



Dhat Syndrome in Geriatric Population: Cultural Beliefs and Implications

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Abstract

This case series examines Dhat syndrome in the geriatric population, considering its association with cultural beliefs prevalent in the Indian Sub-continent. Dhat syndrome involves anxiety about the perceived loss of semen in young individuals and is less reported in older individuals. Cultural norms surrounding masculinity and sexual functions contribute to feelings of shame and guilt in affected geriatric individuals, impacting mental health and overall well-being. The series emphasizes the necessity of cultural competence in mental health care, urging personalized and customized interventions to address the unique needs of older adults experiencing Dhat syndrome. Two illustrative cases highlight the complexities and challenges associated with the disorder in the geriatric context, warranting further research and heightened cultural sensitivity to improve mental health outcomes in this vulnerable population.

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INTRODUCTION

The geriatric population, comprising individuals aged 65 years and older, is growing worldwide.¹ With the aging process, unique physical and psychological health challenges arise. Among these challenges, cultural beliefs and traditional perspectives significantly shape the understanding and manifestation of various health conditions, including psychological disorders.² One such culturally influenced psychological disorder observed in older adults is “Dhat syndrome.” This case series explores the manifestation of Dhat syndrome in the geriatric population, emphasizing the profound impact of cultural beliefs on its presentation, perception, and implications for mental health care. By examining the interplay between cultural norms and psychological well-being, valuable insights can be gained to inform culturally competent and tailored interventions, ultimately improving mental health outcomes in this vulnerable population.

Dhat syndrome is a culturally bound syndrome prevalent in South Asian countries, including India, Pakistan, Sri Lanka, and Bangladesh.³ It is characterized by a preoccupation with anxiety about the loss of semen, perceived as a vital fluid through sexual activities or involuntary emissions such as nocturnal emissions, urination, or defecation. Although predominantly observed in young

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men, evidence also suggests its occurrence among older men.^{3,4}

Cultural beliefs and traditional practices significantly influence the manifestation and presentation of Dhat syndrome in older adults.⁵ In many South Asian cultures, semen is considered a vital essence and a symbol of masculinity and vigor. The loss of semen is often associated with feelings of weakness, fatigue, and a decline in physical and mental health. Moreover, sexual functions are intertwined with the perception of masculinity and societal honor, adding stigma and shame to any sexual dysfunction or perceived loss of vital fluids.^{5,6}

In the geriatric population, cultural beliefs about aging and sexuality intertwine with understanding Dhat syndrome.⁷ As older men experience age-related changes in sexual function, such as decreased libido, erectile dysfunction, and nocturnal emissions, cultural norms may amplify anxiety and distress related to perceived semen loss.⁸ Geriatric individuals become more susceptible to developing or exacerbating Dhat syndrome due to the confluence of age-related sexual changes and deeply ingrained cultural beliefs surrounding masculinity and sexual potency.⁹

Dhat syndrome in the geriatric population significantly affects mental health and overall quality of life. Older adults with this condition often experience shame, guilt, and inadequacy, leading to increased levels of anxiety, depression, and social withdrawal. These psychological disturbances can further exacerbate physical health issues, worsen cognitive function, and contribute to a decline in overall well-being.^{10,11}

Given the profound influence of cultural beliefs on the expression and perception of Dhat syndrome in the geriatric population, mental health care professionals must approach diagnosis and treatment with cultural competence. It is crucial for healthcare providers to acknowledge and understand cultural norms surrounding masculinity, sexuality, and aging to establish a therapeutic alliance with their older patients.¹²

Dhat syndrome in the geriatric population is an important research area requiring cultural sensitivity and awareness. Understanding the cultural beliefs that influence the presentation and interpretation

of this psychological disorder is critical for providing effective mental health care to older adults in South Asian communities. By recognizing the impact of cultural norms, healthcare professionals can tailor their interventions to address the unique needs of older adults experiencing Dhat syndrome, thereby promoting better mental health outcomes and enhancing the overall quality of life in this vulnerable population.

