

# Popular Hidden Illnesses & Idioms of Distress in psychiatric practice in India

**Santosh K. Chaturvedi, *MD, FRCPsych***

**Professor & Head**

**Department of Psychiatry**

National Institute of Mental Health & Neurosciences,  
Bangalore, India

# Related terms

- Folk illnesses / lay illnesses / folk medicine
- Popular hidden illnesses
- Folk illnesses
- Idioms of distress
- Cry for help
- Ethno medical complaints & illnesses
- Ethnophysiology
- Ethnopathology
- Ethnomedicine

It is much more important to know what sort  
of a patient has a disease, than what sort of  
disease a patient has.

—*William Osler*

**Idioms of distress** are socially and culturally resonant means of experiencing and expressing distress in local worlds. They are evocative and represent past traumatic memories as well as present stressors, such as anger, powerlessness, social marginalization and insecurity, and possible future sources of anxiety, loss and angst.

**Idioms of distress** communicate experiential states that lie on a trajectory from the mildly stressful to depths of suffering that render individuals and groups incapable of functioning as productive members of society.

**Idioms of distress** are culturally and interpersonally effective ways of expressing and coping with distress, and they are indicative of psychopathological states that undermine individual and collective states of well-being.

**Idioms of distress** express personal and interpersonal distress beyond that associated with universal disease processes. [Nichter 1981, 2010]

# Idioms of distress

- Alternative modes of expressing distress and indicate manifestations of distress in relation to personal and cultural meaning complexes as well as the availability and social implications of coexisting idioms of expression.
- Perhaps used by those having a weak social support network and limited opportunities to ventilate feelings and seek counsel outside the household. Alternative means of expressing psychosocial distress resorted.
- Somatization is focused upon as an important idiom through which distress is communicated.
- Idioms of distress more peripheral to the personal or cultural behavioral repertoire are considered as adaptive responses in circumstances where other modes of expression fail to communicate distress adequately or provide appropriate coping strategies.
- The importance of an idioms of distress approach to psychiatric evaluation is to be acknowledged. [Nichter 1981, 2010; Chaturvedi et al., 1995]

# Idioms of Distress

- The term 'idioms of distress' has been used to describe specific illnesses that occur in some societies and that are recognized by members of those societies as expressions of distress. Distress may arise out of interpersonal conflicts, economic difficulties etc.
- Psychosocial distress may be expressed in different ways based on the personal and cultural meaning complexes and also the acceptable ways of expressing distress in that particular culture
- A study done in South India on Havik Brahmin reported the modes of expression as
  - Commensality, weight loss, Fasting and poisoning
  - Purity: Obsession and ambivalence
  - Illness
  - External Forces of Disorder: the evil eye and spirit possession
  - Devotion

Nichter (1981)

# Popular hidden illness

- Popular illness is an ethno-medicine category, and is parallel to professional disease a biomedicine category.
- Popular derives from ‘popular sector of healthcare system’ and has a meaning ‘of the people ; of the community’, i.e., recognized in the community but not in professional nosology.
- ‘Hidden’ as it is not easily detectable, not obvious, and reveals on culturally sensitive exploration.
- Focuses on personal experience and understanding of distress from the perspective of the sufferer.

# Folk illness

- Set of several symptoms which cohere in a given community and the individuals respond in similarly patterned ways [Rubel 1984].
- Persons in this community or society understand, diagnose and heal illness in a traditional or culturally meaningful way – a local context of meaning of the illness.
- Dissonance caused by different models of illness does impede healing.
- A meaning centred approach employing both ethnographic and epidemiological methods.
- Not the same as ‘folk version’ of medical illnesses
- It is concerned with the cultural construction of sickness and medicine among lay people and folk healers and employs folkloric material that may be fruitful guide to the meanings which sickness has for those experiencing and treating it.

