

## Cultural Psychiatry

### EPP0400

#### The causes of negative countertransference in its cultural aspect among psychiatric residents in Tunisia

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**Introduction:** Negative countertransference in psychiatry refers to the therapist's unfavorable emotional reactions to the patient, such as anger and frustration, which can hinder the therapeutic relationship and the client's progress. This is why it is imperative to study the causes of this negative counter-transference, such as cultural causes, to ensure effective treatment, appropriate care and better comfort for psychiatry residents during their professional practice.

**Objectives:** To study the cultural causes of negative countertransference among psychiatric residents in Tunisia and their coping behavior.

**Methods:** This cross-sectional study was carried out among Tunisian residents working in psychiatric departments, using a questionnaire deployed via Google Forms.

**Results:** The study involved 26 residents with 23 females. The average age was 27.57 years with extremes ranging from 26 to 32. The participants were family doctors practicing in psychiatric wards (26.9%), first year psychiatry residents (15.4%), second year psychiatry residents (23.1%), third year psychiatry residents (19.2%), fourth year psychiatry residents (11.5%) and child psychiatry residents (3.8%). The majority of residents admitted having had a negative transference towards a patient (88.5%). The level of frustration felt by residents during this counter-transference on a scale of 100 varied from 1 to 100 with an average of 61.9. Substance abuse was the primary cause in 52.17% of cases. The second cause was the patient's ideology, with a percentage equal to 43.47%. The same percentage of 17.39% was for traditions, socio-economic level and membership of a particular political group. In 82.6% of cases, residents tried to analyze this counter-transference and 65.2% of them managed to deal with their frustration. The feeling of guilt was experienced by 56.52% of practitioners and the same number of residents tried to avoid the patient. Among the participants, 43.47% discussed this difficulty with their supervising physician and only 4 residents asked to change patients.

**Conclusions:** In conclusion, our study identified the cultural causes of negative countertransference in Tunisian psychiatry residents, including substance abuse, ideology, traditions, socio-economic level and politics. Understanding these causes is essential to resident training but also to the delivery of quality care in psychiatry. By integrating this knowledge into training, we can help residents recognize and manage negative countertransference, in order to improve the quality of care they provide to their patients.

**Disclosure of Interest:** None Declared

### EPP0401

#### Unveiling Koro's diverse conceptualizations across cultures

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**Introduction:** Koro, also known in Cantonese as *Shook Yang*, which literally translates to “shrinking penis”, has its roots in a cultural belief that a mythological figure would steal the penis of his victims. Predominantly reported in Southeast Asia, it involves an acute fear of genital retraction, often accompanied by the belief that this retraction may lead to death. Over the last two centuries, Koro has undergone several attempts to establish its definition and classification, without a true consensus having been reached.

**Objectives:** This study aims to explore the cultural nuances surrounding Koro and reflect on the various conceptualizations that modulated its definition and nosological classification, from Ancient China until the present.

**Methods:** A non-systematic literature review with the keywords “koro” and “culture” was conducted.

**Results:** Koro was only introduced to the Western world during colonial expansion, drawing the attention of several psychiatrists who, in Asian territory, reported numerous cases in natives, making the very first attempts at a nosological classification, whether as an anxiety neurosis, or as an obsessive-compulsive disorder. The literature reveals significant cultural variations in the manifestation of Koro, challenging the traditional psychiatric understanding rooted in Western diagnostic categories. Cultural factors, including societal beliefs, religious practices, and regional variations, emerged as influential contributors to the prevalence and presentation of Koro. Additionally, the study identified instances of Koro evolving in response to cultural shifts and globalization, emphasizing the dynamic nature of this syndrome.

**Conclusions:** This review underscores the need for a comprehensive understanding of Koro that acknowledges its diverse conceptualizations across cultures. Its occurrence, not only in multiple parts of the world, but also in close relation with various comorbidities, has contributed to the dissolution of its primary identity as a culture-bound syndrome, turning Koro into a moving target.

**Disclosure of Interest:** None Declared

### EPP0403

#### Pregnancy, postpartum and breastfeeding: beliefs about women's sexuality during this period

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**Introduction:** Pregnancy, postpartum and breastfeeding is a very challenging period in the women's life. Many shared false beliefs and perceptions about this period can influence a pregnant woman's sexual life and couple.

**Objectives:** to explore sexual satisfaction, misconceptions and beliefs about sexuality during pregnancy and postpartum in women.

