

## Latah Syndrome

R S Bayer, MD, JMB\*

**A rare case of Latah Syndrome presented in a Jordanian citizen and showed good response to behavioral therapy.**

*Bahrain Med Bull 1997;19(2): 52-53*

Latah is a culture - bound syndrome and was observed by O'Brein in 1882 to occur in Malaysian people. The patients are usually middle aged or elderly females. Illness usually begins after sudden frightening experience, when the patient shows echolalia, echopraxia, automatic obedience and increased startle response. He remains aware of the situation but cannot control his peculiar behaviour. There is no personality disturbances associated with the attacks. The present case describes a rare occurrence of the syndrome in a Jordanian citizen who fulfilled the criteria and demonstrated a very good response to behavioural therapy.

### THE CASE

A 45-year old married male patient, unskilled labourer of low socioeconomic status, presented with one month history of sudden onset of compulsive imitation of the actions of others (echopraxia) and compulsive repetition of words or sentences that were spoken to him or in his presence (echolalia); the patient was aware of it but could not control or inhibit his behaviour.

On one occasion he had jumped in the dead sea imitating other swimmers although he had never swum and he was rescued by others. On another occasion he had torn a 20 Jordanian Dinar (JD) note imitating a clerk who tore a piece of paper at that time. These two incidences prompted him to seek psychiatric help. There was no identifiable psychosocial stresses preceding his illness.

The patient was the youngest of eight siblings. His birth, early development were uneventful and he had poor scholastic achievement. He had primary infertility and was dominated by his wife. He was described by his family as timid, weak, shy and dependent. There was no family history of psychiatric illness.

During hospitalisation he had exhibited both echopraxia and echolalia in addition to increased startle response. He was observed to be tickled by unexpected noises or gestures; he would either jump, drop held objects or slap anybody standing next to him. He also exhibited dancing movements in response to every clapping sound. There was no avoidance behaviour and had good insight to it.

There had been no tics, coprolalia or clouding of consciousness and there was no evidence of psychosis. His routine blood and urine examination, EEG and computerised tomography scan were normal. His IQ on Wechsler Adult Intelligence Scale (WAIS) was 80.

Patient was immediately started on behavioural therapy consisting of satiation and massed practice, in which the patient was instructed to repeat the unwanted behaviour until he tired off. Two weeks later the patient had shown full recovery and no relapse had occurred by 18 months.

### DISCUSSION

Culture-bound syndrome is a collection of signs and symptoms which is restricted to a limited number of cultures primarily by reason of their psychosocial features<sup>8</sup>. Latah is one of these syndromes and it has been observed mostly among Malaysian and Indonesian people but it has also been observed in Africa, Siberia, Japan, Burma, Thailand and Philippines and to the best of my knowledge this is the first case to be reported from Jordan<sup>10</sup>. The affected patients are usually females but our patient is a male and Latah Syndrome is usually provoked by stress but in our case the condition started suddenly without any provocation.

The exact aetiology is not known but has been described as female attention seeking response in a male dominated culture<sup>1</sup>. Murphy considered Latah as a psychogenic disorder<sup>5,6</sup>. He thought that traditional belief of the Malaysian people in possession state and their children game of producing trance state are cultural factors that may contribute significantly to the specificity of the Latah reaction among the Malaysian people. Yap considered the syndrome as an intense fright reaction involving disorganisation of the ego and may through loosening of the ego boundaries that render the patient powerless and unable to resist any stimuli<sup>11</sup>. As a result the patients behaviour is determined by echolalia and echopraxia (psychodynamic hypothesis). Simon proposed that Latah is based on universal human startle reflex and that it is merely a culture-specific exploitation of a neurophysiological potential shared by humans and other animals<sup>8,10</sup>.

---

\* Psychiatrist  
Prince Rashed Military Hospital  
Irbid  
Jordan

He argued that,

- (a) A predisposition to startle reaction is quite evenly distributed across the world population.
- (b) Certain social situations either reinforce or inversely inhibit this predisposition.
- (c) Some individuals with this predisposition exploit it for secondary gain.
- (d) The whole range of Latah - type disorders can be explained on the bases of the initial "innate" predisposition being modified along the lines indicated in b & c (neurophysiological hypothesis).

Kenney, however had argued that the evidence does not support such a view and that Latah like other conditions are best considered in terms of their local meaning within their societies of origin (anthropological hypothesis)<sup>3,4</sup>.

### CONCLUSION

**This case study shows that successful treatment of Latah by behavioural therapy is possible and the main constituents of this therapy is satiation and massed practice.**

**Finally, the fact remains that the exact aetiology is not known and why it is confined to certain cultures is a matter of debate. All suggested explanations remain hypothetical and need further study and research.**

### REFERENCES

1. Chiu TL, Tong JE, Schmidt KE. A clinical and survey study of Latah in Sarawak, Malaysia. *Psychol Med* 1972;2:155-65.
2. Enoch MD, Trethowan WH. Uncommon psychiatric syndrome. 2nd ed. 1979:104.
3. Kenney MG. Latah : the symbolism of a putative mental disorder. *Cult Med Psychiatry* 1978;2:209-31.
4. Kenney MG. Paradox lost. The latah problem revisited. *Journal of Nervous and Mental Disease* 1983;171:159-67.
5. Murphy HB. Commentary on "the resolution of the Latah paradox". *Journal of Nervous and Mental Disease* 1983;171:176-7.
6. Murphy HB. History and the evolution of syndromes. In: Hammer M, Salzinger K, Sutton S, et al, eds. *The striking case of "Latah" and "amok" is psychopathology: contributions from Social, Behavioural and Biological Sciences*. New York: Wiley, 1973:33.
7. Peter H, Robin M, Anthony T. *Essential of post graduate psychiatry*. 1987:562-3.
8. Prince R, Tchong-Laroche F. Culture-bound syndromes and international disease classifications. *Cult Med Psychiatry* 1987;11:3-52.
9. Simons RC. The resolution of the Latah paradox. *Journal of Nervous and Mental Disease* 1980;168:195-206.
10. Simons RC. Latah II problems with a purely symbolic interpretation. A reply to Michael Kenny. *Journal of Nervous and Mental Disease* 1983;171:168-75.
11. Yap PM. The latah reaction: its pathodynamics and nosological position. *Journal of Mental Science* 1952;98:515-64.