

Culture Bound Syndromes (CBS)

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Abstract

Ethnopsychiatry mobilizes the cultural knowledge of the individual/group, considering the beliefs, perceptions, interpretations, and actions that are culturally constructed and acquired. From a holistic and humanist perspective of Care, the contextualization of the individual in their cultural specificity optimizes the process of transitioning health / mental illness. Based on the descriptive method/ reflexive analysis, typical culture disorders (CBS – Culture Bound Syndromes) present, seeking to understand the influence of culture on cognitions/behaviors in the area of health/mental illness:

- *Pibloktoc or Arctic hysteria (Lapland/ Siberia) - dissociative disorder*
- *Taijin kyofusho (Japan)- social phobia*
- *Koro (Malaysia/Thailand) - delirium*
- *Delirious Boufée (Haiti/Africa) - psychotic outbreak*

There is a link between diseases, etiologies, diagnoses, treatments, prognosis, culture. And From this perspective, the disease/ mental health binomial displayed and manifested by some people be seen as bizarre, being analyzed in the context in which it operates, develops and belongs.

Keywords: Ethnopsychiatry; Culture Bound Syndromes.

Introduction

Ethnopsychiatry mobilizes the cultural knowledge of the individual/group, considering beliefs, perceptions, interpretations, and actions, in the process of diagnosis and care. According to Mezzich (1994) [1], culture encompasses a multiplicity of meanings, values, and behaviors that are transmitted in society, influencing cognitions, feelings, and self-concept. From the perspective of Care, the contextualization of the individual in their cultural specificity optimizes the process of transitioning health/mental illness. The objectives proposed for this reflection were to recognize ethnopsychiatry's contributions to understanding the genesis of mental illness; understand the influence of culture on cognitions and behaviors in the area of mental health/illness and analyze some typical culture disorders (Culture Bound Syndromes). The descriptive and expository methodology was approached after a literature review.

Discussion

In the problem of duality culture and mental health/mental illness, aspects such as context, diversity, knowledge, and care are considered. When analyzing the context, it is perceived that each person elaborates their representations of health and mental illness, based on their experiences and the specificity of the culture in which they

are inserted. Being by diversity, it is aware that there is a great multiplicity of styles and forms of life, traditions, and beliefs in all cultures, it is concluded that knowledge represents the knowledge of health professionals and legitimizes their performance on the individual, family, and community. With regard to the appearance of care, if a bio psycho sociocultural and spiritual perspective is not applied, these are reductionists.

A cultural disorder is a psychosomatic syndrome, recognized as a disease/disorder that affects a specific society and culture [2]. Among others, the Koro, Taijin Kyofusho, Delirious Boufée, and Pibloktoc, or Arctic Hysteria stand out.

Koro is an identified disorder in Malaysia, Thailand, and southern China. Being known as "Genital Reduction Syndrome", it is more frequent in men. In the Malay language, koro means "turtlehead", and in a clear allusion to the retraction that his animal makes with its head inside the hull, disappearing altogether, this disorder originates an anguish in the patient, associated with the thought that the organs genitals will retract into the abdominal cavity, disappearing and causing death. There is a sudden anxiety in men, with the fear that their penis may retract into the abdomen, and in women, the

fear is that the vulva and nipples may disappear. It becomes dangerous and causes serious injuries when the person tries to "treat" (use of wires and splints to trap the penis and prevent it from retracting, which can lead to vascular changes and the need for amputation). The belief that sexual acts such as masturbation, night erections, and out-of-marriage acts with prostitutes will disrupt the harmony between yin and yang, develops in people a sense of defense regarding sexual contact, as a form of defense against genital aggression. It is therefore a delirium of sexual content, accompanied by the belief that sexual organs are decreasing. Hypotheses about predisposing factors consider exposure to cold, excessive coitus, interpersonal conflicts, and sociocultural pressures. This disorder can be assumed as a social manifestation and a collective hysteria that generates panic. There are some studies that address the occurrence of this disorder in 200 people at the same time, causing mass hysteria. Culturally, this disorder represents a question of female power and satisfaction regarding the size of the partner's penis, which can lead to dissatisfaction with the man's genital limb, generating the disease. The background presents itself as psychological neurosis.

Taijin Kyofusho is an identified disorder in Japan, one of the most frequent phobias in this country. It provokes in people an intense fear, that parts of their body or organic functions of it, harass and offend those around them, due to odors, movements, sounds, or appearance. The element of the group is seen as harmful to the well-being of the group, as a negative influence, being described obsessive behaviors as fear of embarrassing others/fear of offending others/fears of blushing in public/fear of issuing body odors or flatulence/shame in looking at each other in an inappropriate way/fear in adopting fit facial expressions/shame in presenting physical deformities, and marks. One of the explanations for the development of this disease is based on the importance and emphasis that Japanese culture places on the group, the collective, in the whole, and not on the individual itself. Deep down, it is a social phobia where the fear of not pleasing or even displeasing others prevails.

Delirious Boufée is an identified disorder in West Africa and Haiti. It presents as an acute and transient psychotic situation, associated with changes in consciousness, psychomotor arousal, agitated behaviors, and anterograde amnesia. To be recognized, this disorder has to present five essential items such as abrupt onset, structured delusions, occasional hallucinations, alteration of obnubilation awareness, emotional instability, and absence of physical signs. The individual when presenting this disorder is describing to others in a symbolic way, that he will be reacting to something that worried him and for which he does not have the capacity to adapt, which can presuppose a predisposition of personality to react in this way. The episodes arise, therefore, as a consequence of a stressful event and psychosocial forum. From a nosological perspective, this type of episode has nothing to do with schizo-

phrenia, but if outbreaks are frequent, develops if a chronic state that corresponds to the so-called pathology.

Pibloktoc or Arctic Hysteria is an identified disorder in Lapland (Swedish, Norwegian, and Finnish territory) and Siberia. There are several perspectives on its origin, such as the hypothesis of being related to the type of diet (vitamin D hypocalcemia and hypervitaminosis) or in response to environmental constraints. It is a more frequent disorder in women and behaviors arise such as undressing and tearing clothes, rolling in the snow, running without a defined purpose, assuming strange and obscene discourses, repeating third-party discourse, coprolalia, self-aggression, and deter aggression, seizures, and coma. People may manifest affective dullness, depression, loss or disturbance of consciousness during outbreaks, and there is later amnesia for the outbreak. It is a dissociative forum disorder in which there is a risk of a suicide death.

Conclusions

There is an uninterrupted link between diseases, etiologies, diagnoses, treatments, prognoses, and cultural variation. In this cross-cultural perspective, the disease/mental health bin exhibited and manifested by some people is no longer seen as bizarre, being analyzed in the context in which it operates, develops, and belongs.

The processes of transitioning health/disease are social constructions, in addition to the bio psycho sociocultural and religious factors of each human being [3]. If the combination of these factors influences individuals' attitudes towards disease and healing processes, it is essential that the professional acquire posture of openness and understanding, in a holistic purpose, without value or stigma judgments [1-6].

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