

Culture Syndromes in Asia Countries: A Scoping Review For Multicultural Counseling Implications

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To Link this Article: <http://dx.doi.org/10.6007/IJARBS/v13-i12/20335> DOI:10.6007/IJARBS/v13-i12/20335

Published Date: 28 December 2023

Abstract

The aim of this scoping review was (i) to identify the types of culture syndrome, (ii) the estimated prevalence, and (iii) the intervention available in Asia countries in the past decade. Information was extracted from five subscribed databases; Cambridge, ProQuest, PubMed, Science Direct, Scopus, and Wiley. The inclusion criteria were English language journal articles published in 2010-2020 with keyword search was culture-bound syndrome. Exclusion criteria were: (i) non-Asia countries, (ii) non-retrievable, and (iii) review articles. Articles included in this study were 29 with a total of 8125 respondents. There were ten types of culture syndromes in six countries. India has three types; Dhat, Koro and Devaki; Japan has two types, hikikomori and jikoshu-kyofu; China has Shenjing- shuairuo; Iran has Djinnati; Korea has Hwa-byung; Malaysia has Saka and Singapore has Pinkerton. Prevalence statistics reported for five of the ten syndromes and three of the syndromes were studied for the interventions. Understanding of the culture syndrome contributes to counselors' multicultural competency. It facilitates the counselling process; rapport building, case conceptualization, and evidence-based treatment plan. Certain types of culture-bound syndrome are unique and prevalent in specific countries and are useful knowledge for counseling practices. However, for the past decade, evidence-based treatments were rarely reported in the existing studies, thus meriting further studies.

Keyword: Culture-Bound Syndrome, Asia, Scoping Review, Multicultural Counseling

Introduction

Mental health professionals and researchers must comprehend the ecology of mental health including factors such as education, economy, social structure, religion, and politics, in addition to biology and psychology (Marsella & Yamada, 2000). Culture can include language, religion, spirituality, family structures, customs, and rituals. Systems of knowledge, concepts, rules, and practices that are learned and transmitted across generations. Within the family and other social systems culture is transferred, altered, and reinvented (American Psychiatric Association, 2013). Helping professionals that are culturally competent make an effort to

comprehend the perspectives of their diverse clients, actively creating and practicing appropriate, relevant, and culturally sensitive interventions (Sue et al., 2019).

Culture is important in the etiology of mental disorders because it establishes standard for normality and abnormality, and the definitions of mental conditions are based on a socio-cultural perspective (Marsella & Yamada, 2000). Culture explains the variances in behavior normalcy; to some it is considered as syndrome, but to others it is an assortment of misfortunes (Crozier, 2018). Likewise, culture influences how individual manifest and communicate their symptoms, cope with it, and their choices of treatments or non-treatment (Ogundare, 2019) Therefore, understanding about the syndrome can help the mental health practitioners such as psychiatrist, clinical psychologist and counselor to examine their assumptions about the nature, diagnosis, and treatment of mental disorders (Sue et al., 2019).

Culture-bound syndromes (CBS), a term introduced by Malaysian-born psychiatrist Pow Meng Yap in 1965, refer to a combination of psychiatric and somatic symptoms recognized only within a specific cultural context. Despite their uniqueness, these disorders have historically been overlooked by professional communities due to their divergence from conventional psychiatric classification systems (Haque, 2008; Yamada & Marsella, 2013). The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association (APA) in 2013, has addressed this limitation by incorporating greater cultural sensitivity, including the most common cultural concepts of distress, thus enhancing diagnostic accuracy and care for individuals from diverse backgrounds.

Prior to Yap's coinage of the term, these conditions were believed to be exclusive to the non-Western world, leading to their categorization as "exotic psychotic syndromes" (Haque, 2008; Crozier, 2018). The subject of CBS is often considered controversial because of the disagreement among professionals on its nature and definition. Anthropologists emphasize the cultural aspects of the syndrome, while physicians stress the biological dimensions of the disorder. Culture-bound syndromes, refers to unforeseen circumstances or occurrence, occurring onset that is extraordinary, and there are cultural and biological elements that affect the situation or treatment. They are considered bizarre, exotic, and unusual, especially among Western researchers, as it is rarely seen as it was in their society in the past (Crozier, 2018).

Two decades later, after CBS was first introduced by Yap (1965), according to Simons and Hughes (1985), it was unclear exactly what sort of things should be included. How about reports of possession and trance states, which often had local names? Should descriptively similar patterns of behavior or experience from different cultures be lumped together or split apart? What can reasonably be called an illness, and what is better considered a set of customary beliefs and practices of an entirely different order? They concluded that the term *culture-bound syndrome* "still has currency but little discriminable [i.e., operationally definable] content"

Nevertheless, due to the immigration and globalization process, recent studies have begun to find that certain culture-bound syndromes are no longer bound to a specific culture, rather have a wide geographic range (Banerjee, et al, 2020). Moreover, certain words used to describe a culture-bound syndrome such as *amok* in Malaysia, now are used not only to describe abnormality in human behavior but to any uncontrol and chaotic condition (Sanford et al., 2021). To recognize the overemphasis of the local uniqueness of these symptoms, the

DSM-5 removed the adjective "bound" from the descriptions of these disorders, and to highlight that clinically important cultural differences often involve an explanation of distress.

Cultural bound syndrome is a cluster or group of co-occurring, relatively invariant symptoms found in a specific cultural group, community, or context. The syndrome may or may not be recognized as an illness within the culture (e.g.; it may be in various ways), but such cultural patterns of distress and features of illness may nevertheless be recognizable by an outside observer (APA, 2013, p.14).

Today, in the 21st century, the term of culture-bound syndrome and the epistemology of it is still debatable and seems to be relevant (Kudva, 2011; Ventriglio et al., 2015). A quick search with keyword culture-bound syndrome in subscribed database shows volume of studies Cambridge (n=151,671), Proquest (n=4,492) Pubmed (n=298), Science Direct (n=66,732), Scopus (n=494), Wiley(n=55,596). Therefore, it is considered worthwhile to conduct a scoping review for culture-bound syndrome in Asian countries, where each country is unique in culture and differs from the norm of the western culture (Yusoff et al., 2019). According to Yu Xiao and Maria Watson (2017), by reviewing relevant literature, the breadth and depth of the existing body of work and identifying gaps to explore will be understood. The use of objectives helps the reviewer to focus and make appropriate selections from the lists of the articles (Subarimaniyam et al., 2017). According to Munn et al. (2018), among the reasons to conduct scoping review are as follow; (i) to clarify key concepts or definitions of the term, (ii) to examine how research has been conducted on the topic of interest, (iii) to identify factors that related to the concept. Hence, the aims of this scoping review were (i) to clarify the types of culture-bound syndrome, (ii) to find the estimated prevalence, and (iii) examine the intervention offered in Asia countries in the past decade (2010-2020).

