

Ethical approach to cultural disorders

Abstract

Ethnopsychiatry mobilizes the cultural knowledge of the individual/group, taking into account the beliefs, perceptions, interpretations and actions that are culturally constructed and acquired. Therefore, from a holistic and humanistic perspective of Care, the contextualization of the individual in their cultural specificity optimizes the process of transition from health to mental illness. There is undoubtedly an uninterrupted link between diseases, etiologies, diagnoses, treatments, prognoses and cultural variation. From this perspective, the illness/mental health binomial displayed and manifested by some peoples is no longer seen as bizarre, but is analyzed in the context in which it is inserted, developed and belongs. As a consequence and because each individual is a unique, exclusive and unrepeatable being, ethical reflection on this topic is essential, as a way of ensuring the principles that guide it. Based on the descriptive method and reflective analysis, some typical cultural disorders are presented, seeking to understand the influence of culture on cognitions and behaviors in the area of mental health/illness, as well as reflecting on the associated ethical aspects.

Keywords: ethnopsychiatry, mental disorders, culture, ethics

Volume 11 Issue 2 - 2025

Ana Almeida,¹ Miguel Ângelo Pão Trigo²

¹ Nurse, Armed Forces Hospital, Portugal

² Psychiatry and Mental Health Intern, Algarve University Hospital Centre, Portugal

Correspondence: Ana Almeida, Nurse, Armed Forces Hospital-Porto (HFAR-PP), Portugal, Tel 912293379

Received: March 25, 2025 | **Published:** April 9, 2025

Introduction

Ethnopsychiatry mobilizes the cultural knowledge of the individual/group, taking into account beliefs, perceptions, interpretations and actions, in the process of diagnosis and care. According to Mezzich¹ culture encompasses a multiplicity of meanings, values and behaviors that are transmitted in society, influencing cognitions, feelings and self-concept. From a Care perspective, contextualizing the individual in their cultural specificity optimizes the process of health/mental illness transition. The objectives proposed for this reflection seek to recognize the contributions of Ethnopsychiatry in understanding the genesis of mental illness; understand the influence of culture on cognitions and behaviors in the area of health/mental illness; describe some disorders typical of the culture; recognize the importance of ethical principles in cultural disorders.

The descriptive and expository methodology was used, after a literature review.

Discussion

In the duality of culture and mental health/illness, aspects such as context, diversity, knowledge and care provided must be considered. When analyzing the context, it is clear that each person develops their own representations of mental health and illness, based on their experiences and the specificity of the culture in which they are inserted. Given that diversity makes us aware that there is a great multiplicity of styles and ways of life, traditions and beliefs in all cultures, it is concluded that knowledge represents the knowledge of health professionals and legitimizes their actions on the individual, family and community. Regarding the aspect of care, if a biopsychosocial and spiritual perspective is not applied, these are reductionist. A cultural disorder is a psychosomatic syndrome, recognized as a disease/disorder that affects a specific society and culture.² Among others, the Koro, Amok, Taijin Kyofusho, Boufée delirious and Pibloktoc or Arctic Hysteria stand out. Koro is a disorder identified in Malaysia, Thailand and southern China. Known as “Genital Reduction Syndrome”, this disorder causes the patient to feel distressed, associated with the thought that the genitals will retract into

the abdominal cavity, disappearing and causing death. It manifests as sudden anxiety and becomes dangerous when the person tries to “treat” it (the use of wires and splints to hold the penis and prevent it from retracting, which can cause vascular changes and the need for amputation). The belief that sexual acts such as masturbation and acts outside of marriage will disturb the harmony between ying and yang develops in people a feeling of defense against sexual contact, as a form of defense against genital aggression. It is, therefore, a delusion of sexual content that can be assumed as a social manifestation and a collective hysteria that generates panic. Basically, it presents itself as a psychological neurosis.

Amok, a Malay term meaning an act of rage and killing, with an outburst of wild anger associated with the belief in demonic possession, is common in Malaysia, the Philippines and Puerto Rico. Associated with sudden and apparently spontaneous episodes of rage, in which the individual attacks and kills people or animals indiscriminately, sometimes followed by suicide, it is compared to episodes of psychotic break that affect a random plurality of victims. Historically, Amok episodes have been described, in which the aggressor attacks a group of victims with knives. Currently, situations in schools/public events (firearms) demonstrate the similarity of the phenomenon throughout time/cultures.

Taijin Kyofusho is a disorder identified in Japan and is one of the most common phobias in the country. It causes people to have an intense fear that parts of their body or organic functions will bother and offend those around them, due to odors, movements, sounds or appearance. The element is seen as a being that is harmful to the well-being of the group, as a negative influence, with obsessive behaviors described as fear of embarrassing others/fear of offending others/fear of blushing in public/fear of emitting body odor or flatulence/embarrassment in looking at others in an inappropriate way/embarrassment in presenting physical deformities, marks and scars. 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, the whole and not on the individual per se. Basically, it is a social phobia where the fear of not pleasing or even displeasing others prevails.

Delusional bouffée is a disorder identified in West Africa and Haiti. It presents as an acute and transient psychotic situation, associated with alterations in consciousness, psychomotor excitement, agitated behavior and amnesia. To be recognized, this disorder must present five essential items, such as: abrupt onset, structured delusions and occasional hallucinations, alteration of consciousness such as clouding, emotional instability and absence of physical signs. When the individual presents this disorder, he or she is describing to others in a symbolic way that he or she is reacting to something that has worried him or her and to which he or she is unable to adapt, which may presuppose a personality predisposition to react in this way. The episodes therefore arise as a consequence of a stressful event and of the psychosocial nature.

