

A Comparison of Primary and Secondary Koro

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Koro, a culture-bound syndrome found primarily in Chinese and Southeast Asian cultures, presents as a perceived fatal shrinking or retracting of the male genitals into the body. The cultural environment of Southeast Asia is uniquely conducive to koro-syndrome, known by the Chinese as “shook yang.” Episodes of koro within this region are referred to as “primary koro.” Sporadic cases outside Southeast Asia exhibiting koro-like symptoms are generally known as “secondary koro” (Chowdury). This paper will compare and contrast the causes, symptoms, treatments, and complications of primary and secondary koro.

Primary Koro

Symptoms

An episode of koro is often triggered by an event that may in fact be related to the size of the genitalia. A bug bite or sting in the genital area, feelings of illness or weakness, and exposure to cold can all result in a slight retraction of the penis. Upon witnessing this shrinkage or retraction, the victim may become overwhelmed by a fear that his genitals are in fact retracting within his body (Cheng). It is a common belief amongst victims that the full retraction of the genitals would be immediately fatal.

Fearing for their lives and their genitals, the victims often cry out for help while at the same time grasping the affected organ in

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an attempt to keep it from disappearing inside the body. Family and neighbors may rush to assist the victim, although members of the opposite sex refrain from touching the genitals (Cheng). Some victims use mechanical anchors to stop the genitals from shrinking, such as string or metal wire (Chowdhury). Additionally, victims suffer from extreme anxiety symptoms such as sweating, hyperventilating, and fainting. Panic attacks typically last from around 20 to 60 minutes, and occur as isolated events. However, there have been some reported cases of chronic koro; one man suffered from koro 1-2 times per week for as long as a year (Cheng).

Although the shrinking of the genitalia is imagined, the damage done to the organ in an attempt to prevent retraction is often very real. Minor damage to the genitalia from anchoring attempts includes bleeding and bruising, but more serious complications may arise from infection. In one case, a man had to have his penis surgically removed after tying a string around it so tightly that blood flow was obstructed (Cheng). In another case, a man physically damaged his urethra by inserting a metal wire in to it. Acts such as these not only cause physical damage, but psychological complications as well. Victims may report subsequent psychosexual complications such as depression and impotence (Chowdhury).

Causes

While koro most frequently occurs in isolated incidents, there have been some notable cases of koro outbreaks of epidemic proportions. On Hainan Island, for example, a fortune-teller is rumored to have declared that the second half of 1984 would be ripe with koro. The power of suggestion was illustrated in August of that year; large numbers of koro cases appeared and spread from village to village. A fox spirit from Han Chinese folklore was thought to be behind this koro outbreak, traveling from one village to the next as he tried and failed to kill the inhabitants by shrinking their genitalia (Cheng).

In October and November of 1967, a widespread koro epidemic took place in Singapore after a newspaper article cited consumption of pork from pigs inoculated against swine fever as the cause of several cases of koro. Pork sales plummeted, and the number of koro cases reported skyrocketed. Cases of koro typically occurred once every two

or three months, but during the epidemic there were as many as 97 cases in a single day (Koro Study Team).

As with any psychological phenomenon, it is difficult to pinpoint a direct cause. It is more persuasive to consider a confluence of factors, both individual and cultural, that contribute to the genesis of a mental pathology. Surveys in Chinese villages afflicted by koro have revealed several characteristics common amongst koro victims. Although there are exceptions, koro victims are typically adolescent, unmarried males with limited education and a strong belief in the supernatural. Additionally, members of Han societies are thought to be more susceptible to the syndrome (Cheng).

Attempts have been made to link these commonalities to potential causes of koro. Because the syndrome centers on the genitalia, it is reasonable that adolescents would be at risk, due to the confusing and often trying experience of sexual maturation. In addition, Han culture is notorious for sexual repression, which places adolescents at risk for receiving inaccurate information about sexual development (Cheng). This also accounts for the decrease in koro cases in married men, as they are able to become more knowledgeable about sex and their bodies through experience. The inverse correlation between education and koro incidence suggests that those with less education rely more on cultural beliefs, rumors, and mythology to explain day-to-day phenomena.