Methodology

The review began by searching the keyword "culture-bound syndrome" in the relevant databases subscribed by Universiti Putra Malaysia subscribed. Ten studies were selected from Scopus database and a mini review was conducted in 2019. Then, in May-June 2021, an exhaustive search was conducted using five databases. As shown in Table 1, the inclusion criteria were English language journal articles published in 2010-2020 with keyword search was culture-bound syndrome. Exclusion criteria were: (i) non-Asia countries, (ii) non-retrievable, and (iii) review articles.

Table 1

Inclusion And Exclusion Criteria of The Systematic Review

Inclusion Criteria presented in order	Particulars	Literatures Identified		
Key terms	Culture-Bound Syndrome	279,283		
Year	From the year 2010 to 2020	180		
Article Type	Research Paper			
English				
Title or abstract screening	Asia Countries	62		
Exclusion criteria presented in order	Particulars	Literatures Identified	Literature Remaining	
Duplicate	Databases overlap	26	36	
Non-retrievable	Only abstracts	2	34	
Full-text assessment	Review paper	9	25	

The PRISMA flow diagram was used as shown in Figure 1 to guide and facilitate the review process (Page, 2020). Figure 1 shows the articles selection process of identification, screening and selection. The inclusion and exclusion criteria were followed religiously. The automation tools help reduce the articles efficiently, from the initial results for a total 279,283 articles to 180. The search process was repeated three times using the same search string for the inclusion and exclusion criteria. Manually screening was done on 180 articles title and abstract, in which 118 was deselected, resulting in 62 selected articles. Next, 62 articles were compiled from 5 databases in one Zotero folder. Any disputes were discussed on method of screenings. The PICOS framework was suggested to use for screening the quality of the articles, in addition to other screening methods such as SPIDER and MMAT. After 26 duplicate articles were deleted, 2 non-retrievable and 9 review papers were excluded. Finally, 25 articles are included in this review. The quantitative studies were evaluated according to SPIDER and for quantitative according to PICO.

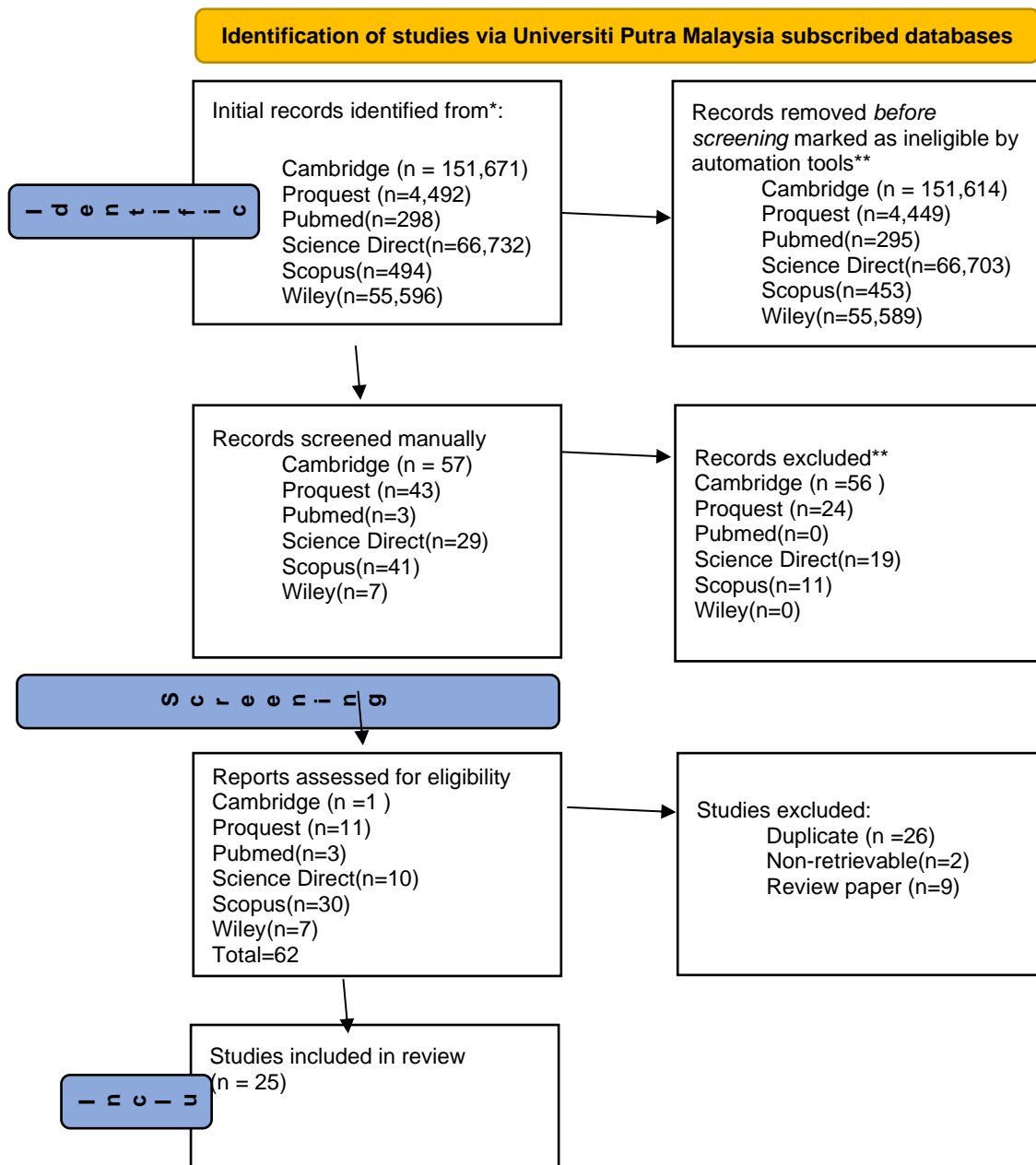


Figure 1: PRISMA flow diagram of the study (Source: Page et al., 2020)

Note:

*Consider, if feasible to do so, reporting the number of records identified from each database or register searched (rather than the total number across all databases/registers).

