

## Amok

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Violence has become a way of life. Newspapers, magazines and the daily news feed us a steady ration of assaults and murders. The peacefulness of domestic life is broken by the bangs on the television sets, where life is cheap and murder is a ritual and an expected outcome of human affairs. Murderers play God, as powerful snuffers-out of Nature's most perfect creation.

We are assured that murder is a family affair,<sup>1</sup> and we understand intuitively that our emotions may be more powerful than our reason, and that rage may make us dispose of even those we love. The power of our loins to create life is matched only by the power of our hands to destroy it. But these passions we understand. They do not baffle us, for in one degree or another, at one time or another, we all have experienced them. The killings in a war, the excesses of political and social struggles, or even the hired gun, we understand too; for glory, prejudice, intolerance, ambition, avarice or pettiness are all too common human frailties. Mass murder, however, the kind involving an individual who suddenly breaks into the public life wreaking destruction in his path, is violence that strikes us as alien, murder that is out of tune with our feelings and beyond our understanding. This murderer is different from the one who through months or years kills off his contacts, methodically and carefully, to avoid detection. He is also different from the psychotic individual who, in the depth of his illness, murders his family. This type of murder is not the same as military or political massacres, where there is more than one perpetrator and where whole populations, usually hapless civilians, are slaughtered as dehumanized and worthless objects of contempt.<sup>2</sup> The mass murderer referred to in this paper is the Madman in the Tower,<sup>3</sup> the mall sniper, or the deranged amoker.

This paper will review some of the characteristics of this individual, looking at him through what we know about Amok, a peculiar mass murder phenomenon said to be found only in the remote lands of Malay.

### The Calgary Mall Sniper

On June 16, 1977, at 2040 hours, J – 25 years old and single, dressed in army fatigues and carrying several guns, one of them a Magnum rifle with a scope – emerged from his home shooting at cars passing by. He swiftly moved to the shopping mall across the street, zigzagged, knelt down, got up and ran, all the while aiming and shooting at anybody who moved in his field

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of vision. In a few minutes several shoppers had been mowed down and were bleeding on the pavement of the parking lot. The gunman then turned his attention to the policemen and held their fire while running across the mall; two officers went down. After exiting on the other side of the mall, he ran and zigzagged to a nearby field, threw himself down and made military rolls over the grass while, intermittently, slowing down to aim and fire. He was finally cut down by a fusillade coming from different points. Severely wounded, as were several of his victims, he was charged with attempted murder (8 counts).

**Background:** J was the fourth of five children. The mother was the disciplinarian, and the father was usually away working. The three oldest children were sisters, and J was "the baby" for ten years until his brother came along. By then J had already been described as hyperactive and restless. His sisters teased him and he saw himself as "the shadow or afterthought" of his youngest sister. At school J was the butt of jokes, teased and pushed around. He did not fit, felt rejected and frustrated and turned into a lonesome and withdrawn youngster. He was a dreamer; in his active fantasy life he saw himself as "Conon," a literary character who rebelled against society. J's feelings of alienation grew worse when his family moved from the farm to the city. He was not only afraid of mixing, but also afraid of his own feelings; he had almost killed a playmate who was teasing him. He realized that his anger would know no bounds if he left it unleashed. Externally he was passive and unassertive, and felt that others abused his kindness. His few acquaintances tended to unload their troubles on him, but he never confided his to anyone. He had high moral standards and abhorred dishonesty, rapaciousness, cheating, bigotry and the many other evils of society. He was a crusader and would tell his "honest opinion" to anybody regardless of whether it antagonized others or made him more unpopular. He despised double standards, hated society in general and had a fantasy of going back to the bush where he could live his life away from people. He used to belong to the militia and claimed that the only time he had felt at ease and had had some measure of self-respect and worth was during militia practices. Then he felt his own man, had a purpose in mind, and enjoyed the sense of rectitude and the military discipline. Those years were terminated, however, when he resigned following a conviction on an indecent assault charge. The victim was a relative, a girl whose father was a policeman. J felt bitter because he believed the court had dealt with him harshly and unfairly to appease the police department. From his militia years J kept a small arsenal in his basement, where he would spend hours taking care of his guns. He was a good marksman. After he left the militia J wanted to join the fire department, but was turned down without a satisfactory explanation, he felt. J was a student tradesman, but he had an overriding sense of unfulfillment and lack of purpose. He was always resentful and convinced that he had no place in society.