This reliance on cultural beliefs is perhaps the most probable cause of koro. Koro has been traced back to some of the most ancient Chinese medical texts (Koro Study Team). Traditional Chinese medicine relies on the concept of “yin and yang” to explain sexual health and activity. Semen is seen as the man’s “yang,” or life force, and an excessive loss of yang is thought to be unhealthy. As a result, a man might experience koro after engaging in sexual activity deemed inappropriate by society, such as masturbation, extra-marital sex, or even nocturnal emissions (Sumathipala). Another culprit in the genesis of an attack of koro is the aforementioned fox spirit character in Han Chinese folklore. One of the best accounts of the fox spirit is a collection of stories by author Pu Song-ling. In his tales, the fox spirit possesses an excess of *Yin*, or female life force. By taking on the form of a beautiful woman, the fox spirit seeks to gather *Yang*, or male life force, in order to achieve

balance. In the story entitled “Miss Quarta Hu,” a quiet man befriends two beautiful sisters who are in fact fox spirits. Eventually, one of the sisters confesses she is a fox and further warns him, “And my sister is very dangerous; she has already killed three people. Anyone bewitched by her has no chance of escape” (Song-ling 153). This story narrates the fear that men who fall victim to the fox spirit risk a potentially fatal yin-yang imbalance.

Aside from ancient medicine and folklore, the belief in koro within a society is also a powerful influence on whether or not koro will occur. In fact, one study noted that all individuals experiencing koro during a koro epidemic had prior knowledge of the condition (Koro Study Team), supporting the idea that social and cultural suggestion represents a primary cause. An individual’s belief that his genitalia are retracting is often reinforced by family and neighbors, who react strongly and fuel panic as they attempt to rescue the victim from what all participants perceive as impending death (Cheng). As illustrated by the Singapore outbreak, even factors previously unrelated to koro, such as consumption of certain foods, can result in an outbreak when influenced by powerful social suggestion.

Treatment

Treatment of koro varies depending on the perceived cause. If the fox spirit is thought to be at fault, a Taoist priest may perform an exorcism involving the banging of gongs and physical beatings to drive the spirit out of the body. If the koro is perceived to result from a yin-yang imbalance, a number of ingredients are used in potions to restore balance, including penises of deer, tigers, and fur seals, as well as antlers, deer tails, pepper soup, ginger soup, and liquor. An injection of calcium gluconate is thought to have a warming effect on the body, which may alleviate anxiety (Cheng). Some Chinese physicians have recommended injections and acupuncture (Koro Study Team). Western medicine may be used to treat any damage to the organ caused by rescue attempts. Surveys indicate that very few victims seek psychological treatment (Cheng).

Secondary Koro

Symptoms

The additional psychological pathologies present in most cases of secondary koro make the diagnostic process difficult. The shared characteristic of these cases is the feeling that the genitals are retracting or shrinking into the body. Duration, severity, and overall experience vary considerably from case to case. For example, one subject from East India described experiencing koro symptoms for more than ten years. The patient was a 30-year-old unmarried male who did not suffer from any additional major psychiatric conditions. An extremely religious man, he viewed his condition as punishment for actions such as masturbation, which he believed to be sinful. His anxiety became so severe that he avoided all contact with his penis (Kar). In contrast, in 1982 a 24-year-old man was admitted to a hospital while experiencing a panic attack. The patient described being unable to maintain an erection during masturbation, and was convinced he was becoming a female as his penis retracted into his abdomen. Unlike the first example, this patient believed that he was under the control of two men who were inserting thoughts into his mind (Ang). Additionally, secondary koro does not appear to present in epidemic proportions the way it has in Southeast Asia.

Causes

Unlike primary koro, patients exhibiting signs of secondary koro often suffer from additional psychological abnormalities or pathologies such as anxiety, paranoia, and schizophrenia (Wilson). Although it would be easy to attribute the secondary koro symptoms to their existing conditions, a closer analysis of cultural factors yields surprising similarities to primary koro. As described above, the yin-yang concept of ancient Chinese medicine discourages semen loss outside of intercourse, which may contribute to the appearance of koro following masturbation or sex acts considered inappropriate. Although western medicine does not rely on the same concept of yin-yang imbalance to explain illness, semen loss anxiety exists in other forms. Western European cultures may prohibit masturbation on religious grounds (Sumathipala), and a variety of sexual taboos

and mores exist in almost every society. In typical individuals, guilt over violating one of these cultural norms may not manifest as koro-syndrome because the society lacks a history and familiarity with the syndrome. In atypical individuals, however, guilt may combine with their existing psychological disorder to produce the fear of retracting or shrinking genitals diagnostic of koro.