Pibloktoc or Arctic Hysteria is a disorder identified in Lapland (a Swedish, Norwegian and Finnish territory) and Siberia. There are several perspectives on its origin, such as the hypothesis that it is related to the type of diet (hypocalcaemia and hypervitaminosis of vitamin D) or as a response to environmental conditions. It is a disorder more common in women and involves behaviors such as undressing and tearing clothes, rolling in the snow, running without a defined purpose, making strange and obscene speeches, repeating the speech of others, self- and hetero-aggression, convulsions and coma. People may manifest emotional dullness, depression, loss or disturbance of consciousness during the outbreaks, with subsequent amnesia for the outbreak. It is a dissociative disorder in which there is a risk of death by suicide.

When talking about cultural disorders, it is important to consider fundamental ethical aspects to ensure respect for cultural diversity and protection of human rights.²

Respect for autonomy: It is essential to respect the cultural autonomy of a specific ethnic or cultural group. Healthcare professionals should approach issues related to this type of disorder with cultural sensitivity, recognizing that different cultures have unique beliefs, values, and health practices.

Beneficence: Healthcare professionals should act in the best interest of patients with cultural disorders and seek to provide the best possible care. This may include administering medications to help control acute symptoms, ensuring patient safety, and providing emotional support.

Nonmaleficence: Avoiding any unnecessary harm or suffering to patients with cultural disorders. This includes avoiding physical, emotional, or psychological abuse during treatment.

Informed consent: Ethical principles require that healthcare professionals obtain informed consent from patients before any intervention or research. This includes clearly explaining diagnoses, treatments, and possible adverse effects so that patients can make informed decisions.

Cultural safety: Healthcare professionals must be culturally competent to understand culturally specific healthcare practices and avoid harmful stereotypes or simplistic generalizations. In addition, it is important to create a culturally safe environment for patients, where they feel respected and comfortable expressing their concerns and needs.

Confidentiality: All information related to a patient's health and condition should be treated confidentially, even when dealing with sensitive data. This includes obtaining permission before disclosing any patient information and ensuring that information is stored securely.

Fairness and equality: Actions and decisions related to cultural disorders should be based on principles of fairness and equality, respecting the right of all individuals to health and access to appropriate care, regardless of their culture or ethnicity.

These are just some of the many ethical aspects and principles that should be considered when dealing with cultural disorders. It is important that health professionals are aware of this multicultural reality, which is increasingly present, with the permanent objective of promoting the health and well-being of others, respecting their cultural diversity.

The explanation of some cultural disorders reveals how essential it is to consider ethics when dealing with others who present a type of disorder. On the one hand, professionals must respect the autonomy and dignity of each individual, ensuring their informed consent and the confidentiality of shared information. On the other hand, it is also important to ensure ethical action in relation to respect for the culture and identity of individuals. This means avoiding generalizations and cultural stereotypes, not imposing Western values, and seeking intervention strategies that are sensitive and appropriate to each individual's cultural reality.

Therefore, it is essential that professionals develop an awareness of the influence of culture on mental disorders, adopting an intercultural and ethical approach, in order to ensure effective and respectful health care, contributing to the physical and emotional well-being of each individual.

Conclusion

There is an uninterrupted link between diseases, aetiologies, diagnoses, treatments, prognoses and cultural variation. From this transcultural perspective, the illness/mental health binomial arranged and manifested by some peoples ceases to be seen as bizarre, and begins to be analyzed in the context in which it is inserted, developed and belongs.

Health/disease transition processes are social constructions, in addition to the bio psychosocial, cultural and religious factors of each human being.³ If the combination of these factors influences individuals' attitudes towards illness and healing processes, it is essential that professionals adopt an open and understanding stance, with a holistic purpose, without value judgments or stigma.

We live in an increasingly globalized and diverse world, in which cultures meet and influence each other, act and interact. This cultural exchange demands new perspectives in the face of the diversity of behaviors and attitudes and promotes reflection.

When examining the link between cultural disorders and ethics, it is essential to consider the fundamental principles that govern human action. If ethics is based on the notion that we should act respectfully and for the benefit of other human beings, regardless of their cultural background, when there is a clash between different cultural norms, an ethical dilemma arises that focuses on analyzing the morally correct action. In this context, ethical principles must be applied and respected. In order to adequately deal with cultural specificities, it is necessary for health professionals to be aware of the differences of each individual, adopting a fair stance, showing respect for cultural diversity, trying to understand the reality of the individual from their cultural context, always promoting their dignity as a Person and contributing to the promotion of a more just society.

Acknowledgments

None.

Conflicts of interest

The authors declare that there is no conflicts of interest.

References

1. Mezzich J, Honda Y, Kastrup M. *Psychiatric Diagnosis: A World Perspective*. 1994.
2. Abreu W. *Transitions and Multicultural Contexts: Contributions to Anamnesis and the Use of Informal Caregivers*. Coimbra: Formasau; 2008.
3. Borges LM, Pocreau JB. Recognizing difference: the challenge of ethno-psychiatry. *Psychol Rev*. 2009;15:232–245.