**Immediate Circumstances:** The day of the shooting J left his school in the afternoon and went with the group for some beers, of which he had four. On his way back home he had a minor automobile accident due to brake failure. The police arrived while he was checking his car, and when they noticed his smell he was asked for a breathalyzer sample. He submitted accordingly,

convinced that he would not blow over the limit. He was in a good mood and boisterous at the police station, but his mood changed radically once he was advised that his reading was over the 0.8% mark and he was served with a summons. A policeman at the station remarked that he became very despondent. J's mood darkened as he went home. He felt angry because he could not prepare for an exam he had the following day, and he felt that the breathalyzer had not been operated properly. He grew more resentful and bitter at the police. At home he did some marijuana and he brooded about his problems. He felt trapped, a total failure, unable to take it any more, and depressed. He thought suicide was the only decent alternative. He wrote two suicide notes, one to his friends and the other to his mother. The first one could be considered as a capsulized description of his state of mind:

Dear Friends:

I know and love all of you, tried to help as much as possible, but something go wrong and know that is what happen. I could have done any thing, stay and live with it or do what I am doing. I've worked in this world and see good and bad, fair and unfair, but when the world works against the people, and kills all their dreams, etc., it is time to fight back. I am fighting to my last because it is only for that I go that way. I love the family very much and will miss them, but the world they live in! Too many people that don't care to make it good here [sic].

J's memory became hazy and he remembered only "going downstairs" and having "big pockets" (possibly a reference to his army fatigues). Somewhere in his mind he wanted "just to drive away and disappear in the bushes." He remembered going outside and feeling that cars and people were closing on him, and that he had to shoot his way through. He felt they were "his real enemies," that he had to have it out with them once and for all, and to make his last stand against the world. He felt he was out of himself, saw lights and colours and heard a boom. His memory went blank.

Diagnosis: Psychiatric assessment determined that J had a personality disorder, schizoid with paranoid features, and a tendency to remain aloof and to avoid close or prolonged relationships. There was no evidence of organicity. He was described as sensitive to social rejection, misunderstood, and an outsider in the normal activities of his peer group. He carried a sense of alienation and detachment. He was suspicious of the intentions of others, and although feeling inferior and inadequate, he cut himself off from the rest of humanity in an act of defiant grandiosity. He brooded about past hurts and made up in fantasy what the world failed to provide him.

A complex mood state, a mixture of depressive feelings, suicidal thoughts, frustration, suspicion, hostility and anger and a dissociative reaction brought about by his mood state, and the possible interaction of the tetrahydrocannabinol and alcohol were present at the time of the shooting. His condition was not considered to be severe enough to make him fall within the Canadian Test of Insanity (Section 16 of the Canadian Criminal Code).

## Amok

Gimlette<sup>4</sup> gave four cardinal symptoms as necessary for the diagnosis of Amok: prodromal brooding, homicidal outburst, persistence of reckless homicide without apparent motive, and a claim of amnesia. Johnson-Abraham<sup>5</sup> described the Amok attack thus: "The first symptom is an acute depression which deepens, darkening everything around him. Then follows the premonitory aura. The blackness disappears, he sees colours, usually red, and the attack of maniacal fury follows immediately. His memory becomes a blank. He rushes out among his fellow men, armed with a 'kris' or 'chopper,' and assaults with homicidal fury every living person he meets — friend or foe, man, woman, or child. The violence of the attack lasts for a few hours only, memory during the period is a blank. The patient is sleepy and stuporous for some days after. Apparently then he becomes quite normal again." Westermeyer<sup>6</sup> described Amok as "those instances in which a person suddenly and unexpectedly begins an indiscriminate assault on those about him." His amokers had the following characteristics: personality disorder, a precipitating event, use of alcohol, use of most destructive weapons, choice of a most crowded location, and outcome usually suicide. Although traditionally bladed weapons have been used, rifles and even Thompson submachine guns have been reported.<sup>7,8</sup> Of Westermeyer's twenty amokers, eighteen used grenades.

### Amok Only among Malays?

"A furious assault" or "to engage furiously in battle" (Amok in Malay) is, according to Dennys,<sup>9</sup> a form of psychosis characterized by multiple violent acts peculiar to the Malays. Ellis<sup>10</sup> stated that "a Malay that runs amok is always in a state of furious homicidal passion." He cited Oxley, who in 1845 wrote that "Amoks result from an idiosyncrasy or peculiar temperament common among Malays. . . . a proneness to common disease of feeling resulting from a want of moral elasticity, which leaves the mind a prey to the pain of grief, until it is filled with a malignant gloom and despair, and this whole horizon of existence is overcast with blackness." Ellis<sup>10</sup> concluded that the amoker "undoubtedly suffers from some form of impulsive insanity generally of a most transient character." He was struck by the fact that his amokers suffered from *saki hati* (literally liver sickness), an ailment understood by Gimlette<sup>4</sup> as "spite, envy, or being affronted."