**If automation tools were used, indicate how many records were excluded by a human and how many were excluded by automation tools.

Findings

The summary of the selected journal articles is shown in Table 2. The literature has been reviewed and presented by the name of the authors, publication years, journal article titles, country, a sample of study and the findings that are relevant to the objectives of this paper.

A total of 25 selected journal articles were studied to aid the reviewer in analyzing data for responding to the three main objectives of this study.

Table 2

Summary of selected studies

	Author (Year)	Journal Source	Title of Journal Article	Country	Sample	Relevant Findings
1	(Abdul Salam et al., 2012)	Indian Journal of Psychiatry,	Development of cognitive-behavioral therapy intervention for patients with Dhat syndrome	India	5 males	Results of the study reveal that it is feasible to carry out the CBT module in clinical settings. Findings of the present study revealed improvement in sexual knowledge, anxiety, depressive and somatic symptoms.
2	(Asakura et al., 2012)	Psychopathology	Social anxiety/taijin-kyofu scale (SATS): Development and psychometric evaluation of a new instrument.	Japan	15 patients	The SATS had high internal consistency (Cronbach's $\alpha = 0.97$) and good interrater reliability (ICC = 0.88-0.93) and test-retest reliability (ICC = 0.94-0.99). The SATS total score correlated with the CGI-S scores ($r = 0.77$, $p < 0.0001$). Conclusion: The SATS appears to be a reliable and valid measure of the symptoms of TK.
3	(Bakhshani et al., 2013)	Asian Journal of Psychiatry	Djinnati syndrome: Symptoms and prevalence in rural population of	Iran	4129 Baluchistan (southeast Iran)	Prevalence of Djinnati syndrome was about 0.5% in the studied population and 1.03% in women. All patients

			Baluchistan (southeast of Iran)			who experienced episodic symptoms of Djinnati were female. In one case, speaking in a different language during the attack was reported. Attacks usually lasted from 30. min to 2. h.
4	(Bhatia et al., 2012)	Journal of Clinical and Diagnostic Research	Seminal retention syndrome with cybersex addiction: A case report.	India	1 male with symptoms of somatization disorder	A 24- years old, unmarried male who presented with the symptoms of a somatization disorder, which was attributed to seminal retention and who developed cybersex addiction has been described. He responded to the treatment with fluoxetine 20mg daily.
5	(Bowker et al., 2019)	Journal of Genetic Psychology	Severe Social Withdrawal: Cultural Variation in Past Hikikomori Experiences of University Students in Nigeria, Singapore, and the United States.,	Japan	Singapore (n =147), Nigeria (n =151), and the United States (n =301).	Approximately 1% of Japanese youths will suffer from an episode of hikikomori in their lifetimes Following tests of measurement invariance, comparisons showed that past experiences with hikikomori were related to elevated levels of current loneliness and depressive symptoms in each sample.

						Additional analyses also revealed evidence of cultural variation in both the prevalence and the psychosocial correlates associated with past experiences of hikikomori, which taken together, provide preliminary evidence that the culture-bound characterization of hikikomori may not be appropriate
6.	(Chakraborty & Sanyal, 2011)	Industrial Psychiatry Journal,	An outbreak of Koro among 19 workers in a jute mill in south Bengal.	India	2 case clusters	Two case clusters depict unique socioeconomic factors and interesting health-seeking behavior toward koro. The case cluster yet again confirms that koro is not as rare as it is thought of and social and economic factors continue to play an important role in the etiology of the disease.
7	(Che Ismail et al., 2010)	Asia-Pacific Psychiatry	Saka, an ancestral possession: Malaysia.	Malaysia	1 patient	While in a dissociative state, the patient introduced a 7 × 3-4 cm wooden stick precisely into his inferior rectus muscle, in an attempt to identify with a blind ancestor who showed his presence momentarily and specifically to the patient. The

						stick remained hidden to ophthalmologists for 17 days and during this period the patient developed right orbital cellulitis, bilateral cavernous sinus thrombosis and sepsis. The stick was identified after the family took the patient home for cultural healing rites to be performed. The patient's altered behavior resolved with the removal of the stick and he returned to his premorbid personality and functioning without psychotropic medication
8	(Chew et al., 2019)	Journal of Pacific Rim Psychology	Racism and the Pinkerton syndrome in Singapore: Effects of race on hiring decisions.	Singapore	171 (61% males) Singaporean Chinese undergraduates from a private university in Singapore.	The aim of the study was to examine racism and the Pinkerton syndrome in Singapore. Specifically, the study examined the effects of The results showed that while Chinese participants discriminated against Malay applicants (racism), they discriminated in favor of White applicants (the Pinkerton syndrome). The results provided a potential

						explanation to the economic disparities between Malays and the other races, and first experimental evidence for racism and the Pinkerton syndrome in Singapore.
9	(Dan et al., 2017)	Asian Journal of Psychiatry	Clinical course and treatment outcome of Koro: A follow up study from a Koro epidemic reported from West Bengal, India.,	India	64 West Bengal Hindu rural joint family. Among the whole sample 23% were female	There was a subtle difference in course and treatment outcome noted between the genders. A new modality of psycho-sexual intervention 'sex education in vivo' was applied on patients of Koro with favourable result.
10	(Das & Dutt, 2020)	Indian Journal of Social Psychiatry,	Dhat syndrome and its perceived impact on psychological well-being.	India	4 patients from hospitals in Kolkata, West Bengal	The analysis showed that the participants reported lower levels of psychological well-being based on the categories of Seligman's PERMA model and attributed it to the symptoms experienced by them. This article proposes the incorporation of integrative therapeutic interventions and advocacy of sex education to address the psychological well-being over the current symptom reduction interventions used.

