

Poster

 Fri. Sep 26, 2025 2:00 PM - 3:10 PM JST | Fri. Sep 26, 2025 5:00 AM - 6:10 AM UTC  Poster Session (Foyer 1)

Poster 11

[P-11-01]

Case Report: Obsessive Compulsive Disorder Presenting as Spiritual Possession in a Southeast Asian Context

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[P-11-02]

Cultural discontinuity, cultural resilience, and mental health in the era of Large Language Models: Civilizational disruption and reconstruction in the context of technological revolution

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[P-11-03]

Spirit Possession in Psychiatric Perspective, a case study in Indonesia

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[P-11-04]

“Between Demon and *Espíritu*: Transcultural Psychiatry in a Purépecha Woman with Severe Mood Disorder, Psychosis, and Catatonia”

*Diana Mireles Ortega¹, *Claudia Alejandra Igual¹, Nicholas Soto Hernández¹, Christian Rosales-Michel¹, Aura Garcia-Aguilar¹, Sergio Armando Covarrubias-Castillo¹, Jose Manuel Hernandez Salas, Humberto Arizpe Mejía¹ (1. Hospital Civil de Guadalajara "Fray Antonio Alcalde" (Mexico))

[P-11-05]

Comparison between psychiatric morbidity in SARS survivors and COVID-19 survivors at 30 months post-outbreak in Hong Kong

*Mei Cheung Wong¹ (1. Dept of Psychiatry, United Christian Hospital, Hong Kong (Hong Kong))

[P-11-06]

TRI HITA KARANA CONCEPT AS A FRAMEWORK FOR SUBSTANCE USE DISORDER TREATMENT TARGETING FOREIGN TRAVELLERS IN BALI

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[P-11-07]

Investigating Neurophysiological Correlates of Depression in Children with ADHD: A qEEG Study

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Poster

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[P-11-01] Case Report: Obsessive Compulsive Disorder Presenting as Spiritual Possession in a Southeast Asian Context

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Keywords : culture bound syndrome、 obsessive compulsive disorder、 cultural psychiatry

Culture affects how patients perceive and report discomfort, and the way in which clinicians interpret symptoms in terms of psychiatric diagnoses. Numerous culture-bound syndromes in Asia reflect the interaction of diverse cultural beliefs with mental illness, typified by the Eastern emphasis on the mind and body connection (in *dhat*), spiritual and ancestral worlds (in *hsieh-ping*), somatisation and emotional suppression (in *shenjing shuairuo*) and interdependence (in *taijin-kyofusho*). As religion is a way of explaining the unknown, of making meaning of experience and of healing, it is turned to as an avenue for mental health help in Asia. Some sects of Taoism, an East Asian religion, involve the idea of spirit possession where a medium's body is taken over by a deity, spirit, or ancestor, who then speaks through the medium. We report a case of a Singaporean male, who subscribed to Taoism, and who presented with various somatic complaints whom he attributed to ancestral spirits. His fixation on his bodily complaints, in the context of 'spiritual possession', engendered anxiety which then led to the manifestation of obsessive-compulsive symptoms with a compulsion to tap parts of his body to 'satisfy the [possessing] spirit'. This case highlights the need for the application of a culturally sensitive lens to the diagnosis of psychiatric illnesses given the ill-defined borders of cultural beliefs with psychotic beliefs.

Poster

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Poster 11

[P-11-02] Cultural discontinuity, cultural resilience, and mental health in the era of Large Language Models: Civilizational disruption and reconstruction in the context of technological revolution

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Keywords : Cultural discontinuity、cultural resilience、Large Language Models

In the past five years, large language model (LLM) technologies, represented by GPT-4 and DeepSeek, have developed rapidly and reshaped the underlying logic of knowledge production and dissemination. According to statistics, the global market size of AI-generated content is expected to exceed 100 billion US dollars in 2025. While this technological revolution has improved efficiency, it has also triggered deep-seated cultural discontinuity and mental health crises. Cultural discontinuity is not only manifested in the dissolution of marginal cultures and the homogenization of languages, but also exacerbated psychological changes in the population through mechanisms such as algorithmic recommendations, collaborative filtering, and digital identity recognition. For example, algorithmic recommendations and collaborative filtering can create echo chambers that reinforce existing biases and limit exposure to diverse cultural perspectives. Digital identity recognition mechanisms, which use AI to verify and authenticate individuals in digital environments, can also contribute to psychological changes by shaping how people perceive themselves and others online. This paper, from the perspective of the intersection of technology and humanities, systematically analyzes the manifestations of cultural discontinuity, the impact on mental health, and the response pathways in the era of LLM, attempting to provide theoretical support for building cultural resilience in the technological age.

