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The Cultural Imprint on the Mind–Body Connection: Rethinking Health Beyond the Biomedical Model

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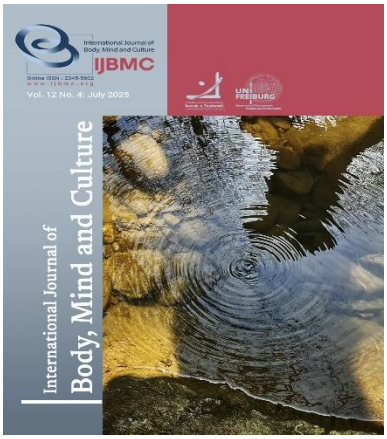

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ABSTRACT

The traditional biomedical model, though foundational to modern medicine, has increasingly come under scrutiny for its limited engagement with the complex interplay between mind, body, and cultural context. This editorial proposes a culturally sensitive and integrative understanding of health, highlighting how cultural beliefs, traditions, and narratives shape individuals' experiences of illness, healing, and wellness. Drawing on global perspectives—including traditional healing systems, cultural psychology, and social medicine—this article highlights the importance of healthcare paradigms that acknowledge the cultural influence on the mind–body connection. Expanding beyond the reductionist biomedical approach can pave the way for more holistic, person-centered, and effective healthcare strategies in both clinical and community settings.

Keywords: Mind–Body Connection, Cultural Psychiatry, Biopsychosocial Model, Cultural Competence, Traditional Healing Systems.

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Introduction

Modern medicine, grounded in the biomedical model, has achieved tremendous advancements in the treatment and prevention of disease. Rooted in Cartesian dualism, this model treats the body as a machine, separate from the mind, and illness as a biological malfunction to be fixed (Egher, 2023; Engel, 1977). However, as our understanding of human health evolves, this paradigm has shown significant limitations, particularly in accounting for the psychosocial and cultural dimensions of illness. In response, there is growing interest in rethinking health through a more integrated and culturally contextualized lens (Kirmayer et al., 2015).

This article aims to explore how cultural narratives influence the mind–body connection and how moving beyond the biomedical model can enhance health outcomes. It also advocates for the integration of indigenous knowledge systems, cultural competence in clinical care, and narrative approaches in understanding illness experience.

The Historical Divide: Cartesian Legacy and the Biomedical Model

The biomedical model has its philosophical roots in Cartesian dualism, which posits a separation between mind and body. René Descartes' proposition "Cogito, ergo sum" ("I think, therefore I am") elevated the mind as the essence of being, while relegating the body to mechanistic functions (Hyrkäs, 2022; Seyed Alitabar & Goli, 2024). This ontological split facilitated the rise of modern anatomy, physiology, and pathology, but simultaneously marginalized emotional, spiritual, and cultural dimensions of health.

Throughout the 20th century, the biomedical model dominated medical education and healthcare systems, defining illness in terms of biological markers and measurable dysfunctions. Although effective for acute diseases and injuries, it has struggled with complex, chronic, and psychosomatic conditions, which are often shaped by psychological and cultural influences (Wade & Halligan, 2017).

The Rise of the Biopsychosocial Model

In 1977, George Engel introduced the biopsychosocial model as a response to the reductionism of biomedicine, proposing that biological, psychological, and social factors should all be considered in health assessment and treatment. While this model represented a paradigm shift, its application has been inconsistent in clinical practice (Borrell-Carrió et al., 2004). Moreover, the "cultural" component has often been overlooked or treated superficially.

Recent developments in medical anthropology and cultural psychiatry emphasize that culture is not a peripheral influence on health—it is a central determinant that shapes how symptoms are experienced, expressed, and managed (Napier et al., 2014). Cultural patterns influence everything from pain tolerance and emotional expression to beliefs about disease causation and acceptable forms of treatment (Chentsova-Dutton & Ryder, 2019).

Culture, Somatization, and the Language of Distress

The phenomenon of somatization—expressing psychological distress through physical symptoms—demonstrates the culturally embedded nature of the mind–body relationship. In East Asian, African, and Latin American societies, individuals often describe mental anguish in terms of bodily complaints, which can lead to misdiagnosis when interpreted through a strictly biomedical lens (Egher, 2023; Norcross et al., 2016).