Wittkower<sup>11</sup> classified Amok within the "special group of unusual symptom patterns which constitute [the] so called culture-bound syndrome." Phenomenologically he considered Amok to be a dissociation state. Yap<sup>12</sup> also classified Amok within the culture-bound reactive syndromes which he described as related to "certain systems of implicit values, social structures, and obviously shared beliefs [which] produce unusual forms of psychopathology that are confined to special areas." As recently as 1976 Carr and Tan<sup>13</sup> agreed with Yap and stated that "Amok is a culture-bound reactive syndrome. It is a culturally specific, complex pattern of behaviors with identifiable antecedent and consequent conditions and is defined as psychopathology within the indigenous culture." Murphy<sup>14</sup> ascertained that "Latah and Amok are found almost exclusively in a single person and culture."

It is controversial, however, whether Amok is entirely a Malaysian phenomenon, or whether, given certain conditions, it could be found in other cultures. Burton-Bradley,<sup>15</sup> in his discussion of Amok among the Papua – New Guinea groups, suggested that “certain cultural elements favorable to the Amok response have a much wider distribution.” He gave a complex socio-psychodynamic explanation based on individual idiosyncrasy, a psychogenic precipitating factor, and the presence of group expectancies. Other authors have described Amok in Trinidad, India, Liberia,<sup>16</sup> Africa,<sup>17</sup> and Siberia and Polynesia.<sup>18</sup>

### Two Other North American Cases?

Cheng,<sup>19</sup> in his discussion of Westemeyer's<sup>6</sup> paper in 1972, stated that “the only instance in which Americans behaved somewhat similarly to running Amok was the My Lai Massacre.” It was already mentioned, however, that military or political massacres respond to different sociodynamic circumstances.<sup>2</sup> In making his statements, Cheng apparently forgot Charles Whitman,<sup>3</sup> who, only six years before, had killed thirteen and wounded thirty-one during a ninety-six-minute murderous rampage from the tower of the University of Texas in Austin. Cheng also forgot Unruh's twenty-minute death spin in 1949, during which he killed thirteen. And in the same year of 1972 when Cheng made his remark, on Memorial Day, a twenty-two-year-old, nicely dressed man, entered, at noon time, a crowded metropolitan shopping center in North Carolina and started shooting, carefully aiming towards the entrance. Five died and seven others were wounded during the spree. The gunman shot himself in the head when he heard the police sirens.<sup>20</sup> Personal and family characteristics of two of these men, the Madman in the Tower and the Memorial Day Man, are similar to those of the Calgary Mall Sniper. Characteristics of the three different events are also similar, as could be noticed from the following three tables.

TABLE ONE  
PERSONAL CHARACTERISTICS

	The Madman in the Tower	The Memorial Day Man	The Calgary Mall Sniper
Sex	M	M	M
Age	25	22	25
Profession	Student	No definite trade	Student
Military Service	Yes	No	Yes
Experience with Guns	Marksman	Unknown	Marksman
Previous difficulties controlling aggression	Yes	Yes	Yes
Felt picked on	Yes	Yes	Yes
Seen as good natured and pleasant by others	Yes	Yes	Yes
Quiet, restricted social life	Yes	Yes	Yes
Criminal Record	No	Yes	Yes

TABLE TWO  
FAMILY CHARACTERISTICS

	The Madman in the Tower	The Memorial Day Man	The Calgary Mall Sniper
Family Breakdown	Yes	Yes	Yes
Psychiatric History	Yes	Yes	Yes
History of Violence	Yes	Yes	Yes
Job different from father's	Yes	Yes	Yes
Away from birthplace	Yes	Yes	Yes

TABLE THREE  
CHARACTERISTICS OF THE EVENTS

	The Madman in the Tower	The Memorial Day Man	The Calgary Mall Sniper
Precipitating event	Yes	Yes	Yes
Weapons used	Rifle	Rifle	Rifle
Place Chosen	Crowded Public Place	Crowded Public Place	Crowded Public Place
Brooding period	Yes	Yes	Yes
Homicidal outbursts	Yes	Yes	Yes
Persistence of reckless homicidal behavior	Yes	Yes	Yes
Contact with police shortly before incident	No	Yes	Yes
Amnesia	—	—	Yes

### Discussion

Westermeyer's<sup>6</sup> twenty Laotian amokers were all men, with a mean age of 26.2, equally likely to be married or single, with occupations different from their fathers' and most of them living away from their original birthplace. Seventeen of them had an immediate precipitating factor or a "recent loss." The seven cases presented by Burton-Bradley<sup>15</sup> were all men, five described as "healthy young adults," and most of them living away from home and in professions different from those of their fathers. The cases described by Ellis<sup>10</sup> were all men, apparently in early adulthood and away from home.