Further psychological evaluation of secondary koro patients may reveal subconscious desires or phobias associated with the symptoms. It has been proposed that castration phobia is a probable link to koro-like symptoms, or, in contrast, a desire to lose one's penis may in fact manifest as koro (Atalay).

Treatment

Treatment of secondary koro usually focuses on the psychological conditions accompanying koro-syndrome. Antidepressants are often administered as treatment for anxiety disorders, and some patients take part in psychological counseling (Wilson). An in depth description of secondary koro treatment falls outside the scope of this paper, due to the high variability of patients and their multiple diagnoses.

Discussion

It is hardly surprising that there exists an abundance of mental conditions surrounding the genitalia within cultures overcome with concern regarding sexuality and reproductive health. In Asiatic patients, koro manifests as the result of repressive sociocultural influences regarding sex and sexual anatomy. Outside of the sphere of Asian influence, koro reaches extreme levels when individuals already burdened with cultural concern regarding penis size are afflicted with additional mental abnormalities. The greater number of koro cases in Southeast Asia is certainly in part due to the cultural acceptance of the condition in that area. In western society, where koro is not supported culturally or medically, patients are probably less likely to bring attention to the fact they fear their penis is shrinking. They would risk being scorned and ridiculed by their peers even though they might be terrified by the thought of a shrinking penis. Disdain from peers is not a factor for victims experiencing koro in areas where it is a culturally accepted affliction. Perhaps that is why most individuals

who seek medical help for the condition have underlying psychological issues; they have already distanced themselves from the opinion of their peers.

Regardless of the level of cultural acceptance, primary koro is thought to be caused by inappropriate sexual behavior. Whether it is excessive loss of semen, infidelity, or falling victim to the seductive powers of the fox spirit, koro is largely associated with behavior that society views as unclean or wrong. Despite this, victims appear to be very open about the condition, and numerous accounts describe them behaving in a way that does anything but conceal their affliction. In contrast, those suffering from secondary koro may or may not try to keep it a secret. The aforementioned 44 year-old patient suffered for decades before seeking medical attention. Yet, the close association between primary koro and forbidden behavior does not exist in the same way for secondary koro. Han Chinese culture is not any more open about genitals and sex than western culture, so why does secondary koro sometimes present with a need for secrecy that is absent in primary koro? Perhaps it is because someone who has experienced primary koro is, within their culture, not seen as sexually impotent or undesirable. Asiatic cultures have a history and understanding of the syndrome that has not linked primary koro with a lack of sexuality – quite the opposite. In fact, it is associated with traits such as promiscuity. Western culture lacks that history, however, and a man with shrunken or retracted genitalia would most likely fear being seen as less masculine and less desirable.

It is also interesting to note the similarity between koro-syndrome and anorexia nervosa. In both cases, the patient sees his or her body very differently than do outside observers. Women in western cultures may feel as self-conscious about their weight as Han Chinese men feel about their penis size, which draws a noteworthy parallel between koro and anorexia in addition to lending support to the classification of koro as a depersonalization syndrome. The primary symptom of a depersonalization syndrome is distorted body perception. The subjective perception of the body is altered in a way that the sufferer sees as disastrous. Both anorexia nervosa and koro have similar complications as well. While attempting to control the inversion of genitals, koro sufferers can severely damage their bodies, just as

victims of anorexia nervosa harm themselves in order to lose their perceived excess weight. Additionally, western culture provides an ideal environment for anorexia nervosa. Flipping through any fashion magazine suggests that, in western society, overweight people are not beautiful, and therefore not successful. In the same way that the media validates the importance of being thin in western culture, Han Chinese folklore and traditional Chinese medicine validate the importance of sexual balance. In both societies, those who perceive themselves as transgressing the cultural mandate become more vulnerable to the disease.

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