MODE OF SPREAD OF EPIDEMIC KORO IN A VILLAGE IN WEST BENGAL

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SUMMARY

The mode of spread of epidemic Koro in a village in West Bengal has been described and the psychological principles involved in it have been explained.

Koro has long been known to occur sporadically in particular cultural and ethnic groups in South China and Malayan peninsula (Yap, 1951). In the recent past some sporadic cases have been reported from Canada and elsewhere (Lapierre, 1972; Dow and Silver, 1973). Last year reports came in from different parts of North East India that Koro had broken out in epidemic form (Dutta et al., 1982; Nandi et al., 1983; Chakraborty, 1983). The clinical picture, course and prognosis of the disease have been dealt with in the first two communications and a psychosocial theory of pathogenesis has been put forward by the last author.

But little attention has so far been paid to the exact mode of spread of this epidemic. From the point of view of prevention and social psychiatry, this aspect of the illness is very important. In an epidemic of any infectious disease, one searches for the causative organism and the vehicle of its transmission from one victim to another. This method of investigation is not obviously relevant to the study of epidemic Koro. We have therefore, enquired into the origin and mode of spread of epidemic Koro through a psychological angle of view.

The following description of the spread of Koro in a village in the district of Malda (West Bengal) as given by the brother of a victim will indicate how the psychological principles of suggestion, terror and the motive of terrifying others play their parts in the transmission of Koro amongst susceptible persons.

CASE REPORTS:

It was in the month of December 1982. One morning Mr. K., a businessman of a village in the district of Malda (West Bengal) went to a neighbouring village to collect some outstanding bills. In the course of his talks with his customers and their friends he came to know that many people were afflicted with a strange disease in which the penis was shrinking and disappearing into the abdomen. Even women were not spared. Many of them fell victim to it and complained of shrinkage of their breasts. The victims were panic-stricken, complained of burning sensation and trembling of the whole body. They were apprehensive of death. The victims were dipped in water to cool them down and lime was applied on the lobules of...
the ears as preventive and curative measure. The disease was spreading very fast and people were inquisitive and worried about it. The whole village was agog with gossip and rumour about the disease. The businessman applied lime on the lobules of his ears and hastened to his village at once. He entered a tea-stall in the market where a large number of customers were present. He described in detail what he had heard and an air of panic spread all over the room. The shopkeeper and a customer fell victim to the malady then and there. Some of the panicky customers left the stall and dispersed into the adjoining residential areas. They carried the message to the villagers and two married women were immediately struck with the malady. The man, panic as he was, left for his house. On his way home he heard the news that two women of the adjoining locality had been seized with the disease. This news shook him up completely. He told the whole episode to the members of his family and convinced them that the family must desert the village without delay so that it might be saved from the dangerous disease. A hackney carriage was hired immediately and all the members boarded it. The cab was ready to leave for the nearest railway station to catch the train to Malda town where they had a house. The town was still free from the disease. Hardly had the cab moved when his younger brother (B) jumped out of it and ran back to the house. He opened the door of a room, threw himself on the floor and started shouting at the top of his voice, “I have got the disease”. All the members of the family alighted from the cab and returned to their house. Cold water was poured on his head by his brother Mr. K., who brought the news to their village and after an hour he felt better. But the decision to leave the village and to go Malda (the district town) was abandoned. As Mr. (K) confided later, his role as the disseminator of the news and as the rescuer of victim gave him immense confidence.

DISCUSSION:

The story as told above, shows that within the span of a few hours five persons were afflicted with the disease. Two of them were married women and the rest unmarried men. All these persons were resident of a village which was free from the disease. The news about the disease was carried by a panicky person from a neighboring village under the grip of Koro in an epidemic form.

The rumour of the dangerous disease terrified the businessman who in turn terrorized others in a bid to get rid of his terror. This is a form of mental mechanism which is corroborated by studies of Freud (1921) and Fenichel (1946). Freud (1921) in his book “Group psychology and the analysis of the ego” explained such mass phenomena as mental infection. He wrote, “the identification by means of the symptom has thus become the mark of a point coincidence between the two egos which has to be kept repressed”. Fenichel (1946), while describing transmission of castration complex from generation to generation, wrote, “the adults so easily and so eagerly threaten or joke about castration is of course an expression of their own castration complex. Frightening others is an excellent method of quietening one’s own fears.” Human mind tries to unload the burden of terror, anxiety and fear by disseminating the same as to others. This principle is at the root of spread of rumours. The rumour that a disease is causing disappearance of a valued organ and death of victim struck terror in the minds of the villagers and
an atmosphere of tension and uncertainty spread all over the village. At this stage the mechanism of suggestion came into play. Those who were suggestible in nature fell an easy and immediate victim to the disease. This point will be clarified if we look into the background of the individual cases. Young age is usually considered to be a suggestible age. All the five cases were young in age. Their age-range was 18-22 years. Persons who suffer from Hysteria are believed to have a suggestible personality. On scrutiny it was found that both the female cases had suffered from Hysteria in the past. One of the male cases on follow-up, was found to suffer from a disorder of emotion and behaviour suggestive of affective illness. Hence suggestibility and susceptibility are the media on which the terror induced by rumours grows and precipitates the illness. This mechanism possibly operates in the spread of epidemics of other psychogenic disorders such as “mass hysteria”. According to Freud the important psychological mechanism that operates is identification—an identification on identical aetiological needs. The patient’s ego gets identified with ego of patients in the rumour even without knowing them personally or having any sympathy for them as our patients share some identical unconscious fear with them. It must be made clear that this psychological explanation of the occurrence of Koro applies to its epidemic form only. The sporadic or endemic variety of Koro found in a given culture as described by Yap (1951, 1965) has interpretation of its pathogenesis. The onset and perpetuation of such syndromes are considered to be linked with the cultural, social, mythological and psychodynamic background of the particular population. Culturally elaborated fear of the loss of a valued organ may be a precipitating factor (Nandi et al. 1983). In the epidemic variety of Koro, on the other hand, the immediate effect of panic engendered by rumours of a deadly disease is more relevant than the cultural or social life of the people. That is why epidemic Koro occurs across cultures. The penis in men and the breast in women are considered valuable and invested with great symbolical significance in all cultures. The grim prospect of losing them, therefore, creates panic universally.

POST SCRIPT:

How the rumour of the deadly disease creates panic in the susceptible minds and how strangely the panicky persons may behave are illustrated by the following incident reported to us by an eye-witness. In December, 1982 some parts of the district of Darjeeling (West Bengal) was under the grip of epidemic Koro. One day our eye-witness, a doctor himself, was on duty in a hospital situated in that district. To his surprise, he found that within a few hours several anxious men came to the hospital carrying their young sons on their shoulders. Each boy had his penis tied tightly with a piece of rope which was bound round the waist. The fathers explained that Koro was spreading like wild-fire in their locality and they were terrified to find that their sons were attacked with it. The boy’s penis was shrinking and disappearing into the abdomen and the boy must die. So they were frightened and tied the penis of the boy to prevent its disappearance and came to the hospital for treatment. They entreated the doctors to cure the strange disease of the boys. The doctors examined the boys and found no abnormality in them. The boys were freed from their ordeal and their fathers were reassured and sent home.
The incident adds a new dimension to the mode of spread of the epidemic and the role of rumour in the genesis of the disease. Psychologically the fathers were the real victims of the epidemic. But the symptoms were not centred on their own organs (i.e. mutilation of the self). It spilled over the organs of those whom they hold as dear as the self.

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