The Place of the Cultural Syndrome of Ataque de Nervios in Latino Behavioral Health

Peter J. Guarnaccia, Ph.D.
Professor, Rutgers University

For Presentation at the conference on “Integrating Research, Education and Services to Reduce Behavioral Health Disparities in Hispanic and Latino Populations,” NHLATTC National Conference, October 8, 2014, Austin, TX

Abstract

• Using anthropological, psychiatric epidemiological and clinical research approaches, I have examined the cultural syndrome of ataque de nervios in adults and children for more than two decades.
• In collaboration with colleagues in Puerto Rico and the U.S., I have carried out research on the social and psychiatric correlates of this cultural syndrome. I have done in-depth interviews with a range of individuals who have experienced an ataque de nervios to understand the phenomenology of the experience and the social contexts and consequences of experiencing an ataque de nervios. I have explored the relationship between ataque de nervios and panic disorder.
• In this presentation, I will review this research and discuss how it informed the incorporation of cultural syndromes into the DSM-IV and DSM-5. I will also share a proposal for how to think about a parallel cultural diagnostic system for Latino behavioral health using different categories of nervios.

Learning Objectives

- To define the cultural syndrome of ataque de nervios
- To identify the social and psychiatric correlates of atques de nervios
- To understand the place of ataque de nervios in the DSM diagnostic system
- To develop a culturally-based diagnostic system using different concepts of nervios
Orienting Thoughts

“All men have the stars,... but they are not the same things for different people. For some, who are travelers, the stars are guides. For others, they are no more than little lights in the sky. For others, who are scholars, they are problems. For my businessman they were wealth. But all these stars are silent.”

[From The Little Prince, Antoine de Saint Exupéry, 1971: 104]

Ataque de Nervios

Definition: Ataque de Nervios

Peter Guarnaccia and Roberto Lewis-Fernandez, New York State Psychiatric Institute

From: Glossary of Culture-Bound Syndromes of DSM-IV (p. 845)
Definition of Ataque de Nervios

- Idiom of distress principally reported among Latinos from the Caribbean
- Commonly reported symptoms:
  - screaming/shouting uncontrollably
  - attacks of crying
  - trembling
  - heat in the chest rising into the head
  - becoming verbally/physically aggressive

- Features prominent in some ataques, but absent in others:
  - dissociative experiences
  - seizure-like or fainting episodes
  - suicidal gestures
- Core feature: sense of being out of control

- Frequently occur as a direct result of a stressful event relating to the family:
  - news of the death of a close relative
  - separation or divorce from a spouse
  - conflicts with a spouse or children
- May experience amnesia for what occurred during the ataque de nervios
- Otherwise return rapidly to their usual level of functioning.
**Definition of Ataque de Nervios**

- Although descriptions of some ataqués de nervios fit closely with the DSM-IV description of Panic Attacks
  - association of most ataqués with a precipitating event
  - frequent absence of the hallmark symptom of acute fear distinguish them from Panic Disorder
- Ataqués de nervios span range from normal expressions of distress to psychiatric disorders:
  - Anxiety
  - Mood
  - Dissociative
  - Somatoform

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**The Prevalence of Ataqués de Nervios in Puerto Rico**

**Peter Guarnaccia,**
Glorisa Canino & colleagues at the Behavioral Sciences Research Institute,
UPR Medical Sciences Campus

*The Journal of Nervous and Mental Disease* 181:157-165, 1993

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**Ataque de Nervios Question**

- ¿Alguna vez, ha tenido usted un ataque de nervios?
- At some time, have you ever had an ataque de nervios?
### Relationship Between Ataque de Nervios & Socio-Demographic Variables

<table>
<thead>
<tr>
<th>Demographic Variables</th>
<th>No Ataque</th>
<th>Ataque de Nervios</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = 767 (84%)</td>
<td>N = 145 (16%)</td>
<td></td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>348 (45%)</td>
<td>41 (28%) **</td>
</tr>
<tr>
<td>Female</td>
<td>419 (55)</td>
<td>104 (72)</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17-24</td>
<td>189 (25%)</td>
<td>22 (15%) **</td>
</tr>
<tr>
<td>25-44</td>
<td>344 (45)</td>
<td>61 (42)</td>
</tr>
<tr>
<td>45-68</td>
<td>234 (30)</td>
<td>62 (43)</td>
</tr>
</tbody>
</table>

Chi-square was used to establish if differences were significant for each demographic variable. [* p<0.05 ** p<0.01]