11	(Grover et al., 2014)	Journal of Sexual Medicine	Comprehensive questionnaire for assessment of dhat syndrome: Development and use in patient population	India	54 patients and was also sent to eight subject experts for their opinion on the questionnaire	The questionnaire had good content validity and was useful for not only clinicians dealing with patients of Dhat syndrome but was also considered useful for the patients presenting with Dhat syndrome. Length to be adequate. The language of the questionnaire was rated from simple to very simple. Results of administration of the questionnaire on 54 patients of Dhat syndrome established that the questionnaire was helpful in providing a comprehensive clinical picture of Dhat syndrome.
12	(Grover et al., 2015)	Journal of Sexual Medicine	Comorbidity in Patients with Dhat Syndrome: A Nationwide Multicentric Study	India	780 male patients, aged more than 16 years, across 15 study centers.	(32.8%) of the cases had no comorbidity. 20.5% of the patients had comorbid depressive disorders and another 20.5% had comorbid neurotic, stress-related and somatoform disorders. Half (51.3%) of the study sample had comorbid sexual dysfunction. (22.6%) had comorbidity of both sexual

						dysfunction and depressive/anxiety disorders..
13	(Grover et al., 2016)	Indian Journal of Psychiatry	Do female patients with nonpathological vaginal discharge need the same evaluation as for Dhat syndrome in males?	India	A total of 26 female subjects with nonpathological vaginal discharge along with depressive and somatic complaints	with somatoform/dissociative disorder (57.7%) being the most common. The mean age of onset of vaginal discharge was 24.6 (standard deviation-7.0) years, noted every day or for 2-3 times per week by more than two-third of the participants. Two-fifth (61.5%) of the women described it as a milky discharge. The most common reason reported for passage of vaginal discharge was that of urinary infection or problems of urinary tract infections (42.3%) followed by vaginal infection/disease (34.6%). More than half (53.8%) of the subjects considered vaginal discharge to be responsible for weakness in the body, weakness in stamina and thinness of physique, while slightly more than two-third (69.2%) of them reported bodily weakness and sleep disturbances. to the passage of

						whitish vaginal discharge and are distressed due to the same The clinical picture is similar to Dhat syndrome in males.
14	(Hall et al., 2018)	Transcultural Psychiatry	Exploring the association between depression and shenjing shuairuo a population-representative epidemiological study of Chinese adults in Guangzhou, China.	China	751 Chinese adults	The overlap between Shenjing shuiruo and depressive-like syndrome
15	(Imai et al., 2020)	BMC Psychiatry	Withdrawal, "hikikomori," in a Secondary Care Setting: A One-Year Cohort Study	Japan	Participants (n = 304) were all patients (aged under 65) of a psychiatric clinic in a one-year period.	60 (19.7%), 81 (26.6%), and 163 (53.6%), respectively. The percentage of "current" Hikikomori who attended in person (56.7%) was significantly smaller than for "past" (92.6%) and "other"(92.6) (p <.001). The age distribution of "current"Hikikomori patients was bimodal, peaking at 20 and 40-45 years. The "current"state predicted significantly fewer regular visits (OR = 0.43; 95% CI = 0.22-0.83; p =.012); support from psychiatric social workers

						increased visits (OR = 2.35; 95% CI = 1.14-4.86; p = .021). Among the "current" Hikikomori patients, first visit attendance in person predicted regular attendance; no factor consistently predicted working/schooling status. functioning.
16	(Joe et al., 2017)	Psychiatry Investigation	Posttraumatic embitterment disorder and Hwa-byung in the general Korean population	Korea	290 participants completed our survey	1.7% of the sample fit the diagnostic criteria for PTED and 2.1% fit the criteria for Hwa-byung. Anger scores were significantly higher in the Hwa-byung group than in the non-diagnostic group.
17	(Kim et al., 2019)	International Journal for the Advancement of Counselling	Attitudes toward Women's Roles, Marital Satisfaction, and Hwa-Byung among Korean Married Couples	Korea	150 middle-aged Korean wives and husbands and	The egalitarian attitudes of husbands towards women's roles were predictive of both their own and their wives' marital satisfaction. This marital satisfaction, in turn, was linked to a reduction in Hwa-Byung symptoms.
18	(Kumar et al., 2014)	Asian Journal of Psychiatry	Epidemic of Koro in North East India: An observational cross-sectional study	India	70 patients	The majority of these patients experienced attacks, often in the evening and predominantly at home, with a higher prevalence observed among

						migrants and those of migrant lineage. Media played a significant role in disseminating information about this epidemic. The condition manifests as an acute anxiety state, is responsive to treatment, and generally carries a favorable prognosis.
19	(L. Lim & Wan, 2015)	Australasian Psychiatry	Jikoshu-kyofu in Singapore.	Singapore	2 individuals identified as JKF	Two instances of individuals identified as JKF who sought treatment at a hospital in Singapore are examined, with an analysis of their characteristics and a comparison of similarities and differences. Considering potential overlaps with other conditions, this discussion delves into the exploration of potential differential diagnoses. The cases involve women with relatively similar symptomatology; however, distinctions include the first case's younger age, presence of overvalued ideas (as opposed to delusions), an earlier onset, and a positive response to

						treatment. In contrast, the second case features delusions, a later onset, significant distress affecting work, and initial resistance to treatment, presenting a variant scenario.
20	(Manore et al., 2020)	Asian Journal of Psychiatry	Devaki Syndrome: A culture-bound psychological reaction in Indian Hindu women in response to repeated pregnancy loss?	India	100 patients of dhat syndrome	In the outpatient psychiatry department of a tertiary care general hospital in the western region, depression was identified in 38% of cases. Among those with Dhat-18, a decline in sexual functioning was reported, with 18 individuals experiencing premature ejaculation, 28 reporting erectile dysfunction, and 20 expressing concerns about a small penis size. A noteworthy proportion of patients exhibit symptoms of depression along with diminished sexual satisfaction and various sexual dysfunctions.
21	(Nath et al., 2015a)	Asian Journal of Psychiatry	Devaki syndrome: A culture-bound psychological reaction in Indian Hindu women	India	29-year-old Hindu lady and 32-year-	Expectant mothers who have experienced previous fetal loss through spontaneous abortions.

