EPV1154

Tradition in Translation: Cross-Cultural Analysis of Meditative Practices in Psychiatric Care

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Introduction: Meditation is increasingly integrated into psychiatry, often presented as a culturally neutral intervention. Yet meditative forms emerge from distinct traditions, each framed by particular ontologies, aims, and techniques. When imported into psychiatry, these practices are reinterpreted, sometimes shedding elements central to their original meaning and mechanism. This project examines how cultural origins shape both the function and the ethical reception of meditation in psychiatric contexts.
Objectives: To (1) compare selected meditative traditions by cultural-philosophical origin, (2) assess how these are modified in clinical adaptation, and (3) identify ethical and clinical issues when culturally embedded practices are reframed as therapy.
Methods: A targeted literature review in cultural psychiatry, anthropology of religion, and clinical psychology, supplemented by reference mining of key ethnographic and phenomenological studies. Analytical comparison considered intentionality, ritual form, and epistemic authority in source traditions, and clinical modifications noted in psychiatric literature.
Results: Traditions differ in their logic of change: some focus on cultivating insight into impermanence and selfhood; others employ symbolic visualization or repetitive sound for spiritual alignment. In psychiatric adaptation, these are typically reframed in physiological or attentional terms, omitting metaphysical context. While this can increase accessibility, it may also alter efficacy or generate dissonance when patients expect spiritual depth. Ethical concerns arise when origins are obscured or selectively acknowledged, especially with patients for whom religious identity is clinically relevant.
Conclusions: Meditation in psychiatry is not a single, context-free method but a family of culturally rooted practices. Responsible integration requires attention to both mechanism and meaning, and transparent dialogue with patients about origins, aims, and possible cultural tensions.

Disclosure of Interest: None Declared

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Correlation of the "quality of life" concept with related concepts

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Introduction: The category of "quality of life" in modern scientific literature requires a clear distinction from related concepts such as "standard of living", "welfare" and "well-being".
Objectives: To conduct a comparative analysis of the definition of "quality of life", "standard of living", "welfare" and "well-being", identifying substantive overlaps and fundamental differences.
Methods: The primary method employed is bibliographic analysis.
Results: Quality of life is a comprehensive evaluation tool that characterizes various spheres of life. This concept is a broader indicator than material security, and encompasses both objective and subjective factors, such as health, life expectancy, environmental conditions, nutrition, household comfort, social environment, the fulfillment of cultural and spiritual needs, psychological comfort, etc. Quality of life as an indicator of individual socialization includes a person's perception of their position in life in the context of the culture and value system in which they live, in accordance with goals, expectations, and norms.
The concept of "quality of life" in modern science requires a clear distinction from related concepts such as "standard of living", "welfare" and "well-being", since each of them has a specific meaning. The standard of living emphasizes material aspects, measured through income, housing and access to services, whereas quality of life encompasses both objective indicators (health, ecology, infrastructure), and subjective evaluation of satisfaction within the cultural and value context. Welfare, being an economy-centric category, focuses on the material security, while well-being reflects an individual's internal psychological state, formed by external conditions and personal characteristics.
Conclusions: Quality of life is a more comprehensive category, integrating economic, social, environmental and psychological aspects of human existence, which makes it a key focus of interdisciplinary research.

Disclosure of Interest: None Declared

EPV1156

Ontological Disintegration and Psychiatric Vulnerability During Pandemics: Ethical Frameworks and Lived Realities