# Relevance

- In today's multicultural society, assuring quality health care for all persons requires that physicians understand how each patient's socio-cultural background affects his or her health beliefs and behaviors.
- Socio-cultural differences, when misunderstood, can adversely affect the cross-cultural physician–patient interaction. Such misunderstandings often reflect a difference in culturally determined values, with effects ranging from mild discomfort to non cooperation to a major lack of trust that disintegrates the therapeutic relationship.
- At the interface between culturally shaped illness and biomedical disease, there is significant potential for being lost in translation.

# Context

- These concepts discuss traditional health care in the context of some of the cultural aspects of health beliefs, perceptions and practices in the different ethnic groups & rural family practices.
- The concept of “cultural idioms of distress” was introduced to draw attention to the fact that reports of bodily distress can serve a communicative function.
- Concepts of ‘folk illness’ and ‘popular hidden illness’ help us get a complete picture of the suffering and distress, and how the person, family, and society view it.
- This helps to promote communication and cooperation between doctors and patients, improves clinical diagnosis and management, avoids cultural blind spots and unnecessary medical testing and leads to better adherence to treatment by patients.

- This view includes traditional practices of 'hot and cold', notions of Yin-Yang and Ayurveda, cultural healing, alternative medicine, cultural perception of body structures and cultural practices in the context of women's health.
- Modern and traditional medical systems are potentially complementary rather than antagonistic.
- Ethnic and cultural considerations can be integrated further into the modern health delivery system to improve care and health outcomes.

- Each culture have certain core beliefs about the body, mind and soul & also the health.
- Hence the western concepts often may not be applicable directly.
- Mind body division is not important in non western thought [Wig 1999]
- Popular hidden illness may be understood as an acceptable way of being ill in that society and often help is sought from the traditional healing systems

# Common presentations

- Fatigue
- Weakness
  - Body
  - Mind
  - sexual
- Neuresthenia
- Dhat related
  - Men – nocturnal emissions ‘swapna dosha’, dhatu, ‘hasta maithuna’
  - Women - leukorrhoea

- Food related
- Diet related
- Hot and cold [properties or effects]
- Restrictions
- Overactivity
- Underactivity - sustu
- Cardiovascular – BP high or low - Hypertension
  - Sensory
  - Sinking heart syndrome [Punjabis]
- Respiratory Shortness of Breath

- Multiple aches & pains
- Musculo skeletal
- Headaches, low back ache
- Skin – sweating
- Genito urinary – stream, colour
- Gastro intestinal – gas, constipation, digestion, bowel movements
- Neurological – pulling of nerves, sensory, giddiness

A study on ethnomedical beliefs and practices noted 54 ethnomedical complaints such as "high blood" (24.1%), "Weak 'n dizzy" (22.2%), "nerves" (16.7%), "sugar" (5.6%) and "fallin' out" (3.7%).

33 patients had both biomedical and ethnomedical complaints, 40 patients had biomedical complaints without ethnomedical complaints and no patients presented with ethnomedical complaints alone.

Over two-thirds of all patients consulted non-medical personnel, mostly family and friends, and 70 percent self-treated prior to clinic consultation.

Patients presenting with ethnomedical complaints sought advice of non-physicians significantly more often ( $p$  less than 0.02);

92 of 130 biomedical complaints were recorded by the patient's physician but none of the 54 ethnomedical complaints were formally recorded ( $p < 0.001$ ).

The high incidence of ethnomedical complaints in this population and the failure of physicians to recognize these complaints demand that primary care medicine residents be taught improved history-taking skills and the essentials of ethnomedical illnesses if they are to provide culturally-sensitive patient care.