Poster

Fri. Sep 26, 2025 2:00 PM - 3:10 PM JST | Fri. Sep 26, 2025 5:00 AM - 6:10 AM UTC  Poster Session (Foyer 1)**Poster 11****[P-11-03] Spirit Possession in Psychiatric Perspective, a case study in Indonesia**

*Syarifah Aini¹, Bintang Arroyantri Prananjaya¹, Gilang Perkasa Dokman², Puji Rizky Suryani¹, Diyaz Syauki Ikhsan¹, Suksmi Yitnamurti², Abdullah Sahab¹ (1. Department of Psychiatry, Faculty of Medicine, Universitas Sriwijaya, Palembang (Indonesia), 2. Department of Psychiatry, Faculty of Medicine, Universitas Airlangga, Surabaya (Indonesia))

Keywords : spirit possession, possession trance disorder, dissociative, cultural psychiatry

Background: Spirit possession goes back as far as history goes. It is related to spiritual, religious and cultural beliefs. Though has been classified as a mental disorder, the majority cases are not reported and or brought to health institutions^{1,2}.

Case Study: Female, 28 yo, moslem, single, post-graduated, with a history of dysthymia and sexual abuse since adulthood, complained of excessive anxiety and worry since 3 months ago. The complaint worsened after she was consulted to a spiritual guru whom performed rituals remotely. She had forced sexual experiences by a genie, to the point of orgasm, every night after being consulted. She felt disturbed and worry, because rationally that such experiences were not possible.

Discussion: Spirit Possession or Possession Trance Disorder (PTD) is a single or episodic change in consciousness described as an experience of being controlled, accompanied by the disturbance of identity related to certain magical powers. Possession can be occurred when it was allowed, usually by a god or spirit that is worshiped, but can also without consent¹. PTD is classified into the dissociative disorder, subcategory of trance and possession disorders, as a condition of temporary loss of consciousness and or identity². In the case above, the helplessness towards the guru's power followed by the consciousness changes that patient denies logically but her instilled values made she believe irrationally. Based on patient's religious perspective, one of the models used to understand an illness is possession by a genie. Although Quran state that genie and their of existence are to worship Allah, there also the bad ones that cause illness^{3,4}. Because her negative expressions about past abusive experience towards her parents are not allowed, dissociation and repression considered more acceptable⁵.

Conclusion: Aside from psychiatric assessment, religious and cultural belief are also needed to understand the spirit possession.

Poster

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[P-11-04] “Between Demon and *Espíritu*: Transcultural Psychiatry in a Purépecha Woman with Severe Mood Disorder, Psychosis, and Catatonia”

*Diana Mireles Ortega¹, *Claudia Alejandra Igual¹, Nicholas Soto Hernández¹, Christian Rosales-Michel¹, Aura Garcia-Aguilar¹, Sergio Armando Covarrubias-Castillo¹, Jose Manuel Hernandez Salas, Humberto Arizpe Mejía¹ (1. Hospital Civil de Guadalajara "Fray Antonio Alcalde" (Mexico))

Keywords : Transcultural psychiatry、Culturally sensitive care、Indigenous mental health、Purépecha culture、Spiritual beliefs

The Purépecha people of Michoacán, Mexico, conceptualize health as a balance between body, mind, and spirit. Illness arises when this harmony is disrupted by spiritual or emotional forces. Traditional healers (chiricahuas or uacúsechas) restore balance through rituals, prayers, and herbal interventions. We present the case of a 62-year-old Purépecha woman from a rural community in Michoacán with psychotic depression marked by severe self-harm, nihilistic delusions (“I am pure spirit”), command hallucinations, and catatonia. She attributed her symptoms to malevolent entities and spiritual disturbances, consistent with traditional beliefs. A culturally sensitive, multimodal approach integrated Western psychiatry and Purépecha healing practices. Language support through bilingual staff and interpreters was essential to build trust and improve adherence. Research shows that culturally competent, language-concordant care improves outcomes in Indigenous populations. Treatment combined pharmacotherapy with respect for the patient’s worldview, allowing the participation of traditional healers and rituals. Over several months, she demonstrated partial improvement: depressive symptoms and nihilistic delusions diminished, although distressing hallucinations and motivational deficits persisted. This case highlights how Purépecha cultural perspectives—emphasizing spiritual imbalance, community support, and rituals—are crucial to understanding and addressing mental illness. Persistent challenges included distrust in biomedical systems, treatment abandonment, and language barriers. Implementing culturally responsive care models, such as outreach teams staffed by Purépecha-speaking clinicians and inclusive healthcare spaces, can enhance engagement and continuity. A transcultural approach that acknowledges spiritual beliefs and incorporates ritual practices strengthens therapeutic alliances, improves treatment adherence, and may prevent relapse. Integrating biomedical and traditional care exemplifies the congress theme, “Where the Pacific Rim Meets the World,” by bridging ancestral traditions and modern psychiatry to promote holistic healing among Indigenous populations.