			in response to repeated pregnancy loss?		old Hindu female	
22	(Park et al., 2012a)	Trials,	Effect of oriental medicine music therapy on patients with Hwa-byung: A study protocol for a randomized controlled trial.		In total, 48 patients will be enrolled into the trial.	In the context of OMMT, individuals engage in active body movement while participating in musical activities. As Hwa-byung is believed to stem from the buildup of suppressed emotions and anger within the body, the active nature of OMMT suggests that it may be more effective than existing music therapies.
23	(Prakash et al., 2016)	Indian Journal of Psychiatry	A study on phenomenology of Dhat syndrome in men in a general medical setting.	India	100 patients	The patients with 'Dhat syndrome' could be categorized into three clusters based on severity..
24	(Prakash et al., 2018)	Asian Journal of Psychiatry	A qualitative study on psychopathology of dhat syndrome in men: Implications for classification of disorders.		5	Conducted were five Focus Group Discussions (FGD) and five Key Individual Interviews (KII) involving participants, including both patients and doctors, encompassing both allopathic and traditional practitioners. A thorough analysis yielded valuable

						insights into symptoms, causes, treatment methods, socio-cultural context, psychiatric co-morbidity, the nature of the disorder, and various other phenomenological dimensions. Additionally, exploration for ideas on future nosological positioning was undertaken. The operational definition and diagnostic guidelines were derived from the analysis and existing literature.
25	(Venkatalakshmi & Menon, 2017)	Iranian Journal of Psychiatry and Behavioral Sciences,	Debilitating itching: An unusual presentation of dhat syndrome following recovery from dermatitis artefacta	India	A young, single adult male, hailing from a rural area (Tamil Nadu, a state in South India)	While Dhat is characterized, there is no existing report of its discharge through skin lesions following recovery from dermatologic conditions. The individual was appropriately treated for dermatitis artefacta and exhibited satisfactory recovery. Despite the absence of underlying depression and anxiety, significant distress and dysfunction were noted. Effective management was achieved through a combination of

						psychoeducation and low-dose anxiolytics.
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Types of culture-bound syndromes in Asia Countries

As shown in Table 3, there were ten types of culture-bound syndromes in six countries in the 2010-2020 literature from the subscribed databases.

Table 3

Types of culture-bound syndrome in Asian countries

	Culture Bound Syndrome (Country)	Definition/Description verbatim from the article (Authors, page number)
1	Devaki (India)	The amalgamation of anxiety, depression, identification with the mythological figure Devaki, intense preoccupations with child Krishna, and the anticipation of bearing a male child, emerging subsequent to a series of unfortunate fetal losses, could potentially signify a unique phenomenon termed 'Devaki Syndrome.' This term, rooted in the Indian societal milieu, cultural characteristics, and Hindu religious lore, may serve as a specific idiom of distress among the Indian Hindu population (Nath et al., 2015, p.13).
2	Dhat (India)	<p>A culture-bound syndrome observed in the indigenous population of the Indian subcontinent, marked by excessive concern regarding the harmful consequences of semen loss (Abdul Salam et al., 2012, p.367).</p> <p>An Indian culture-bound syndrome, potentially reclassified as functional somatic syndromes (Balhara, 2011, p.210).</p> <p>In Asian countries, conditions involving the loss of semen, known as the 'Dhat syndrome,' are prevalent, presenting with both physical and psychological symptoms (Bhatia et al., 2012, p.879).</p> <p>A culture-bound syndrome originating in the Indian subcontinent, particularly among men, characterized by the apprehension of semen loss (Das & Dutt, 2020, p.136).</p> <p>Dhat syndrome is a culture-bound syndrome with its roots in South Asia, featuring a core belief in semen loss accompanied by symptoms such as general weakness, lack of energy and concentration, impaired sexual functions, and vague somatic troubles, often associated with an anxious or dysphoric mood state (Grover et al., 2014, p.2485).</p> <p>Originally identified in South Asia, the "India Dhat syndrome" could be categorized into three clusters based on severity (Prakash & Mandal, 2014).</p>
3	Djinnati (Iran)	The frequently reported symptoms included changes in consciousness and memory, muteness, laughter, crying,

		incomprehensible speech, and hallucinations, which have been ascribed to an external entity known as "Djinn." Moreover, a subgroup exhibited loss of speech or alterations in speech rhythm and tone of voice. During the attacks, partial amnesia, and on rare occasions, complete amnesia were observed. Instances of speaking in a different language during these episodes were also reported (Bakhshani et al., 2013).
4	Hikikomori (Japan)	Originating in Japan, Hikikomori is a severe form of social withdrawal exhibited by adolescents and young adults who retreat to their parents' homes, abstaining from work or school for extended periods, lasting months or even years (Bowker et al., 2019).
5	Hwa-byung (Korea)	Hwa-Byung is a distinct syndrome originating in Korea, characterized by a burning sensation and chest heaviness. Additional symptoms include insomnia, muscle pain, heart palpitations, weight loss, and blurred vision, culminating in depression. It is described as a mental health condition arising when individuals struggle to confront their anger due to perceived unfair conditions. Also known as the 'anger syndrome,' Hwa-byung is a culture-bound syndrome in Korean society, featuring psychological and somatic symptoms such as anxiety, overheating, chest pressure, heart palpitations, respiratory issues, and insomnia. The term "Hwa-Byung" translates to "anger illness" in Korean (Kim et al., 2019). Furthermore, it is identified as a culture-bound syndrome among older immigrant women of Korean heritage, stemming from prolonged suppressed anger (Choi & Yeom, 2011).
6	Jikoshu-kyofu (Japan)	A condition characterized by the fear of causing offense to others due to emitting unpleasant body odor was initially documented in Japan during the 1960s (Lim & Wan, 2015).
7	Koro (India)	<p>The emergence of Koro epidemics is attributed to the spread of panic following the manifestation of symptoms in one or more individuals within the same geographical area (Kumar et al., 2014).</p> <p>Koro, a culture-bound syndrome characterized by the belief in the retraction of genitals into the abdomen, was initially documented in Asian countries, typically exhibiting an acute and brief course (Chakraborty & Sanyal, 2011).</p> <p>Predominantly reported from Asian countries, Koro is identified as a culture-bound syndrome (Dan et al., 2017).</p> <p>It involves sudden and intense anxiety related to the belief that the male penis or the female vulva and nipples will retract into the body, leading to death (Megha et al., 2018).</p>

8	Pinkerton (Singapore)	Singaporean women may exhibit a preference for White men due to positive stereotypes associated with Whites, a phenomenon referred to as the Pinkerton syndrome. The term "Sarong Party Girls" is often used derogatorily to characterize these women. Broadly redefined, the Pinkerton syndrome reflects the tendency of Asians to harbor prejudices and discriminate in favor of Whites—an unusual form of racism perpetuated by the majority against themselves for a specific minority. This syndrome is likely influenced by two factors: colonial mentality and colorism (Chew et al., 2019, p.2).
9	Saka (Malaysia)	"Saka" is observed in the local communities of Kelantan and other states in Malaysia, representing a manifestation of spirit possession by a deceased ancestor who had previously served as a traditional healer or shaman (Che Ismail et al., 2010).
10	Shenjing shuairuo. (China)	Traditional understandings of mental illnesses persist in China, where concepts such as Shenjing shuairuo (i.e., neurasthenia), a syndrome with depressive characteristics less commonly embraced in Western psychiatric classifications, have long been accepted by the Chinese populace. The cultural emphasis on the harmony between the mind and body in China may contribute to the ease of acceptance of this concept, aligning with the principles of Traditional Chinese Medicine (Hall et al., 2018).

