

Amok Syndrome: A Current Reality?

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Abstract: Ethnopsychiatry mobilizes cultural knowledge, based on beliefs, perceptions, interpretations/actions, culturally constructed and acquired, so contextualizing phenomena in their cultural specificity optimizes explanation and prevention. Through the descriptive method and reflective analysis, Amok is presented, nosologically recognized as a typical culture disorder (CBS - Culture Bound Syndrome). It is a Malaysian word that means angry act of attacking/killing or wild rage outburst with belief in demonic possession. It is frequent in Malaysia, Philippines, Puerto Rico. Associated with sudden and spontaneous episodes, in which the individual attacks and kills people/animals indiscriminately, it is compared to episodes of a psychotic break, reaching a random plurality of victims. Historically, Amok episodes have been described, in which the aggressor attacks a set of victims (knives). Currently, situations in schools/public events (firearms) demonstrate the similarity of the phenomenon over time/cultures. The purpose of this article is to reflect on this tragic and bizarre similarity.

Key words: Amok, Culture, Ethnopsychiatry, Violence.

1. Introduction

The purpose of this article is to carry out a descriptive and reflective review of the concept of Amok, from a historical perspective. As Amok is recognized as a cultural disorder, that is, it affects a specific community, society or culture, it is important to review its concept in the light of Ethnopsychiatry. This assesses the influences of culture on the mental health status of the individual, family and community. According to George Devereux, the founder of Ethnopsychiatry, each society has definite ideas about how individuals with mental illness should act, think and feel [1]. In fact, holistically, the contextualization of phenomena in their cultural specificity optimizes explanations and can help to prevent them.

The meanings and assumed causes of Amok have changed over time. These changes seem to have been caused by social events, medical discoveries, evolution of knowledge, etc. In other words, the concept of Amok changes according to the history of society and knowledge, and the intention of

individuals at the time. The authors intend to analyze the historical origins of the term Amok, its characteristics and its psychopathological evolution, as well as its relevance today.

2. Discussion

Amok is nosologically recognized as a culturally typical disorder, frequent in Malaysia, Philippines/Puerto Rico. Including, the term itself is of Malaic origin and means “angry act of attacking and killing”, also known as “mad fight” or “blind fury”. It concerns a sudden and unwarranted outburst of savage anger, and sudden and apparently spontaneous episodes of rage. Initially related to inhabitants of Malaysia, and associated with the belief of demonic possession by evil spirits, in which it was believed that Amok was caused by the hantu belian, an evil tiger spirit that would have entered the body of individuals. More frequent in men, it affected a random plurality of victims. It was compared to episodes of a psychotic break, in which the individual attacked and killed people or animals indiscriminately, and was sometimes followed by suicide [2]. However, similar episodes occur in other geographic areas, so characterizing it as a cultural syndrome ignores the

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existence of similar episodes in Western and Eastern cultures.

- Historical Framework

In order to contextualize the definition of Amok, it is important to make its historical framework. Amok or “running Amok” is, then, a term derived from the Malay word “meng-â muk”, which means “to attack furiously and desperately”. The first records date back to 1770, when the British captain and explorer James Cook, wrote in his diaries about individuals with violent behavior, “killing and indiscriminately maiming villagers and animals in a frenzied attack”. In India, during the British colonial period, this term was used to refer to an elephant straying from its herd, which became wild and started an indomitable rage, killing and dragging everything and everyone that crossed its path. Later, in 1901, a British doctor who lived in Malaysia described a similar behavioral phenomenon, in individuals with no history of criminality, who showed outbursts of violence, committing attacks and murders indiscriminately: “A 23-year-old man stole a sword and attacked six people who were sleeping or smoking opium. He nearly decapitated one, killed three others and seriously injured the rest - all for no apparent reason” wrote physician John Gimlette [3].