[Nations et al. 1985]

# Psychiatric diagnosis

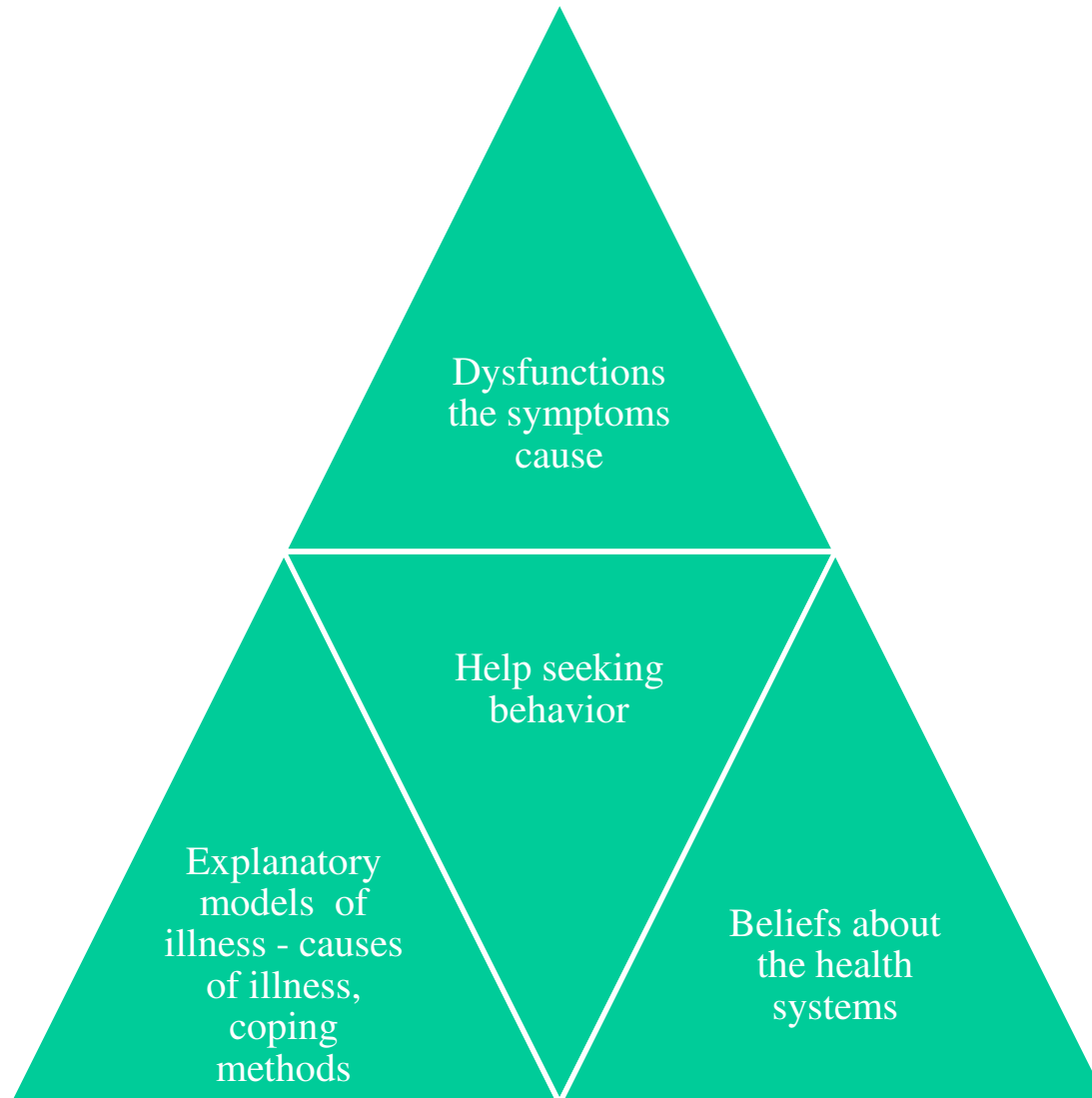
- Depressive disorders
- Anxiety disorders
- Panic, social anxiety & other anxiety disorders
- Somatoform disorders
- Hysterical / functional / overlays
- Abnormal illness behaviours
- Somatic neurosis

