



Genital Retraction Syndrome (Koro): A Case of the Culture-Bound Syndrome in Migrant in Indonesia

S. Fitri Ana Ima  and Elmeida Effendy  

Department of Psychiatry, Faculty of Medicine, Universitas Sumatera Utara, Medan, Indonesia
elmedia.effendi@usu.ac.id

Abstract. Background: The body image of a person's genitalia is pathologically distorted in Koro syndrome. The acute anxiety that comes with the beliefs that the genitalia would shrink and withdraw into the stomach, ultimately causing death, characterizes this dysphoria. The illness has been regarded as an endemic in Southeast Asia, but it also occasionally manifests itself elsewhere in the world.

Case report: A 30 years old married man, Mr. AL, is working on a construction site in Sumatra. One day he went out of town on duty to the Kalimantan area for 30 days. He met a woman and married her by hiding his married status. After completing his work, Mr. AL returned to Bandung to meet his first wife. A week later, the man felt different during intercourse with his wife. He felt his penis was not as usual and could not satisfy his wife. The next day, he observed that his penis was getting smaller. This made him afraid of losing his penis and dying due to the condition.

Conclusion: Because it hasn't been specifically classed in the ICD or DSM, the diagnostic positioning of the well-known culture-bound syndrome known as Koro is frequently contested. Being culturally suitable is demonstrated by the inability to communicate sorrow in ways that conform to "socially" acceptable norms. Therefore, it is impossible to ignore the influence of migration and the subsequent effects of stress on the psychopathology of diseases specific to particular cultures.

Keywords: Genital Retraction Syndrome · Koro Syndrome · Culture Bound Syndrome

1 Introduction

Culture has a significant impact on the development of psychopathology. The term "culture-bound syndrome" refers to a location or behavioral and cognitive disorder that is exclusive to a certain culture and that significantly distresses the individual. For these difficulties to make sense, a particular context must be recognized. It is recognized as a "illness," has a high degree of cultural familiarity, and is amenable to conventional treatment. Furthermore, a culture-bound syndrome is a folk disease unique to a particular society, in which behavioral changes are prominent. Most of these conditions are not

syndromes but traditional, cultural, and local responses to stress. There are many diseases related to this culture, one of which is genital retraction syndrome, also known as Koro [1–3].

A clinical feature of the psychogenic illness known as Koro is an intense panic attack brought on by the perception of genital hyper-involution and a sense of imminent death. Men's principal symptoms include the retraction of the penis and testicles into the belly, while women's primary symptoms include the contraction of the labia vulva into the abdomen and the nipples or breasts into the chest cavity. This syndrome is said to have originated in Southeast Asia and then spread mainly to Africa, South Asia, and North America from the 1970 s to the present day. However, it was first mentioned in the Western medical literature in 1895 [4–6].

Koro has changed over the past century from a sickness specific to one culture to a pathology that affects people all across the world. There hasn't been agreement on how it should be categorized in the DSM or ICD, though. There is no particular categorization of this syndrome in the ICD-10 or DSM-5, where it is grouped with other nonpsychotic mental diseases or specific obsessive-compulsive-related disorders. Therefore, there is still a lack of literature on Koro syndrome [7–9].

The literature documented sporadic Koro cases and outbreaks that occurred in groups because of similar beliefs. Male gender, low educational attainment, inadequate sexual knowledge, anxiety, excessive neuroticism, and dependent personality were all correlated. But the long-standing anthropological phenomena of "migration," in which a person shifts his place of residence from one political or administrative boundary to another, is one of the primary causes of "forced acculturation" and rising "neurotic sensitivity." Since the dawn of human exploration, this has been a common phenomenon. A group of people's lifestyle and values do not alter just because their location changes. It has been demonstrated that moving around alters the standard of living, general well-being, and psychosexual problems risk. Culture-bound syndromes can be understood through socially painful circumstances like migration because they are frequently characterized as "cultural stress idioms" in response to trauma. Furthermore, migration raises the risk of culture-bound syndrome, according to a number of research [10].

2 Case Report

A 30 years old married man, Mr. AL, works on a construction site in Sumatra. One day he went out of town on duty to the Kalimantan area for 30 days. He met a woman and married her by hiding his married status. After completing his work, Mr. AL returned to Bandung to meet his first wife. A week later, the man felt different during intercourse with his wife. He felt his penis was not as usual and could not satisfy his wife. The next day, he observed that his penis was getting smaller. This made him afraid of losing his penis and dying due to the condition. Mr. AL also said that he had gone to a psychic to treat his illness and had weights placed on his genitals but it didn't work. He also believes that he was punished by God due to his actions in the past by changing partners.

The several behavioral changes Mr. AL experienced since returning from work include fear, social withdrawal, low mood, palpitations, and anxiety. The wife also reported weakness and fatigue, along with anger and irritability. The patient believed

that the wife in Kalimantan had used mystical magic on the man. Furthermore, the patient stated that his friend had the same experience. The interview results showed that the family had no previous history of psychiatric disorders and substance usage. It was observed that there was composmentis awareness and disturbances in concentration when examining marital status. Meanwhile, other examinations such as memory, orientation, thought processes, perception, and general knowledge had no significant disturbances except for the belief/delusion of the penis getting smaller.