### Relationship Between Ataque de Nervios & Socio-Demographic Variables

<table>
<thead>
<tr>
<th>Demographic Variables</th>
<th>No Ataque</th>
<th>Ataque de Nervios</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = 767 (84%)</td>
<td>N = 145 (16%)</td>
<td></td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; High school</td>
<td>372 (48%)</td>
<td>96 (66%) **</td>
</tr>
<tr>
<td>High School +</td>
<td>395 (52)</td>
<td>49 (34)</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>379 (49%)</td>
<td>67 (46%) **</td>
</tr>
<tr>
<td>Formerly married</td>
<td>134 (18)</td>
<td>43 (30)</td>
</tr>
<tr>
<td>Never married</td>
<td>254 (33)</td>
<td>35 (25)</td>
</tr>
</tbody>
</table>

Chi-square was used to establish if differences were significant for each demographic variable. [* p<0.05 ** p<0.01]

### Relationship between Ataque de Nervios & Psychiatric Diagnoses

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>No Ataque</th>
<th>Ataque de Nervios</th>
<th>Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression (5%)</td>
<td>19 (2%)</td>
<td>29 (20%)</td>
<td>9.84</td>
</tr>
<tr>
<td>Dysthymia (12%)</td>
<td>67 (9%)</td>
<td>40 (28%)</td>
<td>3.63</td>
</tr>
<tr>
<td>Generalized Anxiety (18%)</td>
<td>108 (14%)</td>
<td>55 (38%)</td>
<td>3.73</td>
</tr>
<tr>
<td>Panic Disorder (2%)</td>
<td>3 (0.4%)</td>
<td>13 (9%)</td>
<td>25.28</td>
</tr>
<tr>
<td>PTSD (6%)</td>
<td>29 (4%)</td>
<td>25 (17%)</td>
<td>5.30</td>
</tr>
<tr>
<td>Any Affective</td>
<td>49 (6%)</td>
<td>43 (30%)</td>
<td>6.18</td>
</tr>
<tr>
<td>Any Anxiety</td>
<td>103 (14%)</td>
<td>58 (40%)</td>
<td>4.02</td>
</tr>
<tr>
<td>Any DIS Diagnosis</td>
<td>214 (28%)</td>
<td>91 (63%)</td>
<td>4.35</td>
</tr>
</tbody>
</table>

N= 912 N=767 (84%) N=145 (16%)
The Experiences of Ataques de Nervios

Peter Guarnaccia, Melissa Rivera and colleagues at the Institute for Health, Rutgers

Culture, Medicine and Psychiatry 20:343-367, 1996

Social Characteristics of Ataque de Nervios Study Sample

<table>
<thead>
<tr>
<th>Social Characteristics</th>
<th>No Ataque</th>
<th>Ataque</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = 121</td>
<td>N = 42</td>
<td>N = 79</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>15 (36%)</td>
<td>35 (20%) **</td>
</tr>
<tr>
<td>Female</td>
<td>27 (34)</td>
<td>63 (80)</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;29</td>
<td>11 (25%)</td>
<td>9 (12%) **</td>
</tr>
<tr>
<td>30-49</td>
<td>19 (43)</td>
<td>31 (40)</td>
</tr>
<tr>
<td>&gt;50</td>
<td>12 (32)</td>
<td>39 (48)</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; High School</td>
<td>19 (46%)</td>
<td>48 (61%) **</td>
</tr>
<tr>
<td>≥ High School</td>
<td>23 (54)</td>
<td>31 (39)</td>
</tr>
</tbody>
</table>

Chi-square was used to establish if differences were significant for each demographic variable. [* p<0.05 ** p<0.01]

Most Frequent Symptoms of First Ataque de Nervios (N=77)

- Became nervous: 90%
- Cried/attacks of crying: 88%
- Trembled a lot: 77%
- Palpitations: 75%
- Chest pressure: 75%
- Had headache: 70%
- Became hysterical: 69%
- Frightened: 65%
- Lost control: 64%
- Felt like was suffocating: 61%
- Heat in chest: 56%
- Screamed a lot: 56%
- Out of breath: 56%
- Surroundings unreal: 53%
### Most Frequent Symptoms of First Ataque de Nervios (N=77)

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afraid of going crazy</td>
<td>53%</td>
</tr>
<tr>
<td>Felt anger</td>
<td>52%</td>
</tr>
<tr>
<td>Blurred vision</td>
<td>43%</td>
</tr>
<tr>
<td>Fainted</td>
<td>43%</td>
</tr>
<tr>
<td>Body felt unreal</td>
<td>42%</td>
</tr>
<tr>
<td>Afraid of dying</td>
<td>39%</td>
</tr>
<tr>
<td>Dizzy</td>
<td>35%</td>
</tr>
<tr>
<td>Lost consciousness</td>
<td>35%</td>
</tr>
<tr>
<td>Became aggressive</td>
<td>31%</td>
</tr>
<tr>
<td>Period of amnesia</td>
<td>29%</td>
</tr>
<tr>
<td>Broke things</td>
<td>26%</td>
</tr>
<tr>
<td>Suicidal thoughts</td>
<td>26%</td>
</tr>
<tr>
<td>Fell to floor</td>
<td>21%</td>
</tr>
<tr>
<td>Suicide attempt</td>
<td>14%</td>
</tr>
</tbody>
</table>