# Genesis / development

- Socio cultural traditional
- Early childhood rearing and development & experiences
- Personality factors
  - Somatic focusing
  - Somatic preoccupation
  - Selective focusing on food, function
  - Somatothymia
  - Alexithymia
  - Alexisomia
  - Alexicosmia

# Genesis / development

- ‘Medically unexplained symptoms’ have acceptable ‘traditional explanations’ or ‘folk medical explanations’
- Folk medicine has no ‘unexplained symptoms’
- Disparities in the views of medical professional and lay person is cause of distress, poor compliance, chronicity and abnormal illness behaviour.



The social meaning of somatic symptoms includes their use as ways of talking about or alluding to other forms of distress.

For example, the Korean understanding of *hwa-byung*, *fire illness*, in which anger, usually from interpersonal conflicts or injustices, manifests itself as a physiological imbalance with corresponding symptoms (Lin et al 1992).

This sort of link between a symptom and an ethno physiological theory may reflect an explicit explanatory model but it can also follow from more analogical reasoning based on the natural metaphoricity of sensory and affective experiences (Kirmayer 2007).

Hence, anger is associated with heat because of the flushing that can accompany the emotion, and sensations of burning resemble tactile sensations of heat. The connections do not require an explanatory model. The process runs the other way: bodily experiences provide analogies that give rise to metaphors which, in turn, are elaborated in explicit conceptual models and illness narratives over time .

When medical investigations fail to provide an explanation, physicians may view patients as somatizing when, in fact, the patients were aware of the social and emotional antecedents of their bodily distress from the start.

Many patients with somatic cultural idioms of distress will acknowledge the social problems that exacerbate their symptoms if they find a sympathetic listener.

Diagnostic systems are also cultural artifacts [Kirmayer & Sartorius 2007]

# Researches

- Dhat
- Female dhat
- Sinking heart
- Somatoforms
- Functional somatic symptoms
- Ataques de Nervios
- Hwa Byung

# Is there a female dhat syndrome ?

- In clinical practice, in gynecological, medical and psychiatric clinics, women frequently attribute their physical symptoms to their passing of vaginal discharge. Ujla (whiteness), Sweta Pradara (white discharge), safed paani (white water), bili hoguvudu (white going) are some common terms by which the passing of WDPV is referred to by women (Chaturvedi et al. 1993, a). It is a idiom of distress regarding health issues and an 'understandable explanation' for their somatic complaints.
- When the women were asked about their explanations for the cause of WDPV, different factors were mentioned, like dietary factors (25%), excess of heat (or cold) in the body (38%), emotional factors/stress (2%), activity of any nature (2%), and tubectomy (20%).

- 'Idiom of distress', in the form of leukorrhoea as a symptom state associated with a complex of cultural meanings as well as multiple etiologies.
- Prevalent etiological notions of leukorrhoea include a dissolving of bones, loss of dhatu (vital fluid), and overheat. [Nichter 1981]
- Leukorrhea may represent a culturally shaped 'bodily idiom of distress', in which concerns about loss of genital secretions reflect wider issues of social stress. Problems may arise when a symptom with deep cultural meaning is interpreted in a purely biomedical framework. [Karen Trollope-Kumar, 2001]

# Sinking Heart Syndrome

- "Sinking heart' is an illness in which physical sensations in the heart or in the chest are experienced and these symptoms are thought to be caused by excessive heat, exhaustion, worry and/or social failure.
- The Punjabi model of "sinking heart' offers a culture-bound explanation of somatic symptoms. It is based on culturally specific ideas about the person, the self and the heart and on the assumption that physical, emotional and social symptoms of pathology accompany each other.
- The Punjabi model of sinking heart does not exactly correspond to medical models of heart distress, TABP.
- The sinking heart model bears closest resemblance to a Western model of stress. The similarity between these two models is in the form rather than in the content.