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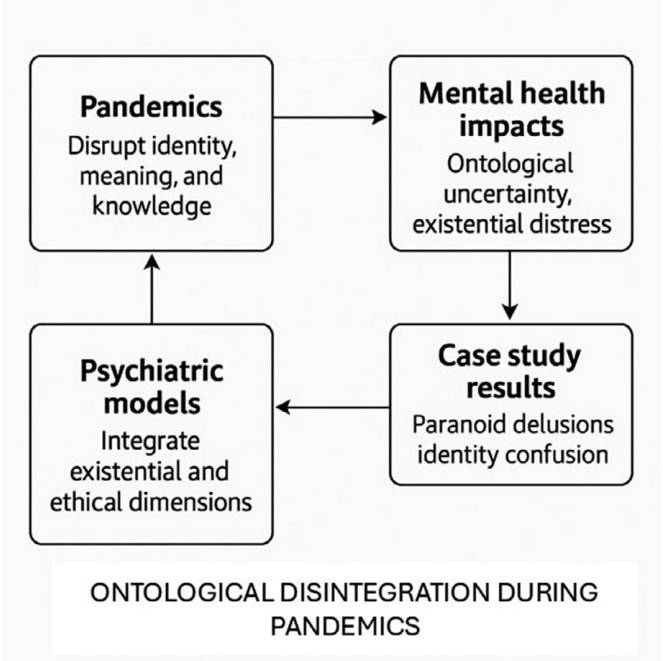
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Introduction: Pandemics disrupt not only biological systems but also the foundations of identity, perception, and meaning. COVID-19 exposed the fragility of traditional knowledge structures and evidenced the psychiatric consequences of ontological uncertainty. This study positions pandemics as existential crises requiring philosophical engagement to understand their impact on mental health fully.
Objectives: To examine how pandemic-induced ontological instability manifests in psychiatric contexts, and how ethical interpretation—through religious and secular frameworks—shapes clinical understanding and therapeutic response.
Methods: A combined philosophical–clinical methodology was employed. Drawing on process ontology, pragmatism, and phenomenology, the study included an analysis of a documented case report involving reactive psychosis triggered by COVID-19-related existential distress. The focus was placed on disrupted identity, delusional patterns, and the collapse of relational meaning.

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Results: The case involved a 50-year-old male presenting with paranoid delusions and identity confusion during the pandemic, including beliefs in impostor family members and conspiracy-driven narratives. Diagnosed with acute paranoid reaction, the patient responded to antipsychotic treatment. The episode illustrates ontological breakdown as a psychiatric event, conditioned by fear, uncertainty, and epistemic instability.

Image 1:



Conclusions: Pandemics provoke ontological and psychological disintegration, especially in vulnerable individuals. Psychiatric models that integrate existential, phenomenological, and ethical dimensions are essential to address the depth of crisis-induced mental health challenges. Philosophical engagement offers critical insight into how reality, identity, and institutional dynamics interact in times of collective disruption.

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Beyond Reason: Pandemic Resistance, Ontological Risk, and Behavioural Disintegration in Crisis Contexts

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Introduction: Pandemics redefine more than epidemiological terrain—they fragment the ontological coherence of daily life. COVID-19 and HIV/AIDS both revealed that behaviour under crisis conditions cannot be fully explained by rationalist models or epidemiological logic. Instead, pandemic responses emerge from layered existential orientations shaped by perception, affect, and symbolic meaning.

Objectives: To explore resistance to public health measures as a form of ontological dislocation and psychological enactment. This paper introduces the Quadruplex Helix framework as a model for understanding how unconscious drives, affective epistemologies, and social ontologies across relational levels shape dissemination resistance and critical incidents.

Methods: A philosophical–psychoanalytic approach was adopted, integrating process ontology, phenomenology, and clinical literature. Textual analysis of case reports, ethnographic observations, and psychoanalytic theory (e.g., Samos Syndrome, irrationalism, solipsism) informed the development of a four-tier framework mapping behavioural responses across micro (individual), meso (dyadic), macro (peer), and mega (cultural) scales.

Results: Resistance to preventive measures was observed not as ignorance but as an ambivalent negotiation of bodily boundaries and existential threat. Clinical and ethnographic findings revealed patterns of unconscious intent, such as self-endangerment, denial, and psychic conflict. The Quadruplex Helix delineated how different social strata produce distinctive behavioural expressions, including symbolic defiance, folie à deux dynamics, and cultural exceptionalism.

Helix Level	Domain	Key Focus	Behavioural Expression
Micro	Individual	Unconscious drives; psychic conflict; boundary dissolution	Self-endangerment, denial, symbolic refusal
Meso	Dyadic (interpersonal)	Relational distortion; affective contagion; folie à deux dynamics	Shared irrationalism, mutual reinforcement of resistant behaviours
Macro	Peer group	Collective enactment; group identity; affective epistemologies	Symbolic defiance, echo chambers, normative pushback
Mega	Cultural/societal	Mythic framing; national exceptionalism; ontological narratives	Cultural immunity myths, ideological resistance, existential reenactment

Conclusions: Pandemic behaviours often emerge as meaning-making strategies under existential pressure, rather than as failures of knowledge. By reframing these actions through an ontologically informed lens, psychiatric models can better interpret disintegration of self–world boundaries, unconscious drives, and the phenomenology of risk. Future crisis interventions must recognise the symbolic, emotional, and relational architectures that shape public health behaviour.

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Axiology and Ethical Responsibility in Pandemic Prevention: Value Conflicts, Disclosure, and Dialogical Public Health

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