### Experiences of 1st Ataque de Nervios

<table>
<thead>
<tr>
<th>Category</th>
<th>Number (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Ataque De Nervios (Lifetime)</td>
<td></td>
</tr>
<tr>
<td>1-2</td>
<td>32 (41%)</td>
</tr>
<tr>
<td>3-5</td>
<td>16 (21%)</td>
</tr>
<tr>
<td>More Than 5</td>
<td>18 (23%)</td>
</tr>
<tr>
<td>Don't Know</td>
<td>12 (15%)</td>
</tr>
<tr>
<td>Something Provoked</td>
<td>68 (92%)</td>
</tr>
<tr>
<td>Began Shortly After an Event</td>
<td>54 (73%)</td>
</tr>
<tr>
<td>People w/ Person</td>
<td>61 (81%)</td>
</tr>
<tr>
<td>Felt Better</td>
<td>53 (71%)</td>
</tr>
<tr>
<td>Felt Relieved</td>
<td>61 (81%)</td>
</tr>
<tr>
<td>Received Some Help</td>
<td>50 (67%)</td>
</tr>
</tbody>
</table>

### Domains of Ataque Experience

**Loss of control is over-riding theme**

**Emotional expressions:** screaming, crying, anxious, depressed, fearful, anguish, anger

**Bodily sensations:** trembling, palpitations, chest pain, breathlessness, headache, lost voice, stomach upset, fatigue, weakness, loss of feeling in part of body, hands sweat, convulsions, seizures

**Action dimensions:** aggressive towards self, others, or things, could not eat or sleep, wanting to die, suicidal ideation or attempts

**Alterations in Consciousness:** fainting, loss of consciousness, dizziness, many thoughts or memories, amnesia, hallucinations, going crazy
**Contexts of Ataques**

**Suffering**

**Major problems (problemas grandes)**

- Economics
- Alcohol/substance abuse
- Death of a family member
- Receiving bad news
- Family conflict
- Spouse conflict/divorce
- Conflict with children
- Worry about children

**Symptoms**

- Illness (self/child)
- Hospitalization of family member
- Isolation/loneliness
- Accidents
- Disasters (floods, hurricanes)
- Assaults, Physical abuse
- Traumas
- Wars

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**Are Ataques de Nervios in Puerto Rican Children Associated with Psychiatric Disorder?**

Peter J. Guarnaccia, Ph.D.
with Igda Martinez, Rutgers University,
Glorisa Canino, Ph.D. and Rafael Ramirez, Ph.D., University of Puerto Rico Medical Sciences Campus

*Journal of the American Academy of Child and Adolescent Psychiatry, 44:1184-1192, 2005*

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**Association between Ataque de Nervios & Psych Dx**

Community Sample

<table>
<thead>
<tr>
<th></th>
<th>Any Depression</th>
<th>Any Anxiety</th>
<th>Any Disorder</th>
<th>Any Diagnosis</th>
<th>Any Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Presence of Ataque</strong></td>
<td>2.8</td>
<td>8.4</td>
<td>8.4</td>
<td>21.8</td>
<td>21.8</td>
</tr>
<tr>
<td><strong>Absence of Ataque</strong></td>
<td>9.4</td>
<td>12.8</td>
<td>12.8</td>
<td>30.8</td>
<td>30.8</td>
</tr>
</tbody>
</table>

* p < .05  ** p < .01  *** p < .001
**Discussion**

- *Ataques de nervios* are a prominent cultural syndrome among Puerto Rican children.
- *Ataques de nervios* in children are a highly gendered form of expressing distress.
- Further research to better understand the familial patterning of *ataques de nervios*.
- Link between meeting criteria for disorder/impairment & having an *ataque de nervios* strong in both community & clinical samples.

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**Ataques de Nervios as a Marker of Social and Psychiatric Vulnerability: Results from the NLAAS**

*Peter Guarnaccia*

with Roberto Lewis-Fernandez, Margarita Alegria, Igda Martinez, Patrick Shrout, Shan Gao, Maria Torres, Glorisa Canino

The picture that emerges from our analyses is that those who suffer from a combination of social disadvantage, psychiatric disorder, and poor perceived health are more likely to experience an ataque de nervios.

