

DIFFICULTIES OF PRESENTING COMPLAINTS TO PHYSICIANS: SUSTO ILLNESS AS AN EXAMPLE^{1,2}

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Susto is a folk term in the Mexico-U.S. border area for an illness characterized by loss of appetite and weight, listlessness, and lack of motivation. It is generally attributed to a startling experience that results in the departure of the soul from the body. This epidemiologic study demonstrated that the sufferers were in fact significantly less healthy than those complaining of illness that did not implicate susto. They also suffered more social stress, but did not score higher in psychiatric impairment.

One of the most important health problems found in the area along the border between the United States and Mexico is the communication between patients and physicians from different cultural backgrounds. While some researchers have studied the communication difficulties between Spanish-speaking patients and English-speaking physicians in the area, such difficulties represent only one dimension of the problem. Because physicians and nonphysicians share so few technical understandings about disease—regardless of their respective maternal languages—adequate communication is severely hindered. It has been suggested that patients' generally lower level of formal education is the primary cause of this problem. It may be more reasonable, however, to consider the high degree of physicians' education as an obstacle to the effective communication of useful information to their patients.

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A study (1957-1959) of persons of Mexican descent living in Hidalgo County, Texas, pointed up that when English-speaking physicians began practicing in the area in 1910, Mexican-American patients would attach labels to their set of symptoms that proved unfamiliar to the new physicians. One such label was *susto*, and the symptoms attributed to it included loss of appetite and weight, listlessness, and lack of motivation to carry on ordinary, socially expected tasks. The physicians responded to the use of these folk labels by attempting to educate their patients to present complaints in ways more familiar to the doctor and to think of the symptoms as representing disease categories to which the physician had been trained to respond. As a result, many Mexican-Americans came to consider symptoms to which they affix a folk label, such as *susto*, to represent illnesses with which physicians are unfamiliar and in which they claim no healing competence. Consequently, only the foolhardy would present complaints of these illnesses to physicians.

It is therefore not surprising that today in Hidalgo County, Texas, a very high prevalence of what local physicians refer to as "Valley T. B." is reported. Valley T. B. is nothing more than an advanced state of common tuberculosis—a disease whose signs and symptoms are very similar to *susto*.

Collective Case Studies: *Susto* in Three Mexican Communities

As part of an effort to improve understanding in Latin America between patients accustomed to presenting complaints that reflect one nosological system and physicians trained to respond to those symptoms according to the terms of another system, it was proposed to determine how adults complaining of *susto* illness differ from others who also feel ill but whose complaint does not implicate *susto*.

To this end, an epidemiologic study of *susto* was carried out among rural people in Oaxaca State, Mexico. In order to assure that the results would apply to more than one culture group, three culturally and linguistically different populations were selected: one which is Mestizo and Spanish-speaking, one which is Indian and Zapotec-speaking, and another which is Indian and Chinantec-speaking. In each group, *susto* is an endemic condition.

In each of these three populations, the villagers attribute loss of appetite and weight, listlessness, and lack of motivation to a startling experience that results in departure of a prime essence of the self, the soul (*alma*), from the body. At this point the interpretations vary somewhat: in the two Indian communities, the essence is believed to be held captive by supernatural beings and must first be ransomed from its captor to then be led back to the abandoned body; in the Mestizo community, the soul has only wandered from the body and therefore need not be ransomed. All three populations, nonetheless, do concur on the main explanation: the symptoms are the product of a startling experience. Some other explanation is required, however, when it is determined—as has been done among residents of Hidalgo County, Texas—that not all those who subscribe to the startling-experience explanation and then suffer one actually develop *susto* illness.

