic hysteria" in Malaysian factories is a form of political resistance. Lee and Ackerman (1980:79) also document how Malaysian "hysterical epidemics" are utilized in typically restrictive Malay female religious hostels as a form of negotiation in drawing attention to a particular problem. In summarizing the characteristic presentation of complaints by the females in Malaysian schools, Teoh (1975:302) notes a "monotonously similar" pattern: "One or two of the subjects in an altered state of consciousness acted as the mouth-piece on behalf of the group, ventilating their many frustrations and discontentments. The girls characteristically took hints and cues from each other and afterwards claimed amnesia for the episodes." While a tiny fraction of subjects may enter trance states, the vast majority are clearly playacting in a type of "ritualized rebellion" for political gain.

Fraud and deception take many culture-specific forms—from the attention-seeking poltergeist antics of Western children, to the use of chicken blood and sleight of hand during "psychic surgery" by shaman. Latah is one more example.

Notes

1. Anthropologist Michael Kenny of Simon Fraser University in British Columbia argues persuasively that in the few scantily documented groups where latah behavior is reported to occur, such reactions result from social and not biological influences. While accepting the possibility of a universal startle reflex, he considers it irrelevant to understanding latah. Thus, while all people are born with hands, "only some cultures have exploited the fact in requiring them to be shaken in formal greeting" (Kenny 1985:74). Since latah behavior is often dramatic and thus likely to elicit comments by both scientists and lay persons, the scarcity of accounts prior to the nineteenth century, when the illness category was first devised by Western medical practitioners, is a conundrum (Murphy 1973:43).

2. According to the *Worldmark Encyclopedia of the Nations* (1984), more than 2 percent of Holland's population is composed of repatriates and immigrants from Indonesia.

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