(Guarnaccia, et al., 1993:157)

### Methods

- 75.5% response rate
- Instrument fully translated/adapted into Spanish
- Administered by trained bilingual/bicultural lay interviewers
- Analyses performed with sample weights to account for complex sample design

### NLAAS Latino Sample (N=2554)

<table>
<thead>
<tr>
<th></th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mexican</td>
<td>614</td>
</tr>
<tr>
<td>Cuban</td>
<td>568</td>
</tr>
<tr>
<td>Puerto Rican</td>
<td>495</td>
</tr>
<tr>
<td>Other</td>
<td>577</td>
</tr>
</tbody>
</table>

### Measures

- Composite International Diagnostic Interview (CIDI) for all psychiatric diagnoses
- Demographics: sex, age, marital status, education, income
- Acculturation & Migration: several language use and ability measures, birthplace and migration
- Ataque de Nervios: screener question plus 15 additional symptom questions
Ataque de Nervios Questions

• **SCREENER** (English). Have you ever had an episode or nervous attack where you felt totally out of control?

• **SCREENER** (Spanish) ¿Alguna vez ha tenido Ud. un episodio o ataque de nervios en que se sintió totalmente fuera de control?

• **SYNDROME CRITERIA**: Yes to screener and yes to 4 or more of 15 ataque de nervios symptoms

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Frequency of Ataques de Nervios

![Frequency of Ataques de Nervios](image)

- Screen Positive
  - Puerto Rican (n=495)
  - Cuban (n=577)
  - Mexican (n=868)
  - Other Latino (n=614)

* p < .05  ** p < .01  *** p < .001

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Relationship to Sociodemographic Variables

<table>
<thead>
<tr>
<th>Sociodemographics</th>
<th>Self Label</th>
<th>Syndrome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male (51.5%)</td>
<td>7.6% **</td>
<td>5.0% ***</td>
</tr>
<tr>
<td>Female (48.5%)</td>
<td>11.1%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married (51.7%)</td>
<td>7.3% **</td>
<td>4.7%</td>
</tr>
<tr>
<td>Never married (33.0%)</td>
<td>10.3%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Widowed/Sep/Div (18.3%)</td>
<td>13.3%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Nativity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foreign Born (57.3%)</td>
<td>6.6% ***</td>
<td>4.9% ***</td>
</tr>
<tr>
<td>US Born (42.7%)</td>
<td>13.9%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Language of Interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spanish (53.2%)</td>
<td>6.2% ***</td>
<td>4.2% ***</td>
</tr>
<tr>
<td>English (46.8%)</td>
<td>12.9%</td>
<td>8.8%</td>
</tr>
</tbody>
</table>

* p < .05  ** p < .01  *** p < .001
**Relationship to Psychiatric Variables**

<table>
<thead>
<tr>
<th></th>
<th>Self-Label</th>
<th>Syndrome</th>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any depression disorder</td>
<td>33.4</td>
<td>25.4</td>
<td>34.8</td>
</tr>
<tr>
<td>Any anxiety disorder</td>
<td>15.5</td>
<td>25.3</td>
<td>25.6</td>
</tr>
<tr>
<td>Suicidal Symptoms</td>
<td>15.6</td>
<td>7.4</td>
<td>15.6</td>
</tr>
<tr>
<td>Disability due to MH problems</td>
<td>38.3</td>
<td>7.6</td>
<td>38.3</td>
</tr>
<tr>
<td></td>
<td>38.3</td>
<td>7.6</td>
<td>38.3</td>
</tr>
<tr>
<td></td>
<td>54.8</td>
<td>6.7</td>
<td>51.9</td>
</tr>
</tbody>
</table>

*p < .05  ** p < .01  *** p < .001

**Discussion**

- Frequency of ataques de nervios higher among Puerto Ricans compared to other Latino groups
- Ataque experience similar across Latino groups
- Ataques provide a tracer through a range of social and mental health vulnerabilities among Latinos on U.S. mainland

**Ataques as an Indicator of Vulnerability**

- Women and those whose families have been disrupted by divorce or other social stressors
- Those who are more acculturated to U.S.
  - Ataques continue as an important idiom even as people acculturate
- Strong associations with psychiatric disorders and symptoms, disability and use of mental health services
Cultural Syndromes in DSM-IV & DSM-5

Orienting Thoughts

It may well be that the dichotomy between “us” and “them” in regard to discussions of culture-bound syndromes has been too quickly drawn; between, that is, the non-western peoples, the “underdeveloped” peoples, the “primitives” (who have the “exotic” and the “culture-bound” syndromes) and the western world, the “developed world”, the “civilized” world. (Hughes, 1985:11)