Hypotheses

Given the *unequal distribution* of the illness in these populations, another explanation was tested: could manifestation of the condition vary as characteristics of social behavior vary? The central hypothesis was that those who become ill with *susto* perceive themselves to be inadequately performing sex- and age-specific social roles. Furthermore, considering the sharp distinctions drawn in rural Mexico between male and female roles and the fact that some tasks are considered far more important than others, two corollaries of this central hypothesis followed:

1. Because these societies' expectations of males and females differ, and because their expectations of male and female children likewise differ from those held for adult men and women, in the same society girls and women will be afflicted by *susto* as a consequence of experiences different from those which affect the health of boys and men;
2. Inasmuch as these societies attach more importance to some tasks than to others, the greater the importance attached to any particular task, the greater the chances are that *susto* will occur if that task is unsuccessfully performed.

Having established two groups, one consisting of those afflicted with *susto* (*asustados*) and one acting as experimental controls who complained of illness but not *susto*, two null hypotheses were proposed:

1. An instrument designed to measure levels of psychiatric impairment will find that *asustados* suffer more impairment than controls.
2. Tests designed to measure levels of organic disease will find *asustados* suffer more from organic disease than controls.

Test Methods

In order to measure self-perceived social performance, the extent to which individuals meet their expectations for successful compliance with important social goals, a "social stress gauge" was devised. The expectations measured were *not* idealized com-

munity norms but each person's understanding of what he or she should accomplish to ensure a state of well-being. Since these communities socialize males and females differently, two tests were developed—one for men and the other for women—to measure the role stresses peculiar to each sex. Role tasks were selected that anthropological research had indicated would be critically important to adults of each sex.

Data to measure the level of organic health of those with *susto* as well as the controls were gathered by means of a medical history, a physical examination, and laboratory analyses of blood and stool specimens. Subsequently, to quantitatively measure these data a system was used in which a panel of two Mexican physicians ascribed a numerical score to specific symptoms following objective guidelines. Each physician, scoring the data independently and unaware of which patients were suffering from *susto*, evaluated the symptoms in terms of their "severity"—the extent to which a symptom represented a threat to the individual's social functioning—and gravity—the extent to which a symptom threatened the individual's life; for example, a patient with clinical manifestations of onchocerciasis would, with respect to that disease, most likely be scored high on severity and low on gravity. The physicians' judgments were found to be highly reliable when correlational techniques were used for comparison.

In addition, the "Twenty-two Item Screening Score for Psychiatric Impairment" (1-3) was adapted to determine whether *asustados* indicate more psychiatric impairment than controls do. The screening score, originally designed for a survey of psychiatric symptoms in New York City and later used effectively in two areas of Mexico, was translated into Spanish, modified to be suitable for the rural inhabitants of Oaxaca, and then translated again into Chinantec and Zapotec. Each of these versions was re-

corded on cassette tape by a resident of the respective communities.

These three measures—the social stress gauge, the organic disease scoring system, and the psychiatric screening score—were used to ascertain whether those who were presenting complaints of *susto* did in fact suffer from a state of well-being significantly lower than those whose complaint of illness did not implicate *susto* and, if so, in what respect.

Results

The results supported the central hypothesis: the *asustados* evidenced significantly more social stress than did the controls. In all three communities, scores measured by the social stress gauge were generally higher for *asustados* than for the controls: in both the Zapotec- and Spanish-speaking populations the results reached levels of statistical significance (0.05 probability); in the Chinantec-speaking population the results were as hypothesized, although not statistically significant. When social stress for all males in all three communities was compared, those identified as *asustados* scored significantly higher than did their controls, and a similar result was obtained when the women were compared.

The "Wilcoxon Matched Pairs Signed Ranks" test, in which each of the *asustados* was matched with his or her control to rank the differences in scores between them, proved to be an even stronger test of the hypothesis, revealing differences in the predicted direction in all three communities. The differences were statistically significant in the Zapotec- and Spanish-speaking communities, reaching levels respectively of 0.005 and 0.0005, whereas they went in the predicted direction among the Chinantec-speaking population, although not quite attaining a level of 0.05 significance.