[Krause 1989]

# Jhum Jhum syndrome

- Observed in medical practice in Nepal, north India and the hilly regions of Garhwal.
- Presents with sensory symptoms, mainly tingling numbness, without any neurological deficits.
- No obvious social or psychological stresses
- Form of expressing distress, dissatisfaction, and displeasure in the community
- Acceptable form of illness, quite common, and serves an adaptive role [Kohrt et al. 2005]

# Somatic Neurosis

- Women presenting with multiple somatic complaints, mainly, aches and pains, fatigue, tiredness, mainly muslim women [Janakiramaiah, 1987]
- Later, studied and noted in Hindu women as well [Janakiramaiah, 1990]
- No obvious psycho social stresses, rather had impoverished, restrictive, social environment, where complaining of somatic symptoms was acceptable, without any stigma.
- Great Universe of Kota [Carstairs & Kapur 1975]
- Subsequent community studies confirm this pattern [Chaturvedi et al, 1987, 1988]

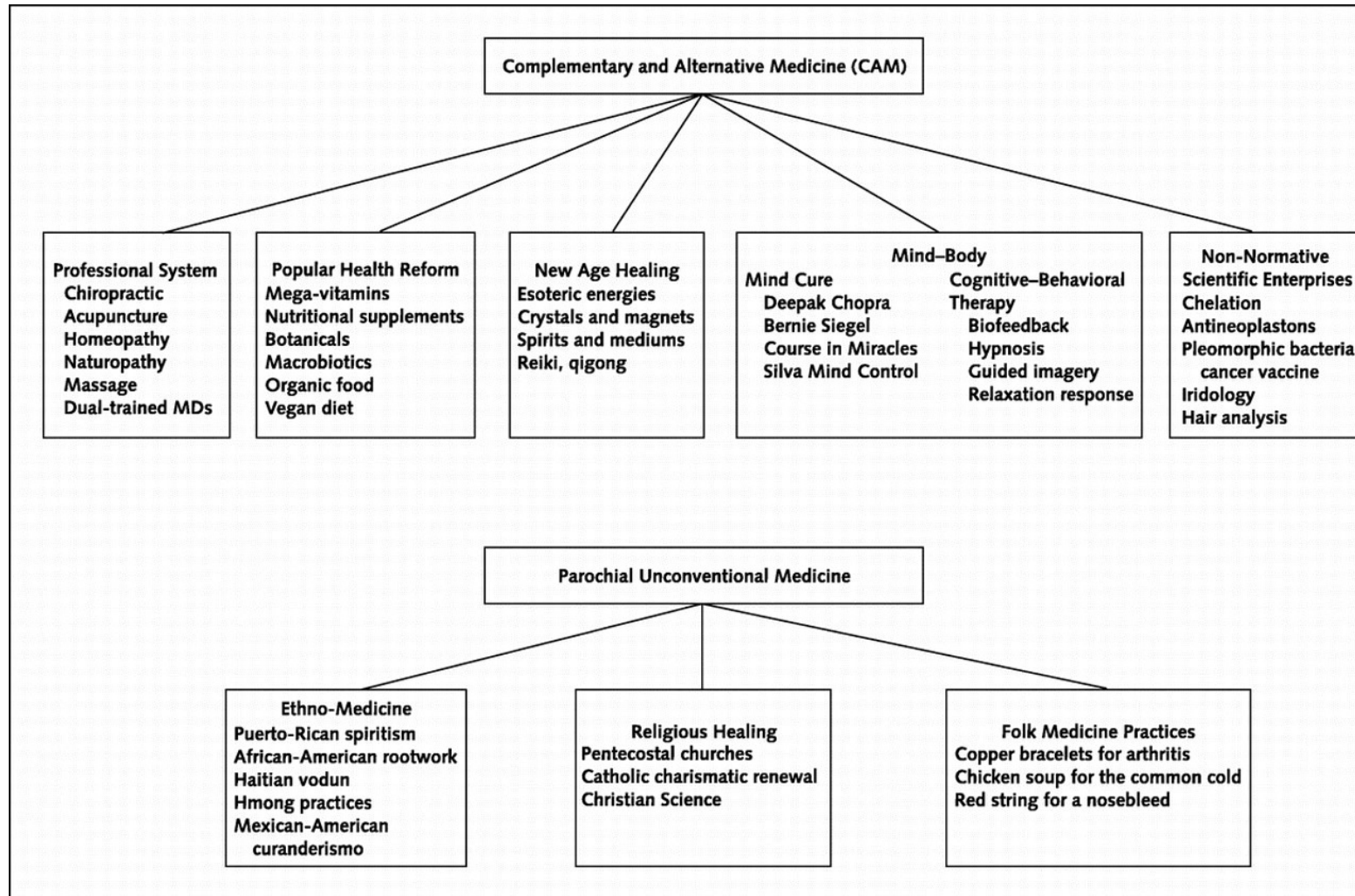
- Somatic symptoms serve as cultural idioms of distress in many ethnocultural groups and, if misinterpreted by the clinician, may lead to unnecessary diagnostic procedures or inappropriate treatment.
- Clinicians must learn to decode the meaning of somatic and dissociative symptoms, which are not simply indices of disease or disorder but part of a language of distress with interpersonal and wider social meanings.
- Implications of these findings for the recognition and treatment of depressive disorders among culturally diverse populations in primary care and mental health settings are discussed. [Kirmayer 2001]