Definition of CBS’s in DSM-IV

The term culture-bound syndrome denotes recurrent, locality-specific patterns of aberrant behavior and troubling experience that may or may not be linked to a particular DSM-IV diagnostic category. Many of these patterns are indigenously considered to be illnesses ... and most have local names. ...culture-bound syndromes are generally limited to specific societies or culture areas and are localized, folk, diagnostic categories that frame coherent meanings for certain repetitive, patterned and troubling sets of experiences and observations. (Appendix I of DSM-IV, p. 844)
Results: Glossary of CBS's

- Members of the committee felt strongly about the label of “culture-bound syndromes”
  - Implied that culture was only important in the expressions of those from other cultures, but not from Euro-America
- Suggested alternative of “idioms of distress”
  - This labeling was dropped from the final version
- Included Anorexia Nervosa, Chronic Fatigue Syndrome, and Dissociative Identity Disorder (formerly Multiple Personality Disorder)
  - Cultural syndromes from industrialized, Western countries
  - Note is made of this in the introduction to the Glossary, however, these categories were eliminated

Cultural Enhancements to DSM-5

- Role of culture affects patient/family acceptance of diagnosis/treatment
- Ways that culture affects the clinical encounter
- Replaced “culture-bound syndrome” construct with 3 clinical concepts
- Cultural Syndrome (ex: ataque de nervios) – cluster or group of co-occurring symptoms that represent a cultural pattern of distress

Introductory Section

- Cultural Idiom of Distress (ex: nervios) – way of talking about suffering, but not associated with specific symptoms or causes
- Cultural Explanation or Perceived Cause of Illness (ex: susto) – explanatory model of distress focused on specific causal factor(s)
Section III: Cultural Issues

- Section on Cultural Concepts of Distress
  - More developed section on these issues than in DSM-IV
  - Sections on cultural material throughout the DSM-5
    - Data in DSM-5 criteria and text for specific disorders – specific cross references to cultural concepts of distress
    - Other problems that may be a focus of attention: acculturation problems, parent-child relationship problems, religious or spiritual problems
  - Glossary of Cultural Concepts of Distress

Glossary of Cultural Concepts of Distress

- Located in Appendix (pp. 833-837)
- Examples of well-studied concepts of distress illustrative of new classification system and representing many cultures
- 9 Concepts listed
- Included: ataque de nervios, nervios & susto
- After description of concept, sections on:
  - Related conditions in other cultural contexts
  - Related conditions in DSM-5

Towards a Puerto Rican Popular Nosology: Nervios and Ataques de Nervios

Peter Guarnaccia
with Roberto Lewis-Fernández & Melissa Rivera Marano

**Definition of “Popular Nosology”**

**Definition of Popular**
*Of or carried on by the people*
*Suitable for the common people*
*Of folk origin*

(From *The New International Webster’s Pocket Dictionary of the English Language*. 2000:395)

**Definition of Nosology**
*The science of description or classification of diseases*

(From *Taber’s Cyclopedic Medical Dictionary*, 19th Edition. 2001:1467)

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## Mexican-American Ethnic Model of Mental Illness

<table>
<thead>
<tr>
<th>Condition</th>
<th>Degree</th>
<th>Symptoms</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental</td>
<td>Minor: temporary, can</td>
<td>Worries, hurt feelings,</td>
<td>Self-help</td>
</tr>
<tr>
<td>Disorder</td>
<td>be endured, can</td>
<td>tensions</td>
<td></td>
</tr>
<tr>
<td>(Problema)</td>
<td>handled</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental</td>
<td>Emotional</td>
<td>Nervous (nervioso),</td>
<td>Seek help; talk it out</td>
</tr>
<tr>
<td>Disorder</td>
<td>problem</td>
<td>worried, jittery,</td>
<td>with a relative, friend,</td>
</tr>
<tr>
<td>(Problema)</td>
<td></td>
<td>mildly depressed</td>
<td>maybe a physician</td>
</tr>
<tr>
<td>Mental</td>
<td>Serious: persistent,</td>
<td>Severe depression,</td>
<td>See a physician,</td>
</tr>
<tr>
<td>Disorder</td>
<td>pervasive, cannot</td>
<td>desperation (desesperado),</td>
<td>perhaps then a</td>
</tr>
<tr>
<td>(Problema)</td>
<td>solve alone</td>
<td>or hysteria</td>
<td>psychotherapist</td>
</tr>
<tr>
<td>Mental</td>
<td></td>
<td>No emotional</td>
<td></td>
</tr>
<tr>
<td>Disorder</td>
<td></td>
<td>control, cannot</td>
<td></td>
</tr>
<tr>
<td>(Problema)</td>
<td></td>
<td>cope, feel like</td>
<td></td>
</tr>
<tr>
<td>Mental</td>
<td></td>
<td>exploding</td>
<td></td>
</tr>
<tr>
<td>Disorder</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Note:** N = 23 Mexican Americans

What does “Puerto Rican syndrome” mean to you?

