
CULTURE-BOUND SYNDROMES: ATAQUE DE NERVIOS

Ataque de nervios is a culture-bound syndrome that occurs most often in Latino cultures of the Caribbean, but it is also associated with other Latino cultures. Its literal translation is "attack of the nerves."

The symptoms of *ataque de nervios* are transient in nature and typically occur suddenly in response to a severe psychosocial stressor. Symptoms include impulsive, dramatic behaviors such as screaming uncontrollably, crying, trembling and nervousness, anger and violence, and breaking things. Less common symptoms include seizure-like behavior, fainting, suicidal behavior, and dissociative experiences such as localized amnesia of events. Finally, brief psychotic symptoms such as incoherence, auditory hallucinations, and visual hallucinations have been documented during *ataque de nervios* episodes.

The occurrence of *ataque de nervios* in Caribbean Latinos appears to be relatively common. For example, it has been estimated that 13.8% of adults in Puerto Rico have experienced an *ataque de nervios*.

A number of sociodemographic factors are associated with *ataque de nervios*. *Ataque* episodes are more prevalent among women, individuals over the age of 45, individuals from lower socioeconomic backgrounds, and individuals who are widowed, separated, or divorced. In addition, *ataques* are associated with the loss of family support related to migration, conflicts with a partner, and the death of a loved one.

Episodes of *ataque de nervios* are also linked to the presence of psychiatric disorders. For example, in one study of Puerto Rican adults with *ataque*, 63% of the individuals met the criteria for a psychiatric disorder. Individuals with *ataque* were 4.35 times more likely to have a psychiatric disorder than individuals without *ataque*. Specifically, individuals with *ataque* report higher levels of mood disorders, including major depression and dysthymic disorder, and higher levels of anxiety disorders, including panic disorder, generalized anxiety disorder, agoraphobia, and other phobic disorders.

The expression of *ataque de nervios* appears to be influenced by coexisting mental disorders. For example, individuals with mood disorders report more anger, screaming, aggression, and breaking things when experiencing an *ataque*. On the other hand, individuals with panic disorder report more feelings of

suffocation, fear of dying, and increased fear during their *ataques*.

Finally, a higher frequency of *ataques de nervios* has been found in individuals who experienced childhood physical or sexual trauma than in individuals who did not experience childhood trauma.

Clinicians who have clients reporting symptoms of *ataque de nervios* should carefully explore these correlates to thoroughly understand their clients' difficulties and to derive appropriate treatment plans.

—Joseph D. Hovey

FURTHER READING

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CULTURE-BOUND SYNDROMES: BILIS, COLERA

Bilis and *colera* refer literally to bile or gall, but also to a Latino culture-bound syndrome in which physical illness is brought on by suppressed emotions or an uncontrolled emotional outburst, such as *coraje* (anger). For individuals who are characterized by an angry personality, constant irritability generates excessive bile and produces phlegm in the stomach. *Un derrame de bilis* (a spillage of bile, producing a type of emotional shock), left untreated, can create digestive problems and physical, emotional, mental, and spiritual toxicity in the individual. Excessive bile that is released throughout the body causes dysentery, liver ailments (such as cirrhosis and hepatitis), digestive conditions, and nervous breakdown. Protection from illness comes to those who become physically and mentally strong and who are neutral with their emotions.

Though it is believed that most cases are caused by a strong, sudden outburst, a person may also contract *bilis* if he or she has an angry disposition that constantly

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