# **Interpretive Frameworks and Potential Meanings of Somatic Symptoms**

- 1. Index of disease or disorder
- 2. Symbolic expression of intrapsychic conflict
- 3. Indication of specific psychopathology
- 4. Idiomatic expression of distress
- 5. Metaphor for experience
- 6. Act of positioning with a local world
- 7. Form of social commentary or protest

- As a culturally available idiom, somatic symptoms express discomfort and distress in ways that are intelligible within the individual's social milieu but may have different meanings to outsiders.
- Somatic idioms of distress commonly embody combinations of somatic, emotional, and social meanings. Complaints that seem (to the medical practitioner) to be evidence of a syndrome of somatic symptoms may, in reality, encode an ethnomedical theory.
- Consequently, a patient's narrative of his or her illness may include a significant subtext, linking his or her physical distress to social predicaments, moral sentiments, and otherwise unexpressed emotions. [Kirmayer & Young 1998].
- Certain common ethnophysiological ideas serve to link diverse bodily symptoms and behaviors within a system that has both hygienic and moral dimensions. For example, *nervios*, *nevra*, and other syndromes of "nerves" are common as somatized forms of anxiety and depression

## Unconventional healing practices: taxonomy with examples.



Kaptchuk T J , Eisenberg D M Ann Intern Med  
2001;135:196-204

**Annals of Internal Medicine**

## **Culture bound syndromes VS Idioms of distress**

Recent ethnographic research makes it clear that many of the conditions labeled culture-bound syndromes were not syndromes but rather metaphorical descriptors or everyday terms, causal attributions or explanations, or cultural idioms of distress that can be used to describe a wide range of different somatic experiences of varying pathological significance [Kirmayer 2007]

Cultural idioms of distress are culturally prescribed modes of understanding and narrating health problems and broader personal and social concerns [Nichter 1981]. They usually do not indicate psychopathology and may be linked to popular explanatory models or to socio-somatic theory.

Cultural idioms may reflect more elaborate cultural models or employ evocative metaphors without a well worked out conceptual model.

