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SHORT COMMUNICATION

Influence of culture on disease perception

Influencia de la cultura en percepción de la enfermedad

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ABSTRACT

This scientific paper explores the complex relationship between culture, health, and disease, highlighting how cultural beliefs and practices shape perceptions of health and illness. Culture is described as a complex system of knowledge and customs transmitted from generation to generation, encompassing language, customs, and values. The paper emphasizes that concepts of health and disease can vary significantly across cultures. Different cultural backgrounds lead to diverse interpretations of what constitutes health or illness. Cultural beliefs influence how individuals perceive their health and respond to medical interventions. The text examines the example of Traditional Chinese Medicine (TCM), which differs from Western medicine by focusing on restoring balance and harmonizing energies within the body. The contrast between these two medical paradigms highlights the impact of culture on healthcare approaches. The paper also discusses the cultural acceptance of practices that may be harmful to health, such as incest in certain societies. These practices are considered sacred customs within those cultures, reflecting how cultural ideologies can shape disease risks. Furthermore, the paper explores how cultural factors interact with political and economic forces to create specific health risks and behaviors within societies. It emphasizes that culture plays a pivotal role in shaping human behavior and social acceptance. The paper concludes by emphasizing the enduring influence of culture on perceptions of health and disease throughout history, highlighting how cultural beliefs and practices continue to impact individuals' health experiences and outcomes.

Keywords: Cultural Beliefs; Cultural Practices; Healthcare; Cultural Ideologies.

RESUMEN

Este artículo científico explora la compleja relación entre cultura, salud y enfermedad, destacando cómo las creencias y prácticas culturales configuran las percepciones de la salud y la enfermedad. La cultura se describe como un complejo sistema de conocimientos y costumbres transmitidos de generación en generación, que abarca la lengua, las costumbres y los valores. El documento subraya que los conceptos de salud y enfermedad pueden variar significativamente de una cultura a otra. Los distintos contextos culturales conducen a diversas interpretaciones de lo que constituye la salud o la enfermedad. Las creencias culturales influyen en la forma en que las personas perciben su salud y responden a las intervenciones médicas. El texto examina el ejemplo de la Medicina Tradicional China (MTC), que difiere de la medicina occidental al centrarse en restablecer el equilibrio y armonizar las energías del cuerpo. El contraste entre estos dos paradigmas médicos pone de relieve el impacto de la cultura en los planteamientos sanitarios. También se analiza la aceptación cultural de prácticas que pueden ser perjudiciales para la salud, como el incesto en determinadas sociedades. Estas prácticas se consideran costumbres sagradas dentro de esas culturas, lo que refleja cómo las ideologías culturales pueden condicionar los riesgos de enfermedad. Además, el documento explora cómo los factores culturales interactúan con las fuerzas políticas y económicas para crear riesgos y comportamientos sanitarios específicos dentro de las sociedades. Subraya que la cultura desempeña un papel fundamental en la configuración del comportamiento humano y la aceptación social. El artículo concluye haciendo hincapié en la perdurable influencia de la cultura en las percepciones de la salud y la enfermedad a lo largo de la historia, destacando cómo las creencias y prácticas culturales siguen influyendo en las experiencias y resultados sanitarios de las personas.

Palabras clave: Creencias Culturales; Prácticas Culturales; Atención Sanitaria; Ideologías Culturales.

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INTRODUCTION

It seems appropriate to begin this paper with this question, as it explicitly cuts across the perceptions of different cultures worldwide.[1]

The determinants of health are centered on lifestyle-based characteristics that are influenced by a wide range of social, economic and political forces that influence the quality of an individual's health.[2] Among the characteristics of this group are, at a distal level, cultural determinants that are essential to address and understand the processes of health and disease in society.[3,4] Although there is no concrete definition of cultural determinants, it is advisable first to define the concept of culture when approaching its construction.[5]

Culture is a complex system of knowledge and customs that characterize a given population.[6] It is transmitted from generation to generation, where language, customs and values are part of the culture.

We also take the WHO definition of disease, which defines it as "Alteration or deviation of the physiological state in one or more parts of the body, due to generally known causes, manifested by symptoms and characteristic signs, and whose evolution is more or less foreseeable".[7]

Now, let us think of an interrelation between culture and disease, which we will understand as the interpretation of health and disease and what it means to be healthy and sick.[8]

DEVELOPMENT

Concepts of health and disease may differ from one culture to another

There are thousands of cultures worldwide, all with their social determinants, governed by laws, traditions and customs that give them cultural characterization. Thus, it should also be thought that culture acts as a conjunction of traditional heritage, in which there is a perception of things universal in nature, be it life, death, the past, the future, health and disease. The cultural approach to all these aspects is a form of doctrinal influence, "Culture is learned, shared and standardized", which means that it can be learned and replicated individually within the cultural plane.[9] Focusing on the subject in question, the disease and depending on the cultural axis, it will be a positive aspect and, in other cases, harmful. Let us analyze this:

We must think of illness as a cultural construct; then, the perception of illness refers to the cognitive concepts that patients/illnesses construct about their illness. Here, the importance of cultural beliefs about calmness after a negative medical test, satisfaction after a medical consultation and patients' perceptions of illness about the future use of relevant services play a fundamental role. In this line of thinking, illness perceptions influence how an individual copes with that situation (such as receiving treatment) and emotional responses to illness. In many cultures, we may skip hospital treatments.[10]