- Evolution

The socio geographical context and the knowledge of the observers affect the conceptualization of the term Amok. As previously mentioned, History describes several episodes of Amok, in which the aggressor attacked a group of victims using knives, or ran madly attacking, maiming or killing people or animals that were in the way, with crazy behaviors of extreme violence, which ended with physical restraint or suicide.

Early forms of the term varied and included amock, amuck, amuco, amaucos, and amocchi [2]. The concept of Amok was often associated with war or honor and involved choosing to die for your lord,

either for honor or revenge after being shamed in war, or in a fierce fight between soldiers. It even seems to have been accepted as a positive behavior.

Between the 11th and 13th centuries, with the introduction of Islam in regions such as India, Malaysia and Indonesia, other concepts of Amok seem to have been used in relation to this religion, with some people believing it was exclusive to its practitioners, being considered a negative behavior.

After the introduction and growth of the Islamic religion and empire, European traders traveled to these regions and expanded their influence, with European settlement being established by the 16th century. During the colonization process, the inhabitants of these regions were subjected to oppression, exploitation and mistreatment. The meaning of Amok reflected these events, it ceased to be related to war or self-sacrificing behavior. Instead, it came to be regarded as madness, or as behavior that led to punishment under European law. The Amok was first used in courts during this period, with the aim of suppressing the locals’ tendency to regard the Amok as heroic.

In the period between 1800–1850, Amok was described by a physician, Dr. Thomas Oxley, who described a patient who insisted he was possessed by the devil, Oxley concluding that his symptoms were caused by gastritis or an exacerbation of a gastric ulcer. After this case, medical reports increased. As the medical literature on Amok grew, so did the number of articles relating to physical or mental illness. For example, gastroenteritis, febrile delirium, and chickenpox were thought to be physical illnesses that caused Amok. Similarly, dementia and psychosis were considered psychiatric causes of it. Alcohol and opium were also considered causes of amok during this period. The number of articles describing opium as the cause of Amok increased as its production also increased in the colonies. Although alcohol consumption is uncommon in Islamic society, the

number of Europeans in the area increased with colonization, which led to a consequent increase in alcohol consumption.

The advent of modern psychiatry, at the beginning of the 19th century, generated the concept of organic causes of mental illness. This seems to have influenced the idea that Amok was a consequence of psychiatric illness.

Between 1900 and 1950, other potential causes of Amok appeared for the first time, presenting it with a defense mechanism, a personality characteristic and a possible hereditary nature.

Between 1923 and 1927, infectious diseases, malaria and epilepsy were suggested as causes of amok. Also, cannabinoids were first mentioned as a possible cause of amok, during this period.

Around 1936, the psychodynamic concept of Amok, was replaced by sociocultural explanations, focused on cultural norms, background and currents of thought. Some authors assumed that the relationship between individual frailty and sociocultural context caused agitation.

In the 1990s, political explanations emerged, which postulated that Amok was politically motivated, and reflected political concerns. Aggressive behavior, regardless of the reason, also emerged as a new explanation for Amok in this period.

Nowadays, we are witnessing worldwide situations, which occur in schools or public events, using firearms, grenades or explosives. These are events of high destructive potential, which can be analyzed in the light of this phenomenon. Due to their nature of sudden and gratuitous violence, they demonstrate the similarity of the Amok phenomenon, over time and across cultures.

- At the Moment

Amok has been discussed in the literature since the 1430s and is still used in the psychiatric field. Today, the term is sometimes used loosely, and the concept does not exclusively involve homicide, but is used to describe generic violent behavior.

In the recent history of mankind, it is possible to describe several episodes of Amok.

As the case of the Scottish city of Dunblane, which was the scene of one of the worst massacres with guns in British history, when, in 1996, an armed man entered a primary school and began to kill indiscriminately, having committed suicide in the end. This attack resulted in the deaths of 16 children and a teacher. In 1997, in the state of Kentucky (USA), after morning prayer, a 14-year-old teenager shot and killed three schoolmates and wounded five others. In 1998, in Jonesboro (Arkansas, USA), two boys, aged 11 and 13, killed a teacher and four children in a shooting. Also, in 1998, a 17-year-old Oregon teenager shot two classmates to death and injured 20 others.

