Defining the diagnostic criteria of TKS: Unique culture-bound syndrome or sub-categories of existing conditions?

Yasuhiro Kotera & Elaina Taylor

Keywords: Taijin Kyofusho; culture; social anxiety; East-Asian cultures; diagnosis

Citation

Kotera Y, Taylor E. (2022). Defining the diagnostic criteria of TKS: Unique culture-bound syndrome or sub-categories of existing conditions? *Asian Journal of Psychiatry*. DOI: 10.1016/j.ajp.2022.103383

1.What is TKS?

Taijin Kyofusho (TKS) is identified as a culture-bound syndrome in the DSM-V, which was developed predominantly based on people in WEIRD countries (western, educated, industrialised, rich and democratic). TKS is characterised by anxiety about social situations, in particular fear of offence and inadequacy, related to perceived physical defects such as body odour, blushing and avoidance of eye contact. Although there is evidence of symptoms of TKS in western countries (Kim et al., 2008), TKS is mainly diagnosed in East-Asian countries with a high reported prevalence in Japan. In DSM-5, TKS is only introduced as a subset of other disorders that are more accepted in the west: Social Anxiety Disorder (SAD), Body Dysmorphic Disorder (BDD), and Obsessive-Compulsive and Related Disorder (OCRD). These diagnostic descriptions may miss the East-Asian view of the self and others, which is what TKS originates with. In this correspondence, we discuss cultural differences associated with TKS, the weaknesses of the current TKS diagnosis, and offer insights into establishing more culturally aware diagnostic criteria for TKS.

2.Cultural Explanations of TKS

There are several explanations as to why TKS is a culture-bound syndrome commonly found in East-Asian cultures. One explanation relates to differences in Western vs Eastern self-construal. In Western countries individuals generally have an independent self-construal, valuing independence and autonomy. The self is therefore constructed as separate from others (Markus and Kitayama, 1991). In East-Asian cultures, individuals generally have a more interdependent self-construal, valuing connectedness, and are defined more by relationships and social roles (Markus and Kitayama, 1991). Individuals with an interdependent self-construal are more likely to avoid social conflict (Cross and Vick, 2001). Previous research

has indicated that the more interdependent an individual is, and the greater emphasis on perceptions of others, the more likely they are to show symptoms of TKS (Vriends et al., 2013).

Cultural differences in expression of anger are also linked to self-construal and offer an additional explanation for greater prevalence of TKS in East-Asian countries. Outward expressions of anger are condoned more in Western cultures, regarded as authenticity, and anger can be used to communicate independence (Boiger et al., 2013). On the other hand, anger-in (anger suppression or turning inward) expressions are common to East-Asian cultures where greater interdependent self-construal exists (Park et al., 2010), and avoidance of expressing negative emotions is a social norm. For example, in Japan, outward expressions of anger and frustration against others is reproved (Boiger et al., 2013). Moreover, suppression of negative emotions was positively associated with life satisfaction in Koreans whereas it was negatively associated with life satisfaction among Americans (Han et al., 2020). Anger-in expressions is consistently associated with greater anxiety symptoms, SAD and other internalising problems (e.g., withdrawal; Conrad et al., 2021; Park et al., 2010; Versella et al., 2016). While less research has been conducted, anger suppression is similarly highly correlated with TKS symptoms (Park et al., 2010). Similar to SAD, suppressing anger may be experienced as decreasing risks of offending in many cultures, which can help to maintain positive social relationships, leading to reduced anxiety.

Overall, individuals with a greater emphasis on collective social roles (interdependent self-construal) and maintenance of positive relationships via effective, or socially less risky communication methods (e.g., anger suppression), may have a greater sensitivity to personally maintain desired social norms in some cultures, with the potential of greater cognitive bias towards TKS-type symptoms (i.e., fear of offence).

