

## SPECIAL ARTICLE

# Dissociation or Culture Bound? A Malaysian Perspective

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## ABSTRACT

Dissociation including Multiple Personality Disorder has long been a controversial topic. Patients with suggestive symptoms are often misdiagnosed as malingering or even having Schizophrenia. The former as a result of clinicians overlooking the fact that suggestibility plays a key role in the emergence and perpetuation in this illness and the latter due to the lack of knowledge of the whole dissociative disorder spectrum, often resembling that of a psychotic disorder. For the psychiatrist, decision making in diagnosis is affected from his own experience or even the fear of being accused on seeking fame from a glamorous diagnosis. In Malaysia various Culture Bound Syndromes often present with similar symptoms. This article will attempt to highlight the borders between Dissociation and Culture Bound Syndromes using case studies as reference points.

**Keywords:** *Dissociative identity disorder, Culture*

## INTRODUCTION

Dissociative states including Dissociative Identity Disorder (DID) are still hotly disputed conditions with much skepticism and disbelief from many psychiatrists. At one time, with origins from beliefs such as the Wandering Uterus, the affected person was thought to be possessed by two demons and presented with strange, unaccustomed and incurable symptoms. In the same context of beliefs, hypnotism- a condition closely related to dissociation and DID- was and is still linked to the mysterious and supernatural in certain places.<sup>1</sup> It might not be impossible to compare these scientifically acceptable states to the ambiguous and relatively unknown Culture Bound Syndromes. In Malaysia, with a multi-ethnic and multi-cultural population, there are numerous conditions that are attributed to possession and traditionally accepted conditions; among others, Latah and Amok. Narcolepsy and related disorders such as sleep paralysis, hypnagogic and hypnopompic hallucinations are attributed to many different forms of possession. In the era of modern psychiatry, Pierre Janet (1859-1947) and founder of the analytic tradition in psychology, while studying in the Psychological Laboratory in Pitié-Salpêtrière Hospital, in Paris, hypothesized that dissociation derived from the lack of Nervous Energy,

that failed to maintain integration in the affected person.<sup>2</sup> Hypnotism and suggestibility of patients are also controversial factors in the etiology and management of DID. Going back in history, Marquis de Puységur, a disciple of Anton Mesmer referred to hypnotism as “Perfect Crisis” or “Magnetic Sleep”, definitions not accepted by Anton Mesmer himself.<sup>3</sup> Even back as far as the 17th century and probably much earlier the whole spectrum of hypnosis and auto-suggestibility was already a phenomenon associated with much dispute. Where the culture bound syndromes we see world wide today stands in context to the above mentioned syndromes is still a question unanswered.

The fact that hysterical patients suffer from repressed memories of upsetting and traumatic events so distressing that they can't face the associated emotions,<sup>4</sup> one can only wonder if culture bound syndromes with the similar clinical presentation of amnesia and automatism and also recall of otherwise unknown events and memories is a spectrum of the same psychological reaction. Dissociation itself as much as it is a controversial psychological state is considered to be a normal reaction that occurs in otherwise healthy people. Occurring at different levels, the ability to do two things at the same time like driving a car or playing the piano and holding a conversation concurrently maybe be a milder form of dissociation, something a person might not be able to do if brought to conscious awareness. To dissociate means to sever the association from one activity to the other and very often the case to dissociate one activity from another simultaneously occurring activity.<sup>5</sup> The cases discussed below are examples of how patients dissociated within the local cultural context in order to cope with possible conflicting socio-cultural beliefs. In all cases the problems were eventually resolved with the collective support from family and reinforced traditional beliefs.

## CASE STUDIES

### CASE 1: M AND HER TWO ALTER EGOS

M was a 28-year-old single Indian woman who presented with the complaint of a 2-year history of headaches. Over the last 5 months the headaches had increased in severity, associated with changes in behavior and lapses in memory. She often misplaced things and left many household chores uncompleted, not being able to give an explanation for her behaviour. She was at times speaking like a little child who claimed to be her younger self, with her mother always in the kitchen and, at times as a very

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