In Colorado, in 1999, two young people, aged 17 and 18, were responsible for a massacre, killing a teacher and twelve classmates, culminating in the suicide of both. On March 11, 2009, at a school in Winnenden (Germany), a teenager killed fifteen people and was subsequently shot down by the police or committed suicide. On April 3, 2009, a mass shooting took place at the American Civic Association immigration center in Binghamton (New York, USA). A 41-year-old Vietnamese individual with US citizenship entered the facility and killed thirteen people, injured four, and eventually committed suicide. On July 22, 2011, the so-called Breivik Massacre took place, in which a Norwegian entered the grounds of a youth camp of the Norwegian Arbeiderpartiet (Workers' Party) on the island of Utøya, and opened fire on the young people present. This massacre resulted in 77 deaths.

According to the DSM-IV, the Amok phenomenon is included in the Culture-Bound Syndromes and is defined as a dissociative episode characterized by a period of isolation and followed by an outbreak of violent, explosive, aggressive or homicidal behavior directed at people and objects [4]. It is, then, a kind of psychotic break, which can involve a plurality of victims. After violent and aggressive behavior, the

individual is affected by a strong feeling of exhaustion and sometimes commits suicide.

As for individual characteristics, the majority of individuals are male, being more frequently adolescents or young adults. They are usually identified as introverted, poorly integrated, losers. They are usually interested in video games and violent movies, acting as if you were the protagonists of the games or movies they watch. They then initiate highly destructive and violent behavior, which occurs for no apparent reason.

The Amok subject is usually lonely, lacking a sense of belonging to something or someone, and reacts badly to exclusion. They are often individuals who are the target of frustration or humiliation. Thus, they plan cathartic and barbaric attacks, in public and busy places to kill unknown people, without apparent motive or connection [5].

When investigated posteriori, alarm signals or warnings are revealed, more or less explicit about the event, such as premonitory messages, delusions, hallucinations, or messages over the internet. These individuals sometimes have persecutory-type ideas and access to potentially destructive weapons.

Thus, as initially used in British colonial India, to refer to an elephant separated from its herd, which becomes wild and begins to furiously devastate everything in front of it, until it is stopped and slaughtered, the Amok phenomenon denotes the feeling of not belonging. There is a dissociative movement in the Amok subject to insert himself, in any way, even if it is through the destructive path of the other. Their reactions are disproportionate, unreasonable, dramatic, uncontrolled, unpredictable and of enormous destructive force [5].

3. Conclusions

The use of some Amok concepts disappeared and reappeared throughout different periods of humanity, and this pattern seemed to correspond to historical

events and advances in medicine. For example, the emergence of Islam, colonization and the events that accompanied them influenced the perception of the causes of Amok, in certain periods. The notion of heredity led to the concept of hereditary amok, and the discovery of the malaria parasite in the mosquito's digestive organ led to the perception of malaria as a cause of amok. Even within the same category, the concept has changed over time, according to the prevailing theories in each period. As the concept of psychiatry changed, so did the causes of psychiatry.

The Amok phenomenon corresponds to a sudden and apparently spontaneous episode of rage, in which an individual attacks and kills people and animals indiscriminately, often culminating in the suicide of the aggressor. The contemporary phenomenon involves attacks on institutions or masses, with firearms resulting in the random death of members of their community. These massacres are explosive manifestations of violence, directed indiscriminately, without a particular target. They result from psychological tensions occurring within a culture. The Amok subject can be summarized as an instant or wandering individual, who consumes himself, and his actions, in order to be referred to by society. Thus, it disintegrates what it encounters in its path only to be recognized in some way, however negative it may be. Thus, the early identification of risk factors and alarm signals in individuals is of vital importance, in order to be able to predict, and above all, to avoid future cases of Amok.

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