

Cultural Psychiatry

EPP0400

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

D. Mezri*, S. Walha, S. Hamzaoui, K. Mahfoudh, A. Ouertani, U. Ouali, A. Aissa and R. Jomli

Avicenne, Razi hospital, Manouba, Tunisia

*Corresponding author.

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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.

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EPP0401

Unveiling Koro's diverse conceptualizations across cultures

D. Seabra^{1*}, I. Lopes¹, J. Moura¹, J. Leal¹, T. Rocha¹, J. Cunha¹, S. Torres¹, D. Santos¹, G. Santos¹ and N. Ramalho¹

¹Psychiatry and Mental Health, Centro Hospitalar Barreiro Montijo, Barreiro, Portugal

*Corresponding author.

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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.

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EPP0403

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

S. Bader^{1*}, Z. zran¹, M. aloulou¹, A. Abdelmoula², A. Bouaziz¹ and W. abbes¹

¹Psychiatry and ²obstetric gynecology, University Hospital of Gabes, Gabes, Tunisia

*Corresponding author.

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