For instance, Chinese patients may report "heart pain" or "neurasthenia" instead of depression, aligning their suffering with culturally acceptable idioms of distress (Dryer & Brunton, 2021). In Iran and many Middle Eastern cultures, headaches, stomach pains, and fatigue frequently serve as expressions of unresolved emotional trauma (Mostafaee, 2021). Without cultural literacy, clinicians risk pathologizing normal cultural expressions or failing to recognize the deeper psychological needs underlying them.

Mind–Body Integration in Traditional Healing Systems

Many non-Western health systems have long recognized the inseparability of mind, body, and spirit. Traditional Chinese Medicine (TCM), Ayurveda, and Indigenous healing practices offer paradigms that

emphasize balance, energy flow (qi or prana), and psychosomatic harmony (Giannopoulou et al., 2021). These frameworks do not treat mental and physical ailments as separate; rather, they perceive illness as a disturbance in the individual's total ecosystem.

In Traditional Chinese Medicine (TCM), emotions such as anger or grief are believed to impact specific organs, a concept supported by emerging psychoneuroimmunology research that links emotional states to immune function (Ma et al., 2019). Similarly, Ayurveda recognizes that mental health is deeply connected to bodily humors (doshas) and lifestyle imbalances, promoting meditation, dietary regulation, and herbal remedies as holistic interventions (Sharma & Prajapati, 2015).

In Indigenous cultures across North America, Australia, and Africa, healing rituals often incorporate community participation, storytelling, and spiritual guidance. These practices reinforce collective well-being and social identity, showing that healing is not merely an individual experience but a culturally mediated process (Gone, 2013).

Narrative Medicine and the Cultural Framing of Illness

The narrative approach in medicine emphasizes the importance of patients' stories in understanding the subjective experience of illness (Charon, 2008). Culture shapes these stories—what is said, how it is said, and what remains unsaid. A narrative medicine framework enables practitioners to appreciate the symbolic meanings that patients attribute to their illness, particularly in cases where biomedicine offers no clear explanation or cure.

Narrative competence also enhances the therapeutic alliance, particularly when working with marginalized or culturally diverse populations. Patients who feel heard and understood are more likely to adhere to treatment, disclose symptoms honestly, and engage in long-term care (Drcar et al., 2023). Recognizing metaphors, idioms, and spiritual references in illness narratives deepens diagnostic accuracy and supports holistic healing.

Cultural Competence: Toward a More Inclusive Health System

The concept of cultural competence—defined as the ability of providers to deliver care that meets the social, cultural, and linguistic needs of patients—is essential in today's increasingly diverse societies (Betancourt et al., 2003). However, actual cultural competence goes beyond superficial acknowledgments of ethnicity or language. It requires humility, continuous learning, and a commitment to institutional equity and fairness.

Training programs in cultural humility emphasize self-reflection, awareness of power dynamics, and active listening to patients' worldviews (Sessanga, 2022; Tervalon & Murray-Garcia, 1998). At the organizational level, culturally responsive policies must address systemic biases in healthcare delivery, such as disparities in pain management, mental health access, and maternal mortality among racial minorities (Bailey et al., 2021).

Beyond Inclusion: Embracing Cultural Wisdom in Clinical Innovation

It is not enough to include cultural perspectives merely as additions to the dominant biomedical model. Instead, healthcare systems must be reimagined to integrate cultural wisdom as part of innovation actively. For instance, community health programs that incorporate traditional healers, cultural rituals, or spiritual counseling often see improved health outcomes, particularly in mental health and chronic disease management (Alhuwaydi, 2024).

Digital health technologies are also beginning to reflect cultural adaptation. Mobile health applications with culturally tailored content—such as mindfulness practices adapted for Muslim populations or telepsychiatry services in indigenous languages—demonstrate how cultural understanding can enhance the uptake and efficacy of technology (Naslund et al., 2017).

Conclusion: Toward a Pluralistic Paradigm of Health

The mind–body connection is not a universal constant; it is experienced and interpreted through the lens of culture. As such, health systems that aspire to be truly effective and equitable must transcend the confines of the biomedical model and adopt a pluralistic approach. This includes recognizing the validity of non-Western healing traditions, honoring patients' illness narratives, and embedding cultural competence in every level of healthcare delivery.

Rethinking health beyond biomedicine is not a rejection of science—it is a recognition of human complexity. By incorporating cultural knowledge, medical practice can become more compassionate, inclusive, and responsive to the realities of patients' lives. In doing so, we move closer to a model of care that not only cures disease but also fosters holistic well-being.

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Declaration of Interest

None.

Ethical Considerations

Not applicable.

Transparency of Data

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Authors' Contributions

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