The three North American cases discussed above had three of Gimlette's<sup>4</sup> four cardinal symptoms necessary for the diagnosis of Amok. Also the Calgary Mall Sniper, the only surviving case, had the fourth of Gimlette's symptoms: that is, amnesia for the episode. In addition, the three cases followed the demographic characteristics of Amok cases described by other authors, and as well, the actual homicidal events were similar to the other Amok cases found in the literature.

These three North American cases followed, with exception made of the educational level, Westermeyer's<sup>6</sup> cross-cultural psychosocial profile of Amok: "A young or middle aged adult male, from peasant or lower class origins and with little formal education, has moved away from his birthplace to work at a job different from that of his father. While he has not had previous mental aberration, his past behavior pattern has evidenced immaturity, impulsivity, poorly controlled emotionally or social irresponsibility. . . . Following the loss of wife or girlfriend, a large sum of money, social prestige (or rarely, for no apparent reason) he suddenly and unexpectedly strews death and injury about himself."

The ingredients necessary to make up this profile could come together within any culture, anywhere and at any time, depending apparently on the presence of three factors: a social one, that is a society in transition or in the midst of change; and two personal ones, a feeling of alienation and a need for assertiveness.

**A Society in Transition:** According to Murphy,<sup>14</sup> Amok is not an off-shoot of Malaysian cultural tradition but a transitional product of an interaction between that tradition and certain modernizing influences. The first reports of Amok (*amouco* in Portugese), from the sixteenth century, originated not from the Malay peninsula but from India, where exceptional

warriors burnt their properties, including their wives and children, and swore to die in their fight against the Portugese. Later similar behavior was reported among slaves in the Malaysian region, where some of them, preferring death to slavery, would suddenly attack others with their swords. Other political situations, such as cooperation with invaders, led some cooperators to murderous attacks. As Wallace<sup>21</sup> put it in 1898, Amok was associated with slavery, warfare or politics and was considered "the national and therefore honorable way of committing suicide." The culture allowed and may have even fostered this sort of rebellion against the foreigners. It was some time later that Amok became also an honorable means of solving personal crisis as well. Thus, as pointed out by Murphy<sup>14</sup> in his extensive review of Amok, it was used first to defend the country, later to defend personal freedom, and subsequently to remedy personal loss of self-esteem. He concluded that epidemiologically the syndrome shifted from a conscious form of behavior to a dissociation reaction in individuals who found themselves in the middle of intolerable situations in their respective social groups. "Amokers are," stated Burton-Bradley,<sup>15</sup> "methods of tension reduction, used from time to time as acts arising from despair."

The three North American cases presented above were also acts of despair. They revealed an inability of the individual to come to terms with a particular social situation. One, the Madman in the Tower,<sup>3</sup> could not master the final breakdown of his family; and of the other two, one, the Memorial Day Man,<sup>20</sup> stated that he was "through talking to people," and the Calgary Mall Sniper indicated in his farewell notes how much he felt let down by his social group.

The reasons for social change in North America are different from those that wrought change in Malay. The change, however, is none the less drastic in its impact upon and disruption of individual patterns of adaptation. Its driving forces include a socio-economical imperative, that is, the over-riding need to succeed regardless of who gets trampled in the process; the measuring of success in terms of economic power, and the need to flaunt it, even at the expense of other basic needs, to prove it; and a sense of transience that pervades all transactions with people, places and things. Distance and time have lost their binding character; there is built-in obsolescence in material goods; and there is a lack of commitment in interpersonal relationships that reaches as deep as the very family core. Accelerated changes produce an inability to act rationally. Toffler<sup>22</sup> calls it "confusional breakdown," and gives as signs "the spreading use of drugs, the rise of mysticism, [and] the recurrent outbursts of vandalism and undirected violence." In his opinion "social rationality presupposes individual rationality, and this, in turn depends not only on certain biological equipment, but on continuity, order and regularity in the environment. It is premised on some correlation between the pace and complexity of change and man's decisional capacity." When the channels of adaptation become overloaded there follows confusion, and a need to introduce order, even if it entails destruction.