Prevalence of culture-bound syndromes

Prevalence statistics reported for five of the ten syndromes and four of the syndromes were studied for the interventions (Table 4). India has three types; Dhat, Koro and Devaki; Japan has two types, hikikomori and jikoshu-kyofu; China has Shenjing- shuairuo; Iran has Djinnati; Korea has Hwa-byung; Malaysia has Saka and Singapore has Pinkerton and hikimori.

Dhat has a reported prevalence in India of % (Grover et al., 2014), Djinnati was approximately 0.5% in the studied population (Bakhshani et al., 2013), and Hikikomori in Japan affects around 1% of Japanese youths (Bowker et al., 2019). Hwa-byung shows a prevalence rate of 4.95% among middle-aged women across seven metropolitan areas and six rural areas in South Korea. However, Hwa-Byung appears to have a higher prevalence rate among older women living in rural areas at 13.3% (Lee et al., 2014). The prevalence of depression and shenjing shuairuo were 5.3% and 15.4%, respectively (Hall et al., 2018).

Table 4

Statistics Reports and Intervention according to Countries

Country	Culture -Bound Syndrome	Report of Prevalence / Estimated Relevant statistics	Intervention/ Treatment/ Support
1.India	Devaki India	Case studies no prevalence report.	Validation and acceptance of the symptoms for psychological supports(Nath et al., 2015)
	Dhat India	A notable portion (32.8%) of the cases did not exhibit any comorbidity. Approximately one-fifth (20.5%) of the patients presented comorbid depressive disorders, and an additional one-fifth (20.5%) had comorbid neurotic, stress-related, and somatoform disorders. Half (51.3%) of the study sample showed comorbid sexual dysfunction out of 780 patients from multiple health centers (Grover et al., 2014).	Education on sexuality and relaxation exercises constitute the therapeutic approach. Sex education predominantly addresses the anatomy and physiology of sexual organs, emphasizing aspects such as masturbation, semen formation, nocturnal emissions, and the functioning of the genitourinary system, distinct from the gastrointestinal tract. Relaxation therapy incorporates Jacobson's progressive muscular relaxation technique (Grover et al., 2014).
	Koro (India)	Case studies no prevalence report.	No report of treatment
2.Iran	Djinnati	The prevalence of Djinnati syndrome was approximately 0.5% in the overall studied population and 1.03% among women in Baluchistan, located in the	No report of treatment

		southeast of Iran (Bakhshani et al., 2013).	
3.Japan	Hikikomori (Japan)	Around 1% of Japanese youths are projected to experience an episode of hikikomori in their lifetime (Bowker et al., 2019). The estimated number of hikikomori cases in Japan was approximately 563,000 in 2016 (Imai et al., 2020).	Visit of medical staff (Imai et al., 2020)
	Jikoshu-kyofu (Japan)	Case studies no prevalence report.	No report of treatment
4.Korea	Hwa-byung	* The mean prevalence rate of Hwa-Byung is 4.95% among middle-aged women in seven metropolitan areas and six rural areas in South Korea. Nonetheless, it seems to have a higher prevalence rate among older women residing in rural areas, reaching 13.3% (Lee et al., 2014).	*Historically, traditional medicine, acupuncture, and Western biomedicine have been conventional interventions employed to address specific physical symptoms, while psychotropic medications have been utilized to alleviate symptoms of depression or anxiety. An alternative approach, known as Oriental Medicine Music Therapy (OMMT), has also been introduced (Park et al., 2012b).
5.Singapore	Pinkerton	No report of prevalence	No report of treatment
6.Malaysia	Saka	Case study no prevalence report.	No report of treatment
7. China	Shenjing shuairuo	The prevalence of depression and shenjing shuairuo were 5.3% and 15.4%, respectively..(Hall et al., 2018)	No report of treatment

Intervention for Culture-bound syndrome

There were four interventions reported in the selected studies. First, validation and acceptance of the symptoms for psychological support for Devaki (Nath et al., 2015). Second, sex education and relaxation exercises for Dhat (Grover et al., 2014). Third, traditional medicine, and western biomedicine and an oriental medicine music therapy for Hwa-byung (Park et al., 2012). To assess the quality of the interventional study, PICOS framework was employed.

Discussion

Culture-bound syndromes and cultural concepts of distress

Counselors need to consider culture effects in the helping relationship with clients especially in case conceptualization especially in diagnosis of mental disorders. There is a list of Cultural Concepts of Distress (CCD), American Psychiatric Association (APA) in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5; 2013). CCD refers to ways that cultural groups experience, understand, and communicate suffering, behavioral problems, or troubling thoughts and emotions. (DSM-5 p. 758). However, out of ten culture-bound syndromes in Asia countries found in the current review, there were only three listed in CCD namely, Dhat, Shenjing shuairuo and Taijin kyofusho.

Culture bound syndrome in India

Dhat according to DSM-5 is not a syndrome, but rather a cultural explanation for patients' distress, including anxiety, exhaustion, weakness, weight loss, impotence, and various bodily issues, and depressed mood. The most distinguishing feature is anxiety and depression about the loss of dhat (white discharge or semen) in the absence of any physiological impairment (APA, 2013). Dhat affecting young people living in the Indian subcontinent, most often the people of Bangladesh, Nepal, and Pakistan. Syndrome describes psychological concerns where the body loses semen, through urine or unusual disposal. Symptoms include fatigue, difficulty concentrating, fatigue, loss of sexual dysfunction. Those who suffer from *Dhat* syndrome believe that they lose an important part of themselves. The sufferers believe that this is a physical complaint, but actually, they only need to get a psychiatric handler. Patients with syndrome can be divided into the following categories (1) *Dhat* alone presents with depressive, anxiety, or hypochondriacally symptoms and these are attributed solely to semen loss, (2) *Dhat* with comorbid depression and anxiety where *Dhat* was considered as accompanying the primary symptoms of mood or anxiety disorder, and (3) *Dhat* with comorbid sexual dysfunction. *Dhat* syndromes are mostly prevalent in young males, had little formal years of schooling and those who belong to the rural areas of the Indian subcontinent (Dhrubajyoti B. & Bikashita D, 2019).