**Misuse of Popular Categories**

- Pejorative label developed by U.S. military psychiatrists in the 50’s and 60’s
- Focused attention on the disturbing idea that there was some inherent defect in being Puerto Rican
- Failed to analyze local cultural meanings and the social and political context of these expressions
- Part of a broader colonial process of treating Puerto Ricans as “others”

**Number 7**
Explanatory Model Interview Catalogue (EMIC)

- Developed by Mitchell Weiss & colleagues for studies of the relation between mental illness and tropical disease in India
- Expanded and structured version of Kleiman's explanatory model interview
- Adapted for use in Puerto Rico by Roberto Lewis-Fernandez and me

Questions on Nervios and Ataques de Nervios

- Para Ud., cual es la diferencia entre ser nerviosa(o), tener ataques de nervios, y padecer de los nervios? For you, what is the difference between being "nervous", having "nervous attacks", and "suffering from nerves"?
  - ser nerviosa (o) / being "nervous"
  - tener ataques de nervios / having "nervous attacks"
  - padecer de los nervios / suffering from "nerves"
- Como describiria Ud. a la persona que... How would you describe a person that...
  - es nerviosa / is "nervous"?
  - tiene un ataque de nervios? / has a "nervous attack"?
  - padece de los nervios? / suffers from "nerves"?

Questions on Nervios and Ataques de Nervios

- Cual piensa Ud. Que es la causa mas probable de... What do you think is the most probable cause of...
  - ser nerviosa (o)? / being "nervous"?
  - tener un ataque de nervios? / having a "nervous attack"?
  - padecer de los nervios? / suffering from "nerves"?
- Una persona que... deberia recibir algun tipo de atencion? SI DICE SI, Que tipo de ayuda debe recibir? Should a person that... receive some type of help? IF THEY SAY YES, What type of help should be received?
  - es nerviosa / is "nervous"?
  - tiene un ataque de nervios / has "nervous attacks"?
  - padece de los nervios / suffers from "nerves"?
“Being a Nervous Person”  
Ser Nervioso (desde Chiquito)

- **Chronic condition** that one is either born with or occurs as a result of childhood traumas
- **Common symptoms**: trembling, crying more than others, talking rapidly, startle easily, quick to anger
- Can be controlled with the help of family and social network
- More vulnerable to stressful life events and to break down under accumulating life problems
- Critical aspect is *enhanced vulnerability*

“Nervous Attacks”  
Ataques de Nervios

- Dramatic episodes which occur as a result of a major stressful event, particularly in the family sphere
- **Core experience**: being out of control in mind, body and behavior
- Episode is relatively brief and people quickly return to pre-ataque state
- Appropriate help depends on cause of the *ataque de nervios*: family, religious counseling, mental health treatment, spiritual intervention

“Suffering from Nerves”  
Padecer de los Nervios

- **More of a mental illness**
  - Most often associated with depression
- More likely to develop in adulthood from overburdening series of life problems
- **Common symptoms**: overwhelmed by too many thoughts, cannot stay still, very sensitive to stressors, fearful, prone to explosive anger
- Need to get professional help
  - Medicine treats the physical damage to the nerves
  - Mental health deals with psychological problems
Nervios serves to mark a constellation of vulnerabilities: physical, emotional, social economic and political that are particularly prominent for working class and poor Puerto Ricans, who came of age during the major social transformations of the Island.

Profile: 31 year-old Puerto Rican Woman

- **Childhood:** Nerviosa desde chiquita/ nervous since childhood: She was a very shy child. Had a very strict mother who did not allow her to play with other children.

- **Ages 11-15:** Ataques de nervios/ attacks of nerves when her mother would hit her with a belt. From the beatings, developed nervios/nerves. She then began to padecer de los nervios/ suffer from nerves.

Profile: 31 year-old Puerto Rican Woman

- **Age 18:** Developed social phobia. She went to a university, but found she could not talk in front of her teacher or with a group of fellow students.

- **Age 21:** Developed ataques de pánico/panic attacks after the birth of her son. She has had intermittent panic attacks since then. She distinguishes between her ataques de nervios/ attacks of nerves and her ataques de pánicos/ panic attacks.
Profile: 45 year-old Puerto Rican Woman

- Childhood: Nerviosa desde chiquita/ nervous since childhood: She was an unhappy, nervous and shy child and adolescent.
- Age 17: Onset of social phobia with severe performance anxiety in high school.
- Age 20: First ataque de nervios/ attacks of nerves on two occasions when her boyfriend threatened to kill her. Experienced the onset of PTSD following these incidents.
- Ages 25-31: Lived with physically abusive man. She had ataques de nervios when he abused her.