# Management

- Cultural competence and sensitivity
- H/o diet, activity, systems, and functioning
- Cultural formulation
- Explanatory model
- Explanation and counseling
- Rational use of pharmacology
- Folk medicines
- Complementary & alternative methods

# Traditional Chinese medicine

- Western medicine relies heavily on laboratory tests; TCM does not. Consequently, “medically unexplained symptoms” do not exist in TCM.
- Diagnosis in TCM is based on four techniques (observing, listening and smelling, asking, and feeling the pulse) and four types of pathologic change (*Qi* (air), blood, *yin-yang*, or an organ inside the body). Using the four techniques, TCM practitioners collect information on the possible pathologic changes that could explain patients’ symptoms and would allow them to provide treatment to alleviate the symptoms.
- Whereas the mind and body are considered separate entities in Western medicine, mind and body are integrated and inseparable in TCM. Accordingly, any change of the mind will inevitably affect the body and vice versa.
- Psychological problems are frequently considered the causes of physical disorders.
- TCM treatment of somatoform disorders includes herbal medicine, acupuncture, *Tuina* massage, and *qigong*. One or more of these methods are used. Practitioners of TCM generally consider the patient’s preference when deciding which treatment to use.

<b>Classical Western Psychiatrist</b>	<b>Patient from Indian sub continent</b>
No experience of acculturation stress	Experience of acculturation stress
Upbringing in western well off mileu	Upbringing in non western traditional mileu
Inner directed orientation	Tradition directed orientation
Belief in individual solutions	Belief in collective solutions
Intrapsychic conflicts seen as most relevant.	Extrapsychic (social) conflicts seen as most relevant
Emphasis on scientific knowledge (rational)	Emphasis on magic knowledge (arational but not irrational)
Disease primarily seen as phenomenon of nature, devoid of moral implications	Disease frequently seen as phenomenon of the supernatural, full of moral implications.
Physical and mental illness seen as distinct entities	No essential distinction made between physical and mental illness
Treatment viewed as “profane” and “scientific”	Treatment seen as “sacred” and “magic”  Louis Jilek- Aall, 1976

<b>Classical Western Psychiatrist</b>	<b>Patient from Indian sub continent</b>
Tendency to explain the incomprehensible by Psychopathology	Tendency to explain the incomprehensible by traditional / supernatural powers
Social rank predominantly seen as depending on education and income	Social rank predominantly seen as depending on age, birth and inherited status
Social obligations mainly towards nuclear family	Social obligations towards extended family, clan & tribe
Few, if any, ceremonial functions considered indispensable	Numerous ceremonial functions indispensable
Outlook geared towards future: experimentation & innovation seen as desirable	Orientation towards past; preservation of old techniques and guidance by traditional experience seen as desirable
Individual geographic mobility high, therefore few and short term commitments	Individual geographic mobility very low, therefore numerous and long term commitments
Therapist paid by insurance plans according to service time without reference to patient's circumstances	Indigenous healer paid by patient or relatives according to success and to patient's wealth and status
	Louis Jilek- Aall, 1976

# In conclusion

- A full understanding of the illness belief systems which are available to the layman and to the physician, if coupled with a willingness to negotiate a more functional set of explanatory models, may pave the way to a richer, deeper and above all more satisfying experience to healing’.
- Recognizing idioms of distress helped me to establish rapport and build the type of empathic connection that comes from being co-present, engaging in a “somatic mode of attention” (Csordas 1993), “working within the metaphor” (Kirmayer 1993) and paying close attention to metacommunication

We need more research on the ways in which culture and context shape the somatic clinical presentations of the range of psychiatric disorders.

We need integrated epidemiological and ethnographic research, both in the community and the clinic, to examine the relationship between cultural idioms of distress and clinical syndromes.

The extensive work on *ataques de nervios* in Latin populations is exemplary in this regard [Kirmayer & Sartorius 2007] the diagnosis of a somatoform disorder conveys psychiatric stigma, perplexes patients because it implies their problems are mental rather than physical, and justifies therapeutic nihilism on the part of clinicians.

That which enters the mind through reason can be corrected.  
That which is admitted through faith, hardly ever !  
*Charles de Cafe`*

Thank you for your kind attention