

“It’s not a sin” Exploring the cultural shades of therapy

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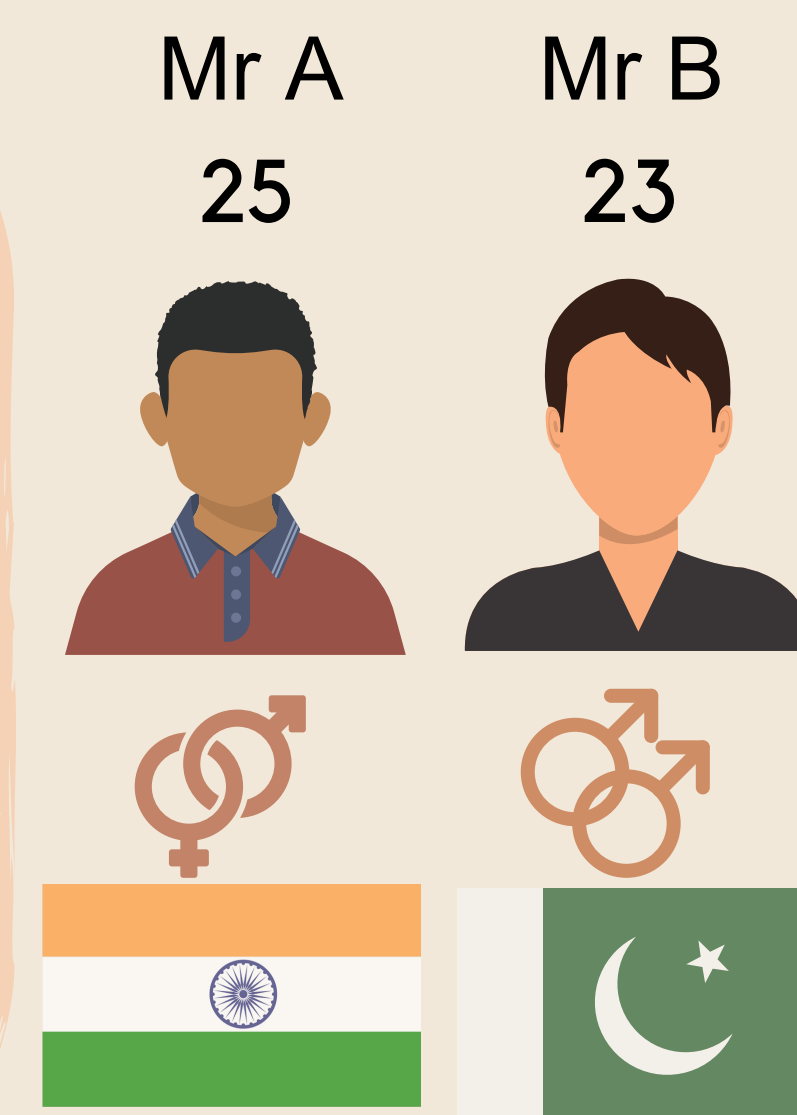
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Overview

- Culture affects sexual behaviour, attitudes and expectations (Bhugra & De Silva, 1993)
- The two cases presented share common themes and illustrate the impact of cultural beliefs on sexual function
- Psychosexual skills were used to explore the sexual difficulty and emotions
- The emotional impact, powerful cultural defences and shared reflections facilitated new understanding and change

Case Summaries

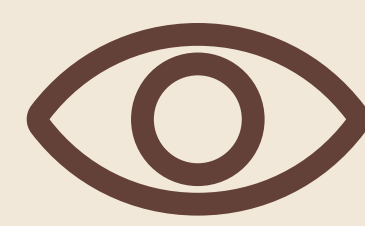
- Penile discharge, weakness
 - Premature ejaculation
 - Feelings: guilt, anxiety, inadequacy
“Wife dissatisfied”
Fear: she may leave
 - Belief: semen loss = weakness causing premature ejaculation
- Culture bound syndrome DHAT (DS)
(Strong, Li, et al, 2022)



- Difficulty maintaining erection
- Premature ejaculation
- Feelings: shame, guilt, inadequacy
“Partner frustrated”
Fear: partner may cheat
- Fear of HIV & discrimination
- Belief: being gay is sinful & “immoral” (Broucek, 1991)