Profile: 45 year-old Puerto Rican Woman

- Age 35: Problems with son who abused drugs. She had ataques de nervios when he was violent. She had also began to suffer from a depressive disorder.
- Age 44: She suffered her most recent ataque de nervios when her son grabbed her by the throat during an argument.
- Age 45: Began to have problems with her husband who had become fanatically religious. Her son was in jail. She suffered from more intense depressive symptoms.

The Value of a Popular Nosology

- More closely reflects the “local knowledge” of those seeking care
- Incorporates popular ideas about mental illness into educational programs
- Reduction in misdiagnosis of Puerto Rican/other Latino clients
The Value of a Popular Nosology

- Improves translation process between popular categories and psychiatric diagnoses
- Extends therapeutic concerns from:
  - Narrow focus on lesions in organ systems to a broader focus on life’s lesions
  - Adds family and social interventions to individual treatments

The Value of a Popular Nosology

- Popular nosology poses a challenge to a narrow medical/psychiatric model
- Expands focus from internal and biological sources of disorder to attention to the interpersonal, social, spiritual, political and economic sources of distress
- Provides an alternative language and framework for understanding and alleviating human suffering

Issues in Differential Diagnosis

- Social and psychiatric vulnerability
- Relation to panic disorder
- Relation to depression and suicidal ideation & attempts
- Relation to dissociation
- Relation to trauma
Nature of the Phenomenon

- How is the syndrome labeled in its cultural context?
- How widely recognized and frequently experienced is the syndrome?
- What is the subjective inner experience of the cultural syndrome?
- What is the variation in its experience?
Research Program on the Cultural Syndromes

Nature of the Phenomenon
- Are there a coherent set of symptoms which define the cultural syndrome or some other way that it is locally identified?
- Do the symptoms of the cultural syndrome cluster in particular ways that aid in understanding this experience?

Location in the Social Context
- Who are the people that report this cultural syndrome and what is their location in the social structure of that society?
- In what social contexts do these syndromes occur?
- What are the situational factors that provoke these syndromes?

Relationship to Psychiatric Disorder
- How is the cultural syndrome empirically related to psychiatric disorder?
- Do different sub-types of the relate to different psychiatric disorders?
Research Program on the Cultural Syndromes

Social/Psychiatric History of the Syndrome

- When the cultural syndrome and psychiatric disorders are comorbid, what is the sequence of onset of these experiences?
- How is this sequencing of onset embedded in the life history of the sufferer?

Susto
**Susto**

- Folk illness prevalent among Latinos in the U.S. and among people in Mexico, Central America and South America
- Susto results from a frightening event causing the soul to leave the body and resulting in unhappiness and sickness
  - Fright may be due to an animal, a fire, an accident or a violent event, or being left in an unfamiliar place
- Sufferers of susto also experience significant strains in key social roles

**Susto**

- Symptoms may appear anywhere from days to years after the fright is experienced and may result in death
- The core symptoms include:
  - Lack of appetite (or appetite gain)
  - Sleeping too much (or too little)
  - Troubled sleep or dreams
  - Feeling sad or down
  - Lack of motivation to do anything or go anywhere
  - Feelings of low self worth or dirtiness
- Diagnosis of susto is often confirmed by family, friends and especially by a traditional healer

**Susto**

- Treatment often occurs at the same time from biomedical providers and traditional healers
- Ritual healing is performed to call the soul back to the body and to cleanse the person to restore bodily and spiritual balance
- An interpersonal susto characterized by:
  - Feelings of loss
  - Abandonment and not being loved by family
  - Accompanying symptoms of sadness, poor self image, and suicidal ideation
  - Seems to be closely related to major depression

*Glossary of Culture-Bound Syndromes, DSM-IV*
**Susto as a folk illness**

- Greater feelings of inadequacy in social role performance
- No different from controls on measures of psychiatric impairment
- Suffered more co-morbid diseases
- Higher fatality from those diseases

Rubel, et al., 1984

**Interrelationships among Results**

- Susto associated with more gravity of illnesses and higher mortality
- Sense of social inadequacy seemed to precede health decline
- Life burdens of ordinary Oaxacans overburdened asustados
  - Doubly taxed by:
    - Inability to fulfill social roles
    - Excessive load of disease
- **Most fruitful to seek interaction between social and biological factors**

