

# Culture Bound Syndromes and the importance of cultural competency in India

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**Abstract-** Culture is thought to have a significant impact on how various psychological ailments and mental health issues manifest their psychopathology. Furthermore, some psychological illnesses are exclusive to specific cultural groups. The term "culture-bound" or "culture-specific syndrome" refers to several conditions. There has been an increased emphasis in investigating psychological disorders across cultures throughout the past several decades. A group of abnormalities, encompassing physical and mental symptoms, is referred to as a "culture-specific syndrome" and is believed to be a diagnosable illness that only exists within a certain community or culture. Dhat syndrome, Gilhari syndrome, Koro syndrome, and Possession syndrome are a few examples of culturally specific syndromes.

For people from various diverse cultures to receive suitable and effective treatment, mental health care professionals must be mindful of culture-bound syndromes. Knowledge of the cultural setting within which the ailments are manifesting, as well as being acquainted of conventional medical procedures and ideas, are necessary for this.

## I. INTRODUCTION

A culture-bound or culture-specific syndrome are a set of physical and psychological manifestations that are recognized as a condition solely within a particular community or culture. The ailment is not recognized in other communities and cultures, and there are no obvious physiological or anatomical changes in the body organs or processes.

Human psychological wellbeing may be impacted by the way people are expected to conduct themselves in their culture. They are constantly encouraged to prioritize the requirements of their family or society over their own, especially in collectivistic societies. This could result in a feeling of lost identity which is harmful for psychological wellbeing. Individuals who constantly put others before themselves may find it challenging to care for themselves, which might result in resentment or burnout. People in individualistic societies are frequently encouraged to be self-sufficient and autonomous. For those who believe they are unable to live up to these standards, are prone to distress. Researchers have discovered that societies that encourage individualism and ambition have a higher rate of depression than collectivistic societies. Although anxiety disorders are prevalent in many cultures, they frequently manifest themselves in unique ways depending on the culture. For example, anxiety is frequently felt

as terror or dread in Western cultures. However, in Eastern cultures, the condition is more likely to surface as bodily symptoms like chest pains, increased heart rate or lightheadedness. In the Western societies, psychological disturbances are frequently viewed as illnesses that require treatment or other medical procedures. On the other hand, in numerous conventional societies, mental health concerns are viewed as spiritual or supernatural concerns that must be resolved through shamanism or religious rites.

The impact of traditional culture and ancient practices on an individual's psychological well-being is also crucial. Some customs, such as those that are focused on gender stereotypes or matrimony, could be detrimental to one's mental health. Women who are taught to be subordinate to their husbands, for instance, may be vulnerable to family and partner abuse. Individuals who are forbidden from marrying the person they love may feel extremely depressed, helpless and alone. Other customs, like those centered on mourning and grieving, can be beneficial to mental health. It is acceptable across many communities to take time off to grieve the loss of a loved one. As a result, people may have the room they need to mourn in a natural way.

The term "culture-bound syndrome" refers to a wide range of behavioral, cognitive, as well as affective symptoms that are unique within a specific culture. They are defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM IV), as persistent, geographically and culturally specific episodes of abnormal behavior and distressing experiences that could or could not be associated with a distinct DSM-IV diagnostic category. The majority of these trends have culturally local names, and a majority of them are regarded as "diseases" or at least ailments in their native populations. Culture-bound syndromes are regional, conventional and indigenous syndromes that require logical interpretations for particular recurring, systematic, and unsettling sets of sensations and symptoms. They are typically restricted to specific societies or cultural locations. The clinicians and scholars from those communities and cultures are concerned and more interested in these ailments considering that they are regarded to be exclusive to their cultures. These situations are seen as strange to other cultures because of the fundamental idea that they are culturally specific.

## II. DHAT SYNDROME;

Dhat Syndrome is not a brand-new phenomenon in the society, despite its recent emergence. It was first defined in 1960, making it a very previously discovered syndrome. Dhat syndrome is most prevalent in South Asian societies, more notably in Bangladesh, Pakistan, and India. It is characterized by extreme nervousness and concern with losing semen or vaginal fluids, which is frequently paired with somatic pain. The illness is believed to be connected to long-held societal assumptions around semen loss and its potentially adverse implications on one's well-being and health. Dhat syndrome is recognized in China by the name of 'Shenkui.' It is a psychiatric illness known that causes nocturnal episodes of crippling anxiety, dread, and somatic complaints that are usually linked to poor sexual function. The illness typically manifests as a spectrum of psychological, physiological, and sexual manifestations. Both the general public and the culture's medical professionals are aware of this syndrome. Additional symptoms and indicators comprise anorexia, fatigue, discomfort, shame complexes, even nervousness. The primary goals of intervention are to reduce misunderstandings about the condition through psychoeducation, encouragement, and the administration of anti-anxiety and anti-depressant medications to tackle the core psychiatric issue. A quasi approach, thorough listening, and the use of placebos are also said to be beneficial. Numerous research has demonstrated that sex education, relaxation techniques, and painkillers are crucial for the treatment of Dhat syndrome.

## III. GILHARI SYNDROME

The "squirrel or lizard syndrome," also known as Gilhari syndrome, is very common in the western Rajasthani districts. The people who have it characterize it as a tiny blood-filled protrusion that moves around on the body occasionally, as if a squirrel or reptile were crawling from the back to the neck while obstructing the airways and crushing them, resulting in death. The patient firmly believes that the illness is severe and fatal. The culture's local religion healers are typically sought out for healing of this condition.