The social stress gauge for male subjects comprised 18 items of which 12 served to

successfully discriminate men complaining of *susto* from their controls. In the comparable test for female subjects, of 24 items 15 succeeded in discriminating women complaining of *susto* from their controls. A few inquiries on each of these tests failed to discriminate *asustados* from controls, a result that raised questions as to the validity of some commonly held opinions regarding sex-specific tasks in Mexican communities such as the three under study.

The null hypothesis that predicted that the group complaining of *susto* would score significantly higher in levels of organic disease was unexpectedly confirmed: that group was found to be more organically diseased in terms of both severity and gravity than the control group. This finding is even more important when one considers that individuals in both groups—*asustados* and their matched controls—perceived themselves sick enough to present complaints to physicians.

The second null hypothesis, that the *asustados* would score higher in psychiatric impairment, received no support according to

the modified "Twenty-two Item Screening Score." Psychiatric symptoms, whether measured as a whole or by the manner in which they distributed on the instrument, failed to differentiate the groups; nor did a single cluster of items distinguish *asustados* from controls. Notwithstanding, the screening score did consistently discriminate between the responses of men and women; furthermore, within both the male and female groups sharp differences were reported among the respondents.

This study thus demonstrated that those with *susto* were significantly less healthy than those complaining of illness that did not implicate *susto*. The former were more organically diseased and proved to be significantly less adequately meeting their own standards of social role performance than selected other persons from the same communities. A high score for social stress and high scores on the "severity" and "gravity" scales for organic disease did *not*, however, co-vary; that is, the data did not predict that one who was organically diseased would also score high on the social stress gauge.

SUMMARY

Results of this epidemiologic study of an endemic folk illness are of considerable importance to physicians and other health specialists throughout Latin America and the area along the border between the United States and Mexico. They would indicate a strong probability that a patient who presents a complaint of *susto* is suffering both "severe" and "grave" organic problems that require careful workup as well as considerable stress related to selfperceived failure to adequately perform social roles.

On the basis of these data educational efforts are recommended to train medical students and health professionals to concentrate their atten-

tion on the signs and symptoms patients present rather than on the labels they use to identify illness. Within a community, individuals successfully communicate the nature of health problems by affixing labels such as *susto*, *cólera*, and *bilis* to a set of cohering symptoms, whereas persons of another segment of that society use the terms "tuberculosis," "diabetes," and "hypertension" to describe the same or other sets of symptoms. As physicians and other health staff become more sensitive to the language and manner in which patients present their complaints, they will experience greater opportunities to provide better health care to the respective communities.

REFERENCES

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TEACHING AIDS ON TROPICAL DISEASES (MEDDIA)

In cooperation with WHO, the Royal Tropical Institute in Amsterdam, the Netherlands, and the Liverpool School of Tropical Medicine in the United Kingdom are compiling definitive sets of color transparencies on 10 groups of important tropical diseases: schistosomiasis, malaria, leishmaniasis, leprosy, trypanosomiasis, geohelminth infections, filariasis, amebiasis, other helminth infections, and other protozoal infections. These sets are intended mainly for health workers of different levels who are engaged in the study and control of these diseases.

The sets will be available as microfiches and as unmounted slides, and will cover epidemiology, pathology, etiology, diagnosis, treatment, and control. Each set will be accompanied by a short explanatory text, available in English, French, and Spanish. The first of the series (schistosomiasis) is now available; others will follow during 1979 and 1980. Subscription prices including airmail postage are US\$65 for all the microfiche sets (840 color images in all for the 10 diseases, each with a separate text, and one hand-viewer), and US\$130 for unmounted slides. Individual sets are US\$9 for microfiche and US\$15 for unmounted slides. Payment should be made in advance in U.S. dollars to the Royal Tropical Institute, ABN NV. rek. nr. 540264903. UNESCO coupons are also accepted. Orders should be sent to the Royal Tropical Institute, Department of Tropical Hygiene, Section Medical Education and Training, Mauritskade 63, 1092 AD Amsterdam, Netherlands.

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