**Susto across Latino groups**

- Mexican Americans in Texas, Mexicans in Guadalajara & mestizos in Guatemala all recognize susto as an illness
  - Puerto Ricans do not
- Fright, but not necessarily soul loss, a key symptom
- Core symptoms: agitation, crying, nervousness, trembling, fear of unfamiliar places, sleep disturbances
- Serious illness that could cause diabetes and lead to death

Weller, et al., 2002, CMP
Relationship of susto to psychiatric disorders

- Women with susto (cibih in Zapotec) more likely to meet CES-D criteria for depression than those without (72% vs. 24%; N=40)

- Types of susto:
  - Interpersonal → Depression
    - Feelings of loss, abandonment by family, sadness, poor self image, suicidal ideation
  - Traumatic event → PTSD
  - Somatic sx → Somatoform
    - Health care from several practitioners

Susto in an urban clinic in Mexico

- 69% reported susto and 65% nervios (N=400)
- Higher depression scores (Zung scale) for both susto and nervios sufferers
  - Susto: 42 points vs. 38 (p<.04)
  - Nervios: 44 points vs. 34 (p<.001)
- Those with susto and nervios higher depression scores
- Those with nervios more likely to be diagnosed as depressed compared to those with susto

Issues in Differential Diagnosis

- Vulnerability to distress
- Relation to fright, anxiety and trauma
- Relation to depression
- Relation to somatization
- Link to diabetes
- Greater risk of mortality
### Association between AdN & Psychiatric Dx

#### Community Sample (n = 1891)

<table>
<thead>
<tr>
<th>Diagnoses</th>
<th>Absence of AdN (n=1723)</th>
<th>Presence of AdN (n=168)</th>
<th>X²</th>
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<tr>
<td>Any Depression</td>
<td>33 (2.3)</td>
<td>16 (15.2)</td>
<td>8.11**</td>
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<tr>
<td>Major Depression</td>
<td>29 (2.0)</td>
<td>15 (11.1)</td>
<td>0.64</td>
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<tr>
<td>Any Anxiety</td>
<td>87 (5.6)</td>
<td>18 (12.1)</td>
<td>17.88***</td>
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<td>Social phobia</td>
<td>74 (1.7)</td>
<td>17 (11.1)</td>
<td>10.05**</td>
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<tr>
<td>Separation Anxiety</td>
<td>46 (2.6)</td>
<td>20 (13.2)</td>
<td>9.04**</td>
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<tr>
<td>Panic Attack</td>
<td>17 (0.8)</td>
<td>12 (8.1)</td>
<td>6.14**</td>
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<td>Generalized Anxiety</td>
<td>21 (1.1)</td>
<td>14 (9.0)</td>
<td>7.89**</td>
</tr>
<tr>
<td>Any Disruptive</td>
<td>173 (9.7)</td>
<td>39 (24.8)</td>
<td>12.09***</td>
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<tr>
<td>ADHD</td>
<td>124 (7.2)</td>
<td>39 (24.6)</td>
<td>5.64</td>
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<tr>
<td>Conduct</td>
<td>24 (1.5)</td>
<td>11 (7.4)</td>
<td>4.15*</td>
</tr>
<tr>
<td>Oppositional</td>
<td>84 (4.5)</td>
<td>22 (13.9)</td>
<td>9.67**</td>
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<td>Any Impairment</td>
<td>196 (10.7)</td>
<td>55 (35.8)</td>
<td>10.20***</td>
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</table>

#### Clinical Sample (n = 757)

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<th>Diagnoses</th>
<th>Absence of AdN (n=563)</th>
<th>Presence of AdN (n=194)</th>
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<tr>
<td>Any Depression</td>
<td>38 (7.0)</td>
<td>77 (21.7)</td>
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<td>Any Anxiety</td>
<td>83 (14.6)</td>
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<td>Social phobia</td>
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<td>Separation Anxiety</td>
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<td>39 (20.9)</td>
<td>17.20***</td>
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<td>Recurrent</td>
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<td>Generalized Anxiety</td>
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<td>Any Disruptive</td>
<td>190 (33.4)</td>
<td>58 (30.1)</td>
<td>1.18</td>
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<td>ADHD</td>
<td>133 (23.3)</td>
<td>78 (40.1)</td>
<td>10.82***</td>
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<td>Conduct</td>
<td>26 (4.6)</td>
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<td>0.97</td>
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<td>Oppositional</td>
<td>58 (10.2)</td>
<td>53 (24.9)</td>
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<td>Any Diagnosis</td>
<td>251 (46.7)</td>
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<td>Any Impairment</td>
<td>245 (44.1)</td>
<td>118 (62.4)</td>
<td>21.55***</td>
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