3.Discussing Diagnostic Criteria

DSM-5 introduces TKS in three parts. TKS is introduced as one of the cultural-related diagnostic issues in SAD, relating to social evaluative concerns. One category of TKS, Shubo-kyofu, is introduced in BDD and OCRD. However, no additional explanation for TKS nor Shubo-kyofu is offered.

There are two sub-types of TKS: Sensitive Type is characterised by high anxiety about interpersonal interactions; and Offensive Type is characterised by high concerns about offending others (see the conceptual diagram in Asakura et al., 2012). Cases of TKS often fall within the diagnostic scope of SAD, particularly when considering overlapping symptoms with the TKS-Sensitive Type. For instance, Diagnostic Criterion A for SAD in DSM-5 includes an intense fear of social situations whereby the individual may be scrutinised by other people in some situations such as social interactions or performances. A high correlation between SAD and TKS symptoms was also identified (Vriends et al., 2013), indicating potential shared underlying factors between TKS and SAD. Previously, the TKS-Sensitive Type has been deemed essentially identical to common symptoms for SAD (Asakura et al., 2012), which helps explain why TKS is commonly misdiagnosed as SAD (Nakagami et al., 2016).

While there is clear overlap between TKS-Sensitive Type with SAD, the TKS-Offensive Type gleans greater support as a unique culture-bound syndrome and could arguably be developed as the key diagnostic criteria for TKS. The distinctive characteristic of the Offensive Type is fear of offending others. Although Diagnostic Criterion B for SAD highlights fear of negative evaluation, this regards embarrassment of the self, rather than causing offence to others. Individuals with TKS-Offensive Type have a greater focus of their

symptoms affecting others than SAD where individuals focus on symptoms affecting themselves. Their primary concerns are different: TKS is conceptualised as other-oriented whereas SAD as self-oriented (Lim, 2013).

Additionally, for both sub-types (Sensitive and Offensive), TKS can be divided in four sub-categories (Suzuki et al., 2003): (1) *Sekimen-kyofu* (phobia of blushing), (2) *Shubo-kyofu* (phobia of a deformed body), (3) *Jikoshu-kyofu* (phobia of foul body odour) and *(4) Jikoshisen-kyofu* (phobia of eye-to-eye contact). While most of these sub-categories can be attributed to other conditions, one sub-category, (4) *Jikoshisen-kyofu*, has a greater East-Asian bias.

Phobia of blushing, (1) *Sekimen-kyofu*, can be attributed to diagnostic criteria for SAD as fear of blushing is a common symptom. Similarly, (2) *Shubo-kyofu* could fall under criteria for body dysmorphia (Suzuki et al., 2003). (3) *Jikoshu-kyofu* can be diagnosed as olfactory reference syndrome (Suzuki et al., 2003). Indeed, this overlap in symptoms may explain why individuals presenting with TKS could be diagnosed as having body dysmorphia or delusions (Nakagami et al., 2016). Unlike the other sub-categories, *(4) Jikoshisen-kyofu* (phobia of eye-to-eye contact) is more culture-bound to East-Asians (Suzuki et al., 2003). Avoidance of eye contact in Western cultures can be perceived as insincere, however in East-Asian contexts gaze avoidance can be perceived as respectful. It could be argued that characteristics of TKS such as the concerns over offending others and fear of eye-contact should be developed as a set of key diagnostic criteria in this East-Asian culture-bound syndrome.

4.Challenging Uniformity in TKS Symptoms in East-Asian Cultures

Lastly, it is important to challenge the assumption that East-Asian groups are interchangeable. Although TKS is widely evidenced in East-Asian cultures, subtle differences

may exist: For example, in Chinese pre-schoolers, self-improvement is strongly encouraged, whereas social responsibility to others and positive social connections are strongly encouraged in Japanese pre-schoolers (Ip et al., 2021). While much research has focussed on broad East-Asian vs Western cultural differences, it is also important to acknowledge differences between East-Asian cultures. Considering the arguments in this correspondence, the differences in (a) self-construal, (b) anger expression and (c) eye-gaze may explain differences in TKS symptom manifestation in East-Asian cultures. Future research should examine these differences between East-Asian cultures to identify specific cultural differences of TKS symptoms.