Traditional Chinese Medicine (TCM) is over 2,000 years old. It is based on Taoism and aims to restore the balance between the organism and the universe, known as yin and yang, promoting a holistic approach. This is based on the presence of Qi, and as everything is energy in different patterns of organization and condensation, humans have spiritual, emotional and physical aspects. While its treatments focus on harnessing and harmonizing imbalanced energies and maintaining or restoring the individual's homeostatic processes to prevent disease outbreaks, the Western paradigm focuses primarily on treatment. For this reason, traditional Chinese medicine, which has proven to be safe, effective and with few side effects, is gaining increasing importance today.[11] Given the modern, global concept of prevention and how every healthcare system is designed, one might think that a greater focus on TCM in planning would contribute significantly to its impact on individuals, but no. Of course, this requires training and education of healthcare professionals in the basics of TCM, and a series of adjustments to the system will require further development that will take years.[12]

Now, let us think about incest. As everyone knows, this is listed as an act that brings health problems to future children who can suffer from all kinds of diseases. However, there are countries where this is allowed, not because of their respective cultures but because different cultures living together have different perceptions of health or disease. For example, Sweden is one of the countries that allows marriage between half-siblings who share the same parent. However, they must obtain special permission from the government to do so. In contrast, in some North American cultures, such relationships are prohibited and punishable by imprisonment. Those who commit these crimes could be sentenced to up to 10 years in prison if convicted.[13]

Dr. Debra Lieberman, an expert in the field at the University of Miami, says that reproducing with a family member has a greater chance of acquiring two copies of a harmful gene than if you reproduce with someone outside the family. The closer the genetic relationships between procreating couples, the more likely it is that harmful genes and pathogens will affect their offspring, causing premature death, congenital malformations and disease.[14]

Cultural ideologies cause these diseases. We take incest as an example, but thousands of cultures perform practices that are harmful to health. However, within that culture, they qualify as sacred customs and initiation.

Disease, health and their cultural bases

Disease and health are two concepts inherent to every culture. A deeper understanding of the prevalence and distribution of health and disease in society requires a comprehensive approach that combines biological and medical knowledge of health and disease and sociological and anthropological issues. From an anthropological perspective, health is linked to political and economic factors that guide human relationships, shape social behavior and influence collective experience.[15]

Traditional Western medicine has always assumed that health is synonymous with the absence of disease.[16] From a public health point of view, this means influencing the causes of health problems and preventing them through healthy and wholesome behavior. From medical anthropology to understanding disease, this eco-cultural approach emphasizes that the environment and health risks

are mainly created by culture.[17]

Culture determines the socio-epidemiological distribution of diseases in two ways:

- From a local perspective, culture shapes people's behavior and makes them more susceptible to certain diseases.
- From a global perspective, political and economic forces and cultural practices cause people to behave towards the environment in specific ways.[18]

Our daily activities are culturally determined, which causes culture to shape our behavior by homogenizing social behavior. People behave based on a particular health culture, sharing sound fundamental principles that enable them to integrate into close-knit social systems. Social acceptance involves respecting these principles and making them clear to others.[19]

Health in ancient Egypt

The Egyptians believed death was only a temporary interruption of life and that human beings were privileged to live forever.

The people who dwelt on the banks of the Nile River were born of a complex interplay between spiritual and tangible energies. However, they understood their earthly life as if they were fleeting reflections of the specter that would become their eternal life.[20] The human body, organs, and instincts corresponded to what they called Keto: a being inserted into the physical world that came to life thanks to Ka, the vital force humans acquire their identity. Therein lies the intimate essence of what Freud called ego. The Ba (superego) of mystical origin was superimposed on this force, which became an ineffective union with the Creator. To this set of forces and substances that formed, the subject was assigned a name corresponding to the auditory expression of his personality.[21]

In this shadow realm, sickness and death are inherent conditions of human nature, and health and sickness are mere concentrations of metaphysical dramas arising from external causes.[22] Sickness and death were believed to be caused by mysterious forces mediated by inanimate objects, whether living or evil spirits. They believed that the breath of life entered through the right ear, and the breath of death entered through the left ear.[23]

The breath of death disturbed the harmony between man's material and spiritual parts. Between the extremes of life and death, health depended on the harmonious interaction of material and spiritual forces.[24] In contrast, the severity of illness depended on the degree of disturbance of harmony.

CONCLUSIONS

In this text, we have tried to describe in a general way and with some examples how, since ancient times, people have explained various phenomena and situations about the concept of health and disease, which has played an essential role in culture and civilization.

From this point of view, in ancient times, illness was the primary punishment for wrongdoing, and only fasting, humiliation and various sacrifices would be used to appease the wrath of the gods. With magical or primitive thinking, there was a relationship between the everyday world and the universe and with the sun, the moon and the supernatural world shaped by other gods and demons, which played an essential role as religious concepts in indigenous communities.

About this, we can determine that both in ancient cultures and in the present, certain diseases are suffered that, due to different ideologies, beliefs or customs, are not transited or experienced in a different way.

Beyond the specific cultures of each society, health and disease are determined by individual factors that influence how they are defined, the importance they acquire and the way to act on the symptoms of each disease.

Finally, ending this essay with a quote that reflects the theme we have addressed seems appropriate.

"The distribution of health and disease in human populations reflects where people live, when in History they have lived, the air they breathe, and the air they breathe.
The History they have lived, the air they breathe and the water they drink; what and how much they eat and drink; what and how much they eat; and how much they drink.
Moreover, how much they eat, their status in the social order, and how they have been socialized.
social order and how they have been socialized to respond,
identify with or resist that status, who they marry,
when and whether or not they are married;
whether they live in social isolation
and have many friends; the amount and medical
the medical care they receive, and whether they are stigmatized when they are
when they get sick or if they receive care from their community".

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