3 Discussion

Koro is characterized by several symptoms, including the belief that the penis retracts into the abdomen, the potential for death, and intense anxiety. The feelings of sexual inadequacy, sexual myths, and sexual practices contribute to the disorder. This condition has been linked to psychodynamic and cultural factors, such as financial issues. Furthermore, the Koro journey is usually short and heals on its own. Only a few reported cases were chronic and required intensive intervention, while others have underlying psychosis. This is usually called the Koro-like condition because the patient develops a delusion associated with a relapse of the psychiatric disorder [1].

This syndrome was considered a “cognitive reinforcement” of body-related beliefs that only emerged after discussions of cultural attachments led to similar symptoms. This can be well conceptualized in the patient population where a common residence and “job bond” is shared, witnessing mythical stories and the presence of symptoms in other people and even the affected part, and engaging in extensive discussion, which can lead to endemic choro. However, since the patient’s family was not there, it is unknown when the man has an endemic koro in the workplace [10].

Several studies reported that migration causes susceptibility to various mental disorders, poor coping strategies and somatization. Cultural beliefs are often “reinforced” to alter body perceptions creating a Koro-like syndrome when the migrant work environment is perceived as “stigmatic” and “hostile”. The stigma associated with “working outside the city” is termed a “social stressor” in this case. Self-doubt and self-blame on the migrant, as a result of the patient’s remarriage, exacerbated the onset of symptoms [10].

Numerous research made the assumption that the stress of working in a “felt alienated workplace,” the attributional bias of the reported symptoms of these individuals, and the source of one’s dread were the triggers for the trauma that results in this condition. When applied to illnesses having cultural roots, this is consistent with the typical biopsychosocial viewpoint. Koro has been classified as a functional somatic syndrome in which the sociosomatic paradigm replaces the social theory. Because this was an observational study, it is not possible to say that migration was the only source of stress. It should be stressed as well that all culture-bound disorders, not just Koro, share the social consequence of migration, which is a unique fact [4, 10].

In this case, there is a feeling of not being able to satisfy his wife. This is also the same as the patient reported in Malaysia. There are several factors that cause erectile dysfunction or poor arousal. However, this patient was found to be afraid due to punishment of God that he experienced because of his past actions and added to his belief by going to a psychic [11].

4 Conclusion

Because it hasn't been specifically classed in the ICD or DSM, the diagnostic positioning of the well-known culture-bound syndrome known as Koro is frequently contested. Culture-bound disorders are typically restricted to a specific region and are difficult for outsiders to comprehend. Internal migration to a certain area is a dynamic process that supports the socioeconomic stability of the nation. However, adjusting to a "different" environment is also influenced by a variety of rituals, values, and conventions. This is the point at which "migration stress" is relevant. Being culturally suitable is demonstrated by the inability to communicate sorrow in ways that conform to "socially" acceptable norms. Therefore, it is impossible to ignore the influence of migration and the subsequent effects of stress on the psychopathology of diseases specific to particular cultures.

References

1. Ellepola A. Koro, psychological retraction of the genitalia : A case series. 2021;12(December):41–3.
2. George K. A bibliometric analysis of Koro syndrome. 2022;5(1):1–6.
3. A.P M. Letter to Editor A Case of Sporadic Koro from Kerala. 2018;
4. Okechukwu CE. Shrinking and Psychological Disappearance of the Penis : A Salient PsychoCultural Issue in Nigeria. 2021;2021–2.
5. Stip E, Nguyen J, Bertulies-esposito B, Bedard M, Paradis A, Tempier A. The Roko Syndrome : A Mirror of Koro Syndrome. 2021;2–5.
6. Ghosh S, Chowdhury AN. Current Research in Psychiatry Commentary : Penis-image perception and OCD in Koro and Dhat syndrome. 2022;2(1):12– 4.
7. World Health Organization. International Classification of Diseases (ICD-10) Version:2016. Who. 2016.
8. Stip E, Nguyen J, Bertulies-Esposito B, Tempier A, Bedard M, Paradis A. Classical Koro, and Koro-Like Symptoms : Illustration from Canada. 2021;
9. American Psychiatric Association. DSM-5 Diagnostic Classification. In: Diagnostic and Statistical Manual of Mental Disorders. 2013.
10. Banerjee D, Sharma S, Antony S. "Koro and Migration": Observational Study of an Outbreak of Koro in a Migrant Population Working in South India. 2020;0–4.
11. Khatijah H A Abdullah & Suzaily Wahab. Koro-Like Symptoms With Associated Erectile Dysfunction In A Rohingya Refugee. In A Rohingya Refugee ASEAN Journal of Psychiatry. 2012.

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