**Methods:** It was a cross-sectional study established over a period of 3 months from the June 1<sup>st</sup>, 2023 to August 31, 2023. This study focused on a population of pregnant postpartum and breastfeeding women recruited from outpatient consultations and inpatient of the obstetric gynecology department at the university hospital of Gabes, Tunisia. We used a pre-established sheet exploring socio-demographic data, medical and gynecological history, informations concerning the marital relationship and the woman's sexual activity and eight questions (yes or no / choosing an option) to explore the beliefs and perceptions about sexuality during pregnancy and postpartum. We administered the validated Arabic version of the Arizona Sexual Experiences Scale (ASEX) to assess sexual functioning.

**Results:** Fifty-eight women were included. The average age was 35.6±5.5 years, they had a university level in 40% and they were unemployed in 74.2%. They were from an urban origin in 75%. They were pregnant in the first, second and third trimester in (15.6%, 15.6% and 25% respectively). They were in postpartum in 43.8% of cases with a cesarean delivery in 73.3% and breastfeeding in 56%. All women reported being on good terms with their spouses and satisfied with their sexuality. The usual frequency of sexual relations (SR) was (1/day: 22.6%, 1/week: 74.2%, 1/month: 3.2%). Only 3.4% masturbated and 5.17% had sexual fantasies. Among women, 55.1% believed that RS is not allowed in the first trimester, and 67.8% believed that it can harm the baby. Only 25% of women believed that RS is permitted throughout pregnancy. 58.1% believed that RS in the third trimester could induce early delivery, and 30% believed that it could harm the baby. They all believed that post-partum SR is only authorized after 40 days. Among the sample 22.6% believed that SR is not allowed during breastfeeding, and that it can harm the baby in 13% of cases. The mean ASEX score was 13 ± 4.3 and 47% had sexual dysfunction. Regarding the frequency of SR, 25% reported wanting to reduce the frequency, 3.4% wanting to increase the frequency and 71.6% were neutral.

**Conclusions:** A better understanding of the misconceptions and beliefs about sexuality during pregnancy and the post-partum period is needed to reduce restriction imposed on sexual activity during a normal pregnancy and to enhance marital harmony and the sexual life of the couple.

**Disclosure of Interest:** None Declared

## EPP0406

### Risks of mental health of foreign medical residents who study in Ukraine

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**Introduction:** The high level of psycho-emotional stress today significantly increases the moral burden on the mental health of

medical workers. One of the most vulnerable groups of medical specialists in Ukraine are foreign resident doctors. Since in Ukraine this contingent of doctors is faced with extraordinary problems of high psycho-emotional stress, such as COVID-19 around the world and the Russian war against Ukraine. Raising the issue of resident doctors, the main issue becomes not only their professional identity, but also the formation of the necessary stress resistance in different conditions of professional activity.

**Objectives:** To study the level of tolerance to stress and uncertainty among foreign resident doctors in unusual conditions of performing professional duties.

**Methods:** The examination included the use of clinical-psychological, psychodiagnostic and psychometric research methods.

**Results:** As of the beginning of 2020, 395 foreigners were studying. During the first phase of the pandemic, 118 foreigners left Ukraine. By the beginning of 2022 (before the full-scale war), 302 medical residents were trained. As of the beginning of 2023, 167 doctors are studying, of which only 61 people are on the territory of Ukraine. The primary analysis of the clinical-psychological study showed that the most common complaints among foreign resident doctors are: increased levels of feelings of tension (in 75.4%), decreased motivation for activity (73.2%), anxious (72.7%) and depressive symptoms (69.3%), frequent headaches (68.6%), constant feelings of irritation (65.4%), manifestations of aggression in relation to colleagues (63.9%) and patients (61.4%), a feeling of fear for the future (60.1%), conflicts in the family (59.5%).

The study of factors that influence the increase in the level of stress among foreign resident doctors were sorted according to the principle of ordinary and extraordinary. Ordinary stress factors include: the nature of the specialty, the conditions of professional activity, a foreign country, relationships in the team. Extraordinary factors include new working conditions (professional challenges of COVID-19, war on the territory of Ukraine), increased risks of responsibility for the patient's life (search for a treatment solution against the background of COVID-19), nature of assistance (providing assistance due to combat injuries).

**Conclusions:** At the end of the study, a comprehensive program will be created for the early detection of signs of adaptation disorder, which will be aimed at reducing emotional distress, tension in the learning process, support in the first years of training for medical residents.

**Disclosure of Interest:** None Declared

## EPP0407

### Developing a support intervention for family members of people treated under the Mental Health Act

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**Introduction:** In England, a national Mental Health Act (MHA) review was carried out, providing recommendation for policy and practice changes. One of these recommendations was to provide support to family members (FMs) of patients who have been involuntarily hospitalised. In response to this review, the National