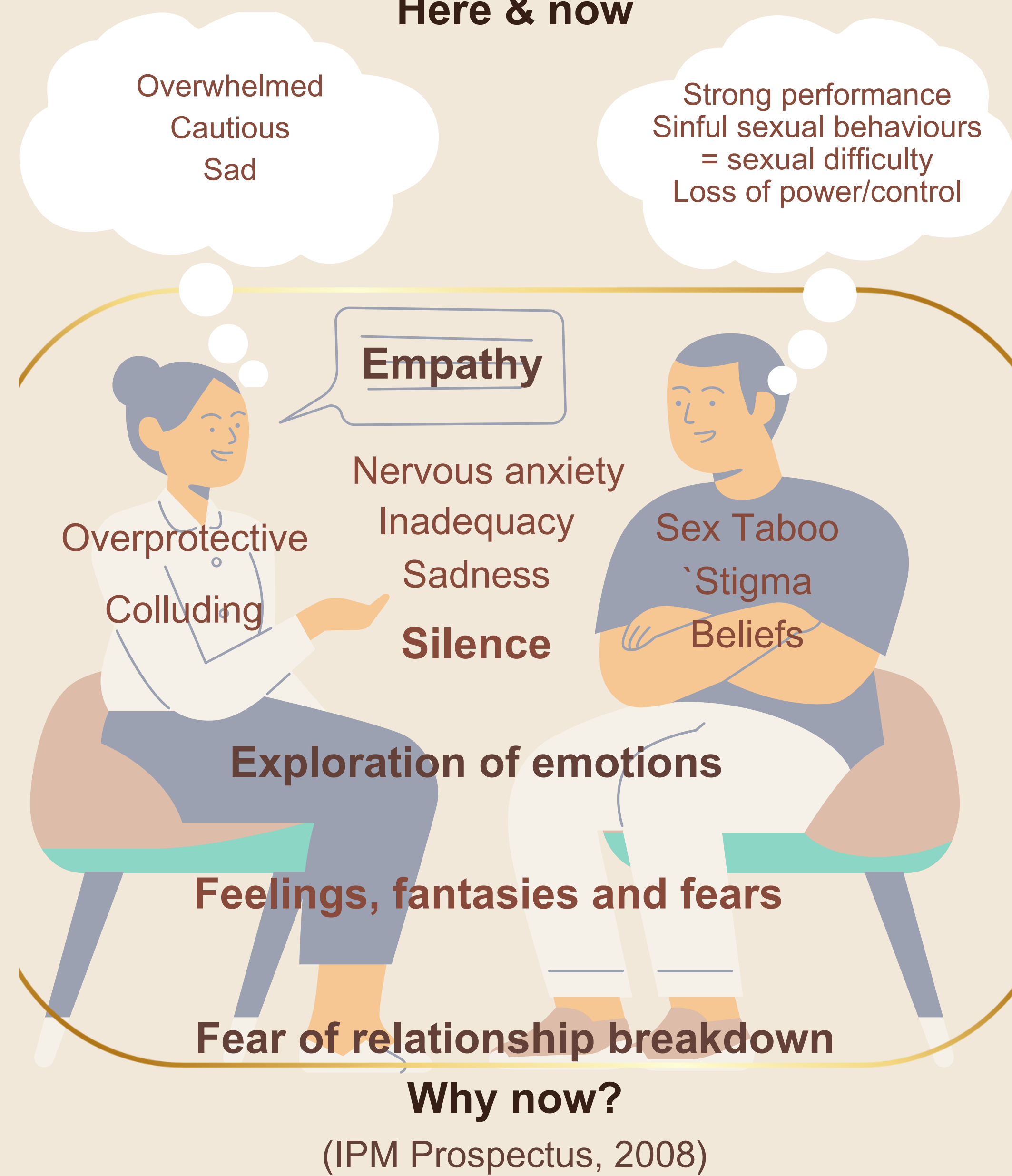
Discussion

Psychodynamics



- Observation of nervous anxiety when reflected unfolded the narratives
- Clinical encounters punctuated with pauses.....
- Language we use is important in our work (Skrine, 1997)
- Empathetic conversations in patient language which was Punjabi enabled rapport and trust
- Cultural sensitivity in exploring intimacy created a safe atmosphere where patients felt at ease
- Psychosomatic genital examinations insightful: initial reluctance, embarrassment, shame, disengagement, anxiety and relief!! when over
- Observation and interpretations exposed “influence of family, peers and cultural groups had shaped beliefs and negative attitudes to sex”
- Evolving doctor patient dynamic promoted positive attitudes that “sex is not a performance, not taboo not shameful----it’s not a sin”

Here & now



Reflections

- Initial challenge of exploring sexual matters with two young men with powerful cultural defences
- Unique narratives; inadequacy and sadness common
- Shared understanding and reflections of cultural beliefs supported the doctor patient dynamic
- Understanding DS: patient shared that in Indian culture semen is a vital fluid, a source of power and it’s loss means loss of power. His belief that semen loss during masturbation had resulted in weakness in sexual ability
- Reflections on being gay in Pakistani culture put the spotlight on his conservative upbringing, religious and cultural ingroups advocating heteronormativity and stigmatising homosexuality as sinful
- Patient reflections: “Doctor’s acknowledgment of cultural beliefs and sensitive conversations provided a supportive space for verbalising uncomfortable feelings
- My reflections: ‘it was the patient, not the healthcare professional, who was the expert in his problem and the feelings about it’. (Brough & Denman, 2019)

Conclusions

- Sexual difficulty is culturally influenced (Masters & Johnson, 1970)
- Strongly held beliefs can lead to feelings of shame, guilt and anxiety that perpetuate sexual difficulty
- The cases highlight the importance of cultural understanding and sensitivity in exploring emotions and beliefs
- Psychodynamic approach created a therapeutic space where individual beliefs, perceptions and attitudes to sex were shared and understood

References

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