Case 1

A 65-year-old male with a rural background, formal education up to class 7th, and a farmer by occupation visited the psychiatric Outpatient Department (OPD) with multiple complaints. He is a known case of hypertension. The patient reported experiencing generalized weakness, anxiety, impaired sleep, erectile dysfunction and premature ejaculation. In the past, there were no reported instances of psychiatric illness; however, five years ago, he had a history of left-sided hemiparesis (weakness on one side of the body). The patient attributes his weakness to semen loss, linking his erectile dysfunction and premature ejaculation to masturbation. During the counseling session, the patient was informed about the misconceptions regarding semen loss and its connection to weakness. He was also provided guidance on Kegel exercises, which can be beneficial for addressing some of his sexual issues.

Case 2

A 65-year-old male, retired from a government job, sought medical attention at the psychiatry OPD with a range of complaints. He reported experiencing on/off low mood, anxiety, weakness, and difficulty sleeping. Additionally, he had concerns about semen loss before urination and defecation, which he believed to be the cause of his weakness and nocturnal emission of semen. In night falls. The patient's medical history includes hypertension and diabetes, which are managed with appropriate medications. During the counseling session, the patient was reassured and provided with accurate information regarding semen loss and nocturnal emission of semen. He was educated about the normal physiological processes related to these occurrences and how they are not directly linked to

weakness or other health issues. The importance of avoiding unnecessary worries and misconceptions was emphasized to reduce anxiety and improve overall mental well-being. As part of the treatment plan, we decided to initiate low-dose selective serotonin reuptake inhibitor (SSRI) therapy. Tab Escitalopram 5 mg/day was prescribed to address the patient's low mood.

Additionally, the patient was encouraged to continue managing his hypertension and diabetes as per the prescribed medications and lifestyle modifications. Overall, a comprehensive approach was taken to address the patient's physical and mental health concerns, focusing on accurate education, medication management, and regular follow-up to ensure optimal care and improvement in his overall quality of life.

DISCUSSION

The presented case series sheds light on the unique psychological disorder known as Dhat syndrome, which is observed less frequently in the geriatric population and previous research revealed that Dhat syndrome is more prevalent in the young adult population.¹³ The cases highlighted the impact of cultural norms surrounding masculinity, sexuality, and aging on the presentation and perception of Dhat syndrome, thereby offering valuable insights for mental health care professionals, particularly psychiatrists.

In both cases, we observed how cultural beliefs significantly influenced the patients' perspectives on their symptoms. The first case revealed a rural background with limited formal education, where misconceptions about semen loss and its connection to weakness and sexual dysfunction were prominent. The patient attributed his generalized weakness and sexual issues to semen loss, demonstrating the pervasive influence of cultural beliefs on health-related perceptions. The counseling session focused on dispelling these misconceptions and providing appropriate guidance on managing sexual concerns.

The second case demonstrated the impact of cultural norms on an older individual's perception of semen loss. The patient's belief that semen loss before urination and defecation caused his weakness and night falls exemplified how deeply

ingrained cultural beliefs surrounding semen as a vital essence can lead to distress and anxiety in the geriatric population. In this case, the counseling session successfully reassured the patient by providing accurate information about the physiological processes, which helped alleviate his anxiety and improve his mental well-being.

Culturally competent mental health care is crucial when addressing Dhat Syndrome in the geriatric population.¹⁴ Healthcare professionals, especially psychiatrists, must be sensitive to cultural norms' influence to build a strong therapeutic alliance with older patients.¹¹ Understanding cultural beliefs and their implications can facilitate the implementation of personalized and customized interventions, precisely targeting the specific requirements of older adults afflicted with Dhat Syndrome, thereby promoting better mental health outcomes.¹⁵

One of the limitations of this case series is that it includes a small sample size, which may limit the generalizability of the findings to other cultural contexts. Additionally, the role of cultural factors in the etiology and progression of Dhat Syndrome warrants further investigation, emphasizing the need for future research in this area.

CONCLUSION

Dhat Syndrome in the geriatric population presents unique challenges, influenced significantly by cultural beliefs and traditional perspectives. By recognizing the impact of cultural norms on symptom expression and perception, mental health care professionals can design targeted interventions that address the specific needs of older adults with Dhat Syndrome. Culturally competent care is essential in providing effective support and improving mental health outcomes for this vulnerable population. Further research is necessary to deepen our understanding of the complex interplay between culture and mental health in the context of Dhat Syndrome among older adults.

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