

Symposium | Medical Anthropology : [Symposium 101] Interplay of Culture and Religion in Skin and Mental Conditions

📅 Sun. Sep 28, 2025 2:50 PM - 4:20 PM JST | Sun. Sep 28, 2025 5:50 AM - 7:20 AM UTC 🏢 Session Room 2 (Main Hall B)

[Symposium 101] Interplay of Culture and Religion in Skin and Mental Conditions

Moderator: Antonio Sison (University of the Philippines Philippine General Hospital)

[SY-101]

Interplay of Culture and Religion in Skin and Mental Conditions

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[SY-101-01]

Quality of Life and Body Image in Skin Diseases

*Yuko Higaki¹ (1. Wakamatsucho Mental and Skin Clinic (Japan))

[SY-101-02]

Cultural aspects of borderline personality disorder and ADHD

*Nader PERROUD¹ (1. University of Geneva and University Hospitals of Geneva (Switzerland))

[SY-101-03]

The interplay of schizophrenia and religion

*Philippe Huguelet¹ (1. Geneva University Hospitals (Switzerland))

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Keywords : Culture、 Religion、 Skin、 Mental Conditions

The dynamics of Culture and Religion on Skin and Mental Conditions is beginning to be more attention in literature.

The Objective of the Symposium is to explore the various interconnection between Culture and Religion in Skin and Mental Conditions

From Japan there is a presentation on the Quality of Life and Body Image among Patients with Skin diseases. From Switzerland are two presentations: one on the Cultural Aspects of persons with Borderline Personality Disorder and Attention Deficit Hyperactivity Disorder (ADHD) and the other lecture will be on the Interplay of Religion on psychiatric symptomatology among patients diagnosed with Schizophrenia.

From the Democratic Republic of Congo will be a presentation on the Magical Attributions of persons diagnosed with Albinism and its impact on the patient's risk for violence.

In understanding the cultural and religious milieu of the patient the clinician will be better equipped to understand and support the patient with dermatological and psychiatric conditions.

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[SY-101-01] Quality of Life and Body Image in Skin Diseases

*Yuko Higaki¹ (1. Wakamatsucho Mental and Skin Clinic (Japan))

Keywords : Psychodermatology、 Quality of Life、 Body Image

The skin, as an interface with the external environment, is influenced by factors like cosmetics, UV rays, and physical behaviors. Visible skin lesions impact patients' body image and social lives, serving as significant negative contributors to their quality of life (QOL).

QOL is measured using tools such as the Dermatology Life Quality Index (DLQI), Skindex, and Psoriasis Disability Index (PDI). Cross-sectional studies with these tools have revealed the substantial burden of dermatological diseases on patients.

Recently, a research group, including the presenter, conducted a qualitative study examining the burden of psoriasis with visible lesions. The study highlighted difficulties in social activities and major life decisions, deeply affecting patients' lives. Based on these findings, the team plans to develop a new QOL tool for quantitative research.

Skin conditions also affect the QOL of patients' families. Though the Family Dermatology Life Quality Index (FDLQI) is available in Japanese, research in this area is limited but expected to advance.

Body image evaluations using the Japanese Cutaneous Body Image Scale (CBIS) showed consistently low scores among female patients with various skin diseases. Notable declines were found in atopic dermatitis, seborrheic dermatitis, and diffuse alopecia. Among atopic dermatitis patients, female scores were lower than male, correlating with emotional impacts on QOL.

Evaluating QOL is essential in both cross-sectional research and intervention outcomes like drug therapies. Using simple questionnaires in routine practice helps healthcare providers understand patient concerns, fostering stronger trust in doctor-patient relationships.

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[SY-101-02] Cultural aspects of borderline personality disorder and ADHD

*Nader PERROUD¹ (1. University of Geneva and University Hospitals of Geneva (Switzerland))

Keywords : Borderline personality disorder、ADHD、culture

We will explore how cultural context shapes the presentation, interpretation, and management of Borderline Personality Disorder (BPD) and Attention-Deficit/Hyperactivity Disorder (ADHD). Drawing from clinical practice in a multicultural urban setting, we highlight how core symptoms—such as impulsivity, emotional dysregulation, and inattention—are perceived differently across cultures. In some contexts, BPD traits may be normalized or pathologized based on relational norms, while ADHD behaviors are often attributed to upbringing rather than neurodevelopmental factors. These cultural interpretations can lead to misdiagnosis, affect therapeutic engagement, and contribute to disparities in access to care. We will underscore the importance of cultural competence in psychiatric evaluation and suggest that a transcultural framework can enhance diagnostic accuracy and patient-centered care. By integrating cultural identity, migration history, and social norms into the clinical process, mental health practitioners can better support diverse populations with BPD and ADHD.

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[SY-101-03] The interplay of schizophrenia and religion

*Philippe Huguelet¹ (1. Geneva University Hospitals (Switzerland))

Keywords : Schizophrenia、 Religion、 Delusion、 Meaning making

Religion influences the clinical presentation and course of schizophrenia in relation to at least two aspects : 1) religious delusions and 2) the explanation that patients have for their disorder (i.e., meaning making).

1) Delusions with religious content have been associated with a poorer prognosis in schizophrenia. Nevertheless, positive religious coping is common in this population and is linked to better outcomes. In our research, patients with religious delusions did not present with more severe clinical symptoms compared to other deluded patients, but they were less likely to adhere to psychiatric treatment. The main delusional themes included persecution (by malevolent spiritual entities), influence (being controlled by spiritual entities), and self-significance (delusions of sin/guilt or grandiose delusions). Using qualitative methods, we identified three major themes in religious delusions: "spiritual identity," "meaning of illness," and "spiritual figures."

2) The concept of meaning-making reflects the human tendency to search for explanations when facing stressful events (e.g., experiencing psychosis or the COVID-19 pandemic). Research has shown that meaning-making can influence resilience. It often includes a religious component (e.g., interpreting a mental disorder as punishment or a test from God). We recently studied two populations of psychiatric outpatients—in Geneva, Switzerland, and in an ultra-Orthodox community in Israel—within the context of COVID-19. We assessed religious coping, meaning in life, and religiosity. The Israeli ultra-Orthodox Jewish patients were significantly more religious than the Swiss participants. Divine explanations were common in both groups, yet they did not hinder acceptance of medical treatment—particularly among the ultra-Orthodox patients.

In treating patients with schizophrenia, clinicians should assess the role of religion, which may sometimes involve stigma, by considering how delusions and meaning-making interact with patients' clinical and cultural contexts.