According to medical experts, the Gilhari disorder is nothing more than a severe spasm or contraction of a specific set of muscles brought on by an individual's extreme burden and worry. The culture's local religion healers are typically sought out for healing of this condition. Similar to the treatment of Dhat syndrome, the treatment of Gilhari syndrome also reassuring the sufferer while providing compassionate psychotherapy. Moreover, anti-anxiety medications are thought to be helpful in reducing symptoms in a small group of patients. Additionally, the manifestations from Gilhari syndrome are identified as indicators of tactile delusions and hallucinations. By medical professionals.

## IV. KORO SYNDROME

The conviction and anxiety that one's genitals are shrinking into the abdomen and finally dissolving, resulting in death, are characteristics of Koro syndrome, also described as "genital retraction syndrome." It affects both sexes equally. To prevent the genitalia from pulling back, individuals apply external retractors

to them in the form of shackles, chains, and other equipment. This idea frequently comes with dread, panic, and bodily sensations including shivering, palpitations, and tense muscles. Although the exact causation of Koro syndrome is unknown, it is believed to be linked to cultural ideas and worries about wellness, manhood, and sexuality. Psychotherapy and medicines are often used to treat it.

## V. POSSESSION SYNDROME

The idea that a soul, ghost, or deity has taken control of a person's body or brain is referred to as "possession syndrome" or "Maata aana." It is a dissociative disorder that can be diagnosed. It sometimes even involves gender changes if the soul in possession is of the opposing sex. This ideology frequently manifests as characteristics like changed states of consciousness, behavioral issues, and bodily manifestations including seizures. This disorder is typically observed in people from rural settings, but also most frequently in women as they are believed to have more accumulated emotions and less channels for expression. Careful examination of any underlying anxiety that may have contributed to the possession attack is part of the treatment. Similarly, to reduce any additional benefits that the person might receive from this behavior is also taken into consideration.

Providing psychological treatments to a big population, primarily in a developing nation like India, is a difficult endeavor. Countless people concur that current societal values, beliefs, and standards have a regulating, beneficial effect on mental health; nonetheless, personal expectations can differ from what is considered to be suitable social behavior. In India and other Asian nations, culture-bound disorders are frequently observed in primary care. However, there is a dearth of knowledge about culture-bound illnesses among mental health specialists. Considering the distinctive ideas, actions, and concerns of individuals from other cultures into one's assessment and care plan is known as cultural competency. Simply stated, a culturally competent mental health care practitioner may choose the appropriate course of treatment for a patient by taking into account how that person's culture, social background, and ethnicity may affect their mental health. Lack of awareness of an individual's cultural identity, background, ideologies, and intergenerational trauma, as well as failure to enquire about it, can have disastrous impact on a patient's mental health, which include misreading, incorrect prognosis, inadequate diagnosis, and utterly futile and improper treatment.

Using diagnostic techniques that are competent and respectful to cultural differences is a crucial part of delivering mental health treatment to those with culture-bound illnesses. It may be necessary to use mediators or assessment techniques designed for a particular culture only. This is because the frequency and the impact of a universal symptom may vary in intensity culturally. Furthermore, it is indeed crucial for mental health care professionals to be aware of the possibility of prejudice and stigmatization while dealing with people from various diverse cultures. The adoption of culturally relevant treatment options is an essential element of delivering mental health care to individuals with culture-bound disorders. This can entail combining conventional healing techniques in the treatment strategy, such as the utilization of natural cures or conventional traditions. To

combat taboo and prejudice associated to the mental health issue, it may also entail collaborating with regional politicians or community officials.

It is crucial to acknowledge that culture-bound illnesses may be related to economic and social variables in along with delivering necessary and successful care. Poverty, prejudice, and an inability to gain access to educational opportunities and healthcare are a few examples of these. For people from various cultural origins to experience healthier mental health, these fundamental social and economic issues must be addressed.

Several psychiatrists in India contend that culture-bound syndromes ought to be recognized as valid ailments and incorporated in diagnostic schemes like the International Classification of Diseases (ICD). They suggest that these ailments exist and possess a profound influence on the lives of those who suffer from them, and that in order to comprehend and address them, one must be aware of the cultural environment wherein they take place. However, other psychiatrists believe that culture-bound syndromes are merely outward manifestations of fundamental social or mental issues and not true illnesses. They contend that these challenges are not unique to any certain culture but rather are a byproduct of more general mental or social problems including unemployment, prejudice, and a lack of equitable access to educational opportunities and healthcare services.

However, in India a variety of community-based mental wellbeing initiatives that are especially created to meet the needs of people from diverse cultural backgrounds have grown in recent years. These programs frequently entail collaborating with local authorities and traditional healers to offer information and assistance to people and families impacted by culture-bound disorders. Furthermore, there is a growing understanding of the

necessity of addressing the economic and social problems that can support the emergence of culture-bound illnesses.

Finally, there are many different perspectives on culture-bound disorders in India. Some psychiatrists believe that these issues are true diseases, while others argue that they are simply outward manifestations of underlying psychological or societal issues. Despite these divergent opinions, India is beginning to understand the importance of providing mental health care that is suited for the culture. In order to tackle culture-bound illnesses, alternative traditional medicines like herbs and modern healthcare techniques are used in collaboration. Additionally, tools for evaluations and diagnosis that are culturally sensitive are being developed, and social and financial aspects that may influence the onset of culture-bound syndromes are being addressed.

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