In summary, this correspondence highlighted the importance of accounting for cultural variations of mental health illnesses. Based on evolving evidence, it seems prudent to consider whether symptoms related to the TKS-Sensitive Type should be removed and included under SAD in the DSM. Additionally diagnostic criteria for the TKS-Offensive Type should be developed, with a focus on (4) *Jikoshisen-kyofu* (phobia of eye-to-eye contact), and to examine idiosyncrasies in the expression of TKS symptoms in different East-Asian cultures.

References

Asakura, S., Inoue, T., Kitagawa, N., Hasegawa, M., Fujii, Y., Kako, Y., . . . Koyama, T. 2012. Social Anxiety/Taijin-kyofu scale (SATS): Development and psychometric evaluation of a new instrument. Psychopathology, 45(2), 96-101.

Boiger, M., Mesquita, B., Uchida, Y., Barrett, L.F., 2013. Condoned or condemned: The situational affordance of anger and shame in the United States and Japan. Personality and Social Psychology Bulletin. 39 (4) 540-553.

Conrad, R., Forstner, A. J., Chung, M.-L., Mücke, M., Geiser, F., Schumacher, J., & Carnehl, F. (2021). Significance of anger suppression and preoccupied attachment in social anxiety disorder: a cross-sectional study. BMC Psychiatry, 21(1), 1-9.

Cross, S.E., Vick, N.V., 2001. The interdependent self-construal and social support: The case of persistence in engineering. Pers Soc Psychol Bull. 27 (7) 820-832.

Han, D. E. et al. (2022) 'Emotion suppression on relationship and life satisfaction: Taking culture and emotional valence into account', Journal of Social and Personal Relationships, 39(9), pp. 2766–2781. doi: 10.1177/02654075221088521.

Ip, K.I., Miller, A.L., Karasawa, M., Hirabayashi, H., Kazama, M., Wang, L., Olson, S. L., Kessler, D., Tardif, T., 2021. Emotion expression and regulation in three cultures: Chinese, Japanese, and American preschoolers' reactions to disappointment. J Exp Child Psychol. 201. 104972.

Kim, J., Rapee, R.M., Gaston, J.E., 2008. Symptoms of offensive type Taijin‐Kyofusho among Australian social phobics. Depress Anxiety. 25 (7) 601-608.

Lim, L., 2013. Taijin-Kyofu-Sho: A subtype of social anxiety. Open Journal of Psychiatry. 3(4).

Markus, H.R., Kitayama, S., 1991. Culture and the self: Implications for cognition, emotion, and motivation. Psychol. Rev. 98 (2) 224-253.

Nakagami, Y., Ii, T., Russ, T. C., Marques, J.G., Riese, F., Sonmez, E., Hopwood, M., Akiyama, T., 2017. Taijin kyofusho: a culture-bound diagnosis discussed by Japanese and international early career psychiatrists. Psychiatry Clin Neurosci. 71 (2) 146–149.

Park, I.J., Kim, P.Y., Cheung, R.Y., Kim, M., 2010. The role of culture, family processes, and anger regulation in Korean American adolescents' adjustment problems. Am J Orthopsychiatry. 80 (2) 258.

Suzuki, K., Takei, N., Kawai, M., Minabe, Y., Mori, N., 2003. Is taijin kyofusho a culture-bound syndrome? Am. J. Psychiatry, 160 (7) 1358-1358.

Versella, M. V., Piccirillo, M. L., Potter, C. M., Olino, T. M., & Heimberg, R. G. (2016). Anger profiles in social anxiety disorder. *Journal of Anxiety Disorders*, *37*, 21-29.

Vriends, N., Pfaltz, M.C., Novianti, P., Hadiyono, J., 2013. Taijin kyofusho and social anxiety and their clinical relevance in Indonesia and Switzerland. Front Psychol, Feb 4 (4:3).