Prevalence and treatment of Dhat

Dhat syndrome is emphasized as an entity seen in males; however, there is evidence regarding the existence of a similar entity in females and can be said as "*Dhat* syndrome of female". This shown by the study on reproductive-age females, 40% female complaint about vaginal discharge and 32% of these patients attribute their somatic symptoms to vaginal discharge (Sujita K, Siddhart S, 2015). Historically the ancient system of evolution of medicine in India was greatly influenced by Ayurveda. Semen or *dhatu* has been called the elixir of life known as *shukra* or *virya*. It represents the vitality and masculinity of men. Hence, semen has been explained to be concentrated on energy and thus, loss of semen is likened to loss of energy in the Indian context. Thought initially to be CBS restricted to the Indian subcontinent,

cases of *Dhat* have been reported from various countries across the globe. In China, known as *shen-k-uei* whereas in Sri Lanka is known as *shukra prameha*.

Another CBS found in India is *Devaki*. Devaki can be defined as depression and anxiety are observed in pregnant women with previous fetal loss due to spontaneous abortions. The studied by Kamal Nath & Arnab B. (2015) found that the first case is 29 years old Hindu lady presented to the psychiatry causality department because of four days history of excessive worrying, poor sleep, decreased food intake and pray more than usual at fifth-month pregnancy. From the Hamilton depression rating scale (HAM-D) and Hamilton anxiety rating scale (HAM-A) the rating reveals the moderate levels of depression and anxiety. Whereas the second case of 32 years old Hindu female was referred to an obstetrician with fear losing her baby. It was her tenth conception after nine previous loses. HAM-D and HAM-A ratings revealed mild levels of depression and anxiety. From the cultural perspectives, a woman assumes the special role of taking ahead of the family kinship/ ancestry by childbearing. In addition, among Hindus, certain religious rituals attach greater respect for mothers. Hence, besides the feminine identity, the purpose of fulfilling the expectation of the spouse, family and the community at large. This can cause a complex emotional, psychological, physical and behavioral response for those who fail to attain motherhood. According to Nath et al. (2015), validation and acceptance of the symptoms for psychological supports for Devaki is helpful for client's mental health.

Koro is another familiar CBS in Southeast Asia . The episode of sudden and intense anxiety that the penis (or in women, the vulva and nipples) will recede into the body and possibly cause death. The phenomenon is known among diverse ethics and religious groups typically in those cultures where reproductive ability is considered as a major determinant of a young person's worth (Dan Amitava & Mandal, 2016). Penile reduction is common in an anxious state. This can be a major panic attack and cause the penis to contract in extreme ways because the more anxious they are, the more the penis will constrict. Decreasing the penis causes anxiety, and the anxiety makes the penis constrict, and so on. Decreasing the penis as a protective reflex protects the penis from injury found in fleeing situations in animals. The new modality of psychosexual intervention 'sex education in vivo' was seemed to be effective in males to reduce their apprehension related to sexual incompetence and thus recovery from this illness. The social-cultural acceptability of this new modality of psychosocial treatment in this geographical area was also questionable, especially for females

Culture Syndrome in China

Shenjing shuairuo.

According to DSM-5, Shenjing shuairuo is a syndrome that includes three out of five nonhierarchical symptom clusters: weakness (e.g., mental tiredness), emotions (e.g., feeling vexed), excitement (e.g., enhanced recollections), nervous pain (e.g., headache), and sleep disturbances (e.g., insomnia). From the review of the journal articles, another CBS that commonly affected people in China is Shenjing shuairuo. The symptoms of these disorders are physical and mental fatigue, dizziness, headache, other pain, difficulty concentrating sleep disorders and weak memory/memory loss. Can gastrointestinal, dysfunction, sexual, sensitive and other symptoms lead to autonomic nervous disorders? Traditional mental illness concepts remain prevalent in China. Shenjing shuairuo (i.e., neurasthenia), a depressive-like syndrome less favored in Western psychiatric nosology, has a long tradition of acceptance among Chinese laypeople.

Prevalance and Treatment of Shenjing shuairuo

The Patient Health Questionnaire (PHQ-9) and the neurasthenia criteria from ICD-10 measured depression and shenjing shuairuo. The prevalence of depression and shenjing shuairuo was 5.3% and 15.4%, respectively. Participants with depression were nearly six times more likely to have shenjing shuairuo (Hall et al., 2018). Therefore, the importance of harmony between mind and body is consistent with the traditional medicine that believed can cure this illness is considered as the effective treatment.

Culture-bound syndromes in Japan

Taijin kyofusho

According to DSM-5, Taijin kyofusho is a cultural syndrome defined by anxiety and avoidance of interpersonal encounters due to the belief, feeling, or conviction that one's appearance and behaviors in social interactions are insufficient or objectionable to others. Iwata et al., (2011) reported Taijin kyofusho patients are preoccupied with the impacts of their symptoms and behavior on others. Major concerns about blushing, having an undesirable body odor, stiff or awkward facial expressions or physical movements or body deformities are some of the variations (APA, 2013). In the indigenous diagnostic classification system in Japan, taijin-kyofusho consists of four subtypes, i.e. sekimen-kyofu (phobia of blushing), shubo-kyofu (phobia of a formed face/body), jiko-shu-kyofu (phobia of one's own foul body odour), and jiko-shisen-kyofu (phobia of one's own glance). Their prevalence reports were neither in DSM nor in literature reviewed.

Hikikomori

Another familiar CBS among Japanese is Hikikomori syndrome, which is originally described in Japan as a psychosocial and cultural entity affecting adolescents. These younger people stop going to school or workplace and spend most of the time withdrawn into their homes for months or years. Hikikomori-like cases named under other nomenclatures such as "social withdrawal" or "housebound syndrome" have recently been reported in other countries of varying socio-cultural and economic backgrounds such as Hong Kong, Oman, US, Spain, and France (Soilem & Mrad, 2017). Those who are hikikomori usually withdraw from social life, isolate themselves in rooms which in some cases last for years. A hikikomori expert, Dr. Takahiro Kato (2018), had experienced this problem in his teenage years. Now he is working to prevent this "disease" from spreading and hitting the young generation of Japan. Dr. Kato, who studies hikikomori at Kyushu University, Fukuoka, said he had seen some of the most severe cases suffered by men in their 50s who had withdrawn from social life for 30 years. Kato continued, hikikomori sufferers, who refused contact with friends and even family, were often smart and highly skilled young people. Nowadays, Hikikomori are cases named under other nomenclatures such as "social withdrawal" or "housebound syndrome" that are recently found in other countries of varying socio-cultural and economic background like Hong Kong, Oman, US, Spain, and France. All these three CBS can be concluded from mainly caused by depressive symptoms.