Poster

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[P-11-05] Comparison between psychiatric morbidity in SARS survivors and COVID-19 survivors at 30 months post-outbreak in Hong Kong

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Keywords : COVID-19、Psychiatric comorbidities、Long-term follow up、SARS

Background: Severe acute respiratory syndrome (SARS) and COVID-19 are both highly infectious diseases that cause severe respiratory illness. This study aimed to compare survivors of SARS and COVID-19 and identify factors associated with long-term psychiatric comorbidities.

Methods: This was a retrospective cohort study of adult Chinese survivors of SARS and COVID-19 who had been admitted to the United Christian Hospital, Hong Kong. In total, 90 SARS survivors and 60 COVID-19 survivors agreed to participate, and their data at 30 months post-infection were retrieved.

Results: Compared with SARS survivors, COVID-19 survivors had a lower prevalence of psychiatric disorder at 30 months post-infection (6.7% vs 33.3%, $p < 0.001$). The COVID-19 subjects perceived SARS to be more severe than COVID-19. Higher levels of anxiety and depression were independently associated with greater perceived functional impairment, higher average pain intensity level in the past month, and less use of rational problem solving in COVID-19 subjects.

Conclusion: Experience of SARS might be a protective factor to combat COVID-19 in the Hong Kong population. Potential treatment strategies include optimisation of pain management, physical rehabilitation, and enhancing effective coping strategies.

Poster

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*Savitri Yuanita¹, Cokorda Bagus Jaya Lesmana¹, Luh Nyoman Alit Aryani¹, Hari Nugroho² (1.

Department of Psychiatry University of Udayana (Indonesia), 2. Humphrey Fellowship Program in Substance Abuse Education, Prevention, and Treatment at Virginia Commonwealth University (United States of America))

Keywords : Tri Hita Karana、 Substance use Disorder、 Foreign Travellers

Background: Bali's resurgence as a global tourism hub coincides with a growing need for specialized substance use disorder (SUD) treatment for foreign travellers, particularly those seeking a spiritual and cultural approach. Tri Hita Karana is a Balinese philosophy that emphasizes maintaining balance in the relationships between humans, God, and nature, to attain harmony and well-being. It may provide a foundation for a holistic approach that integrates spiritual, social, and ecological dimensions into SUD treatment. **Objectives:** This review presents a potential framework for integrating the Tri Hita Karana concept into SUD treatment models for foreign travellers in Bali, with a focus on cultural relevance, therapeutic approaches, and their contributions to holistic recovery. **Methods:** A narrative review approach was employed to identify relevant literature on culture-based SUD treatment, the Tri Hita Karana concept, and SUD treatment practices within the context of tourism and Balinese communities. Scholarly articles, books, institutional reports, and local cultural documents serve as data resources. **Results:** The three dimensions of Tri Hita Karana hold significant potential for integration into treatment components: (1) *Parahyangan* through spiritual therapy and meditation, (2) *Pawongan* through the development of cross-cultural supportive communities, and (3) *Palemahan* through nature-based therapy. This integration might enhance the psychological, social, and spiritual aspects of the patient, thereby improving the effectiveness and sustainability of the recovery process. **Discussion:** The integration of Tri Hita Karana concept into SUD treatment for foreign travellers in Bali offers a contextually relevant and culturally meaningful alternative approach and offers an opportunity to develop an integrative SUD treatment service model that contributes to sustainable tourism and advances public health. Potential challenges, such as intercultural barriers, might be overcome through cross-sectoral collaboration. Further qualitative and quantitative studies are needed to develop an evidence-based model of this treatment approach.

Poster

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*Yeonjung Lee¹ (1. Soonchunhyang university, Seoul hospital (Korea))

Keywords : Attention-deficit/hyperactivity disorder、Depression、Electroencephalography、Child、Adolescent

Although depression is a common comorbidity in children with attention-deficit/hyperactivity disorder (ADHD), its neurophysiological relationship according to each symptom has rarely been explored. This study aimed to inform clinical practice by exploring the neurophysiological underpinnings of depression comorbidity in ADHD. We conducted a cross-sectional study on 87 children with ADHD (68 males) aged 5 to 18 at a child and adolescent psychiatric clinic. Resting quantitative electroencephalography (qEEG) recordings were collected with eyes closed. We used various questionnaires to evaluate ADHD symptoms, depression levels, and anxiety. Pearson correlation coefficients were used to investigate the relationship between the z-score relative spectral power of qEEG and each psychological symptom. Data were analyzed using IBM SPSS 27.0 (SPSS Inc., Chicago, IL, USA). The study's findings indicated that theta activity at the Fz (frontal), Cz (central), and Pz (parietal) locations had a negative correlation with the severity of ADHD symptoms in children diagnosed with ADHD. In contrast, alpha activity in these same regions demonstrated a positive correlation with symptom severity. Additionally, delta activity in the regions was negatively correlated with depression severity. These findings suggest that alpha and theta activity might serve as a reliable neurophysiological marker of ADHD symptom severity, while delta activity might function as a reliable biological marker of depression severity in children with ADHD. However, further research is needed to generalize the results of this study.