A Feeling of Alienation: Erickson<sup>23</sup> defines identity as "a sense of being at one with oneself as one grows and develops; and it means, at the same time, a sense of affinity with a community's sense of being at one with its

future as well as its history or mythology.” The more the community becomes fragmented, with the constant moving away of individual members and the arrival of new ones, and the anonymity in his own neighborhood and his lack of commitment to a place increases, the less is the individual able to keep up with Erickson’s second component for a wholesome sense of identity; his sense of history and mythology becomes irrelevant and his sense of future dims among the cacophony of new places and new faces. Rootlessness and fragmentation of interpersonal relationships, and the stultifying influences of modern labor that make the individual feel like a marionette at the mercy of external circumstances, all lead to alienation. Much like his Malay counterpart lost in a sea of “foreigners,” modern man, as posited by Fromm,<sup>24</sup> is “an impoverished ‘thing’ dependent on powers outside of himself.”

Weiss<sup>25</sup> mentions that estrangement from environment and others leads to inner dissociation and emotional withdrawal. Alienation leads to severance of ties, a lack of communion with the purposes of the community, and unresponsiveness to its strength and needs. In turn, the individual feels that the community has failed him, and a paranoid resentment against the community as a whole develops. A personal sense of failure is converted into a social sense of failure; that is, it is society that has failed to give the individual a better and deserved share of recognition and reward.

Yap<sup>26</sup> considers Amok as an acute hypereretic state in which there is an arousal of large amounts of undirected hostility and a mixture of suicidal behavior with homicidal furor. During the Amok, however, the victims are not strangers senselessly murdered or maimed, but highly personalized and cathected persecutors, the real enemy against whom a desperate and last homicidal-suicidal stand is necessary.

Need for Assertiveness: In Malaysia, as in other cultures, amokers have been described as quiet, well-mannered and withdrawn young men. These individuals may be able to express aggression in direct ways, and they may even be afraid to becoming angry for fear of losing their controls. On the other hand they feel constrained in displaying their aggression in more socially acceptable and constructive ways. They blame the social group; it aggravates their sense of personal failure and feelings of worthlessness and depression. A paranoid rationalization develops.

Cultural disorganization leads to pressure for change. As described above, it introduces personal disorganizations which may occasionally be absorbed by the culture in general. Fortes *et al.*<sup>27</sup> explained, for example, that among the Tallensi the ones that adapted best to cultural change were those holding semi-communal beliefs concerning factors leading to success or failure. They utilized traditional dissociative techniques (possession state) but substituted imagined spirits of the European Governor or other western symbols for the traditional spirits. Murphy *et al.*<sup>28</sup> ascertained that simple schizophrenia with few or no delusions is observed considerably more frequently among Asian schizophrenics than among European ones, but that the latter are prone to produce more paranoid reactions than the former. They suggest that this is due to the emphasis in European cultures upon explaining experiences more rationally. Murphy<sup>29</sup> goes further and suggests that a culture may call on individual members to sacrifice their mental health by the development of



individual delusions which relieve communal anxieties. The lack of major irrational themes in a culture would then prevent the development of socially acceptable delusional beliefs that could be utilized as delusional safety-valves for society in general. The culture, however, would need ways to relieve the tension.

Mahathir<sup>30</sup> considers Amok as representing "the external physical expression of the conflict within the Malay. . . . an overflowing of his inner bitterness." This would result from the Malay's traditional courtesy and self-effacing behavior, which is interpreted by others as weakness and leads them to take advantage of him. The Malay gives way until he can give no more. Mahathir feels that this generalized "unassertiveness" and the overflowing of the capacity to take any more may have been the reason for the riots of May 13, 1969, which he interpreted as a grand amok, a desperate act of defiance by the embittered people. Similarly in the western world culture change is felt by everybody alike. A great number of individuals experience alienation and suffer from lack of identification with the purposes of the community at large. Many feel outside the main stream of social rewards. Like the Malay, it may be that the unassertive individual, "the failure," with his pent-up reservoir of resentment and his already developed paranoid position, is the one chosen by the undercurrent of the alienated to vest their frustrations and to act as a safety valve that could prevent a total blow-up.

### Conclusions

Based on Gimlette's four cardinal symptoms of Amok, this syndrome has been reviewed both as it is known among the Malays, and in relation to broader socio-cultural issues in Western cultures. The author presented one North American Amok case worked upon by him in his practice, and reviewed from the literature two others which, while not previously classified as Amok, presented the same characteristics as the author's case. The author contends that Amok is not a culture-bound syndrome, but one that could be found in any culture, depending on the presence of three factors, a social one, a society in change, and two individual ones, a feeling of alienation and a need for assertiveness. It is possible that, ultimately, the amoker acts as the unwitting aggregate of the collective frustrations, releasing pent-up cultural resentments in his scapegoating act.

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