Culture-bound syndromes in Korea

Hwa-Byung

Hwa-Byung is a unique syndrome originating from Korea. This syndrome is characterized by a burning sensation and a feeling of heaviness in a person's chest. Other symptoms seen are insomnia, muscle pain, heart palpitations, weight loss, and blurred vision, which ends with depression. This complaint is experienced by middle-aged women who often want to be angry but cannot express it. Psychologists indicate this complaint comes from a combination of

cultural and historical factors. Traditionally, Korea has suffered massive riots and political upheaval. According to Korean people's beliefs, anger is a fire. Maintaining deep fire means accumulating in the body, interfering with the natural state of balance and causing endless cycles of power and depression. According to a study by Jonghyun L. (2015), that examined the psychological ramifications of immigration experiences among Koreans in the United States using *hwa-byung* and depressive symptoms found various factors affecting the changes in depressive symptoms among Korean immigrants. Including gender, marital status, or employment status, the depressive symptoms of Korean immigrants are linked to their English proficiency, length of residency in the United States, and affiliations with their ethnic community. Furthermore, Jonghyun also stated that the major theoretical tenets frequently employed in the studies of immigrants are the acculturation, stress, and coping. The term acculturation can be referred to as the multiple, drastic, and permanent changes in lifestyles or behaviors that take place through reciprocal interactions between individual immigrants and the conditions of their new environment. The capability of adapting to the new environment can increase their psychological vulnerability. Another study found the association between post-traumatic embitterment disorder (PTED) and *hwa-byung* symptoms. The definition of embitterment is very similar to a core psychological concept of Korean, culture-bound syndrome *Hwa-byung*, also known as fire illness. "Hwa" in *Hwa-byung* means fire, and it symbolized a complex psychological reaction to a chronic, unsolved emotional stressor. In addition, *hwa-byung* is closely akin to PTED in two ways (1) *Hwa-byung* emerges from a negative life event, (2) individuals with *Hwa-byung* predominantly feel affronted, aggrieved, outraged, disgraced and helpless (Soo Hyun J, Jung S. L, 2017).

Djinnati, Saka and Jinn possession among Muslim countries

Djinnati is a culture-bound syndrome and a possession trance disorder found in Iran (Kianpoor & Rhoades, 2013). During the attack, the main symptoms of the disease include altered consciousness, muteness, laughing, crying, imprecise speech, and visual and aural hallucination, which have been attributed to a new persona known as "Djinn." Speech loss, changes in tempo and tone of voice, and, in one case, speaking in a different language were all reported by a group of people (Bakhshani et al., 2013).

Prevalance of Djinnati and Jinn possessions and treatment

Prevalence of Djinnati syndrome was about 0.5% in the studied population and 1.03% in women in Baluchistan, southeast of Iran (Bakhshani et al., 2013). For jinn possession, a semi-structured questionnaire was used to interview 49 (41.5%) of them. 21 (43%) were certain that jinn were to blame for their psychiatric symptoms, whereas 13 (27%) were skeptical, and 15 (31%) were undecided. 87.2% of participants claimed they'd had hallucinations at some point in their lives, 80.9% (n = 38) of Muslim interviewees believed in the evil eye, 63.8% (n = 30) believed in magic, and 78.7% (n = 37) believed in jinn. Furthermore, 57% of people (n = 27) said they'd had personal contact with one or more jinn in the past, compared to 23.4 percent (n = 11) who said they'd never had any (Lim et al., 2018). In addition, studies conducted 1088, 48% (n=530) who came for *ruqyah* (Islamic treatment with quranic verses) had reactions to it, suggesting that they were possessed by jinns, consisting 180 men (34%), and 350 women (66%) (Abdul Rahman et al, 2019).

Implication

Nowadays, the culture-bound syndromes have become borderless syndromes. They disperse to other cultures due to the effects of globalization and migrations. Thus, DSM-5 has changed

the term “culture-bound syndrome” to culture syndrome and culture concepts of distress. As a counselor, this knowledge is essential to help assure clients that the counselor does understand their feelings and situations they are experiencing. The knowledge also will lead to an understanding of other cultures that will display the multicultural dynamics as well as facilitate social interaction with one another.

Furthermore, an understanding of other cultures, especially in culture syndrome, will prevent negative expectations, cultural shocks, and misconceptions about other cultures. Learning about others’ cultures may open up vistas of knowledge and communication channels with clients coming from foreign backgrounds. It also teaches counselors and other mental health practitioners to appreciate diverse beliefs and perspectives on human problems and healing practices, especially in the non-Western cultures. Moreover, it is necessary in order to better connect with patients and hence encourage greater treatment compliance, faster recovery, lower relapse rates, and reduced treatment biases or premature termination of counseling sessions.

There is growing research evidence on the need and effectiveness of culturally adapted intervention (Marsiglia & Booth, 2015). Among Muslim populations, there is prevalence of belief in the existence of jinn; the unseen spiritual being is considered as one of fundamental creeds and Muslims. Therefore, Muslims are to always seek refuge from Allah for being afflicted by jinn and Satan, the unseen beings, to be integrated in the intervention for mental health problems (Razali et al., 2018). The prevalence of Muslims attributing their distress due to jinn are not to be disregarded and worth more scientific investigations (Lim et al., 2018). Psychometrically sound instruments to further understand the jinn possession (Hamidi Abdul Rahman, 2019), evil eyes (Rassool, 2018) and saka (Che Ismail et al., 2010) are needed in future studies.

Conclusion

Understanding about the culture syndromes can help the mental health professionals to evaluate their assumptions about the nature, diagnosis, and treatment of mental disorders. Studies show that most of the Asian countries have their own culture syndromes; nevertheless not all are listed in the DSM-5 under cultural concepts of distress. To conclude, the trend for culture-bound syndrome is leaning towards borderless society spreading throughout the globe and thus the recent term used is culture syndrome. More English literature for specific culture syndrome is needed to explain the cultural syndrome, and more interventional studies are needed so that more evidence -practice. Acceptance and validation of the symptoms seems to be promising practices in helping relationships.

Acknowledgement

This research received no specific grant from any funding agency in the public, commercial, or not for profit sectors.

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