

## **CULTURAL FORMULATION IN A CASE OF SPIRITUAL POSSESSION: RELIGION, DISSOCIATION, AND CULTURE**

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### **Bio:**

I had a multicultural upbringing. I grew up in Lima, Peru, in a family where roots merged from Africa, Europe, Andes, and the coast. My medical education was at Universidad Peruana Cayetano Heredia, where I was exposed to a myriad of Public Health issues that impacted the population's health. For instance, I was assigned to educate women in the community about reproductive health and found it extremely interesting how the cultural traditions and beliefs had a more significant weight in this topic rather than the information we could provide.

My keen interest in cross-cultural psychiatry strengthened during my Residency training. During those years, I dedicated myself to serve vulnerable, multicultural, and underserved populations. My clinic training was complemented with administration and educational roles as Chief Resident.

I have expanded my education at Yale University, through a Public Psychiatry Fellowship last year and currently as the first Hispanic Psychiatry Fellow in the country. Over the past year, I have been involved in the clinical care of Refugees, volunteering at the Yale Refugee Clinic, and with Hispanics at the Hispanic Clinic. Besides providing clinical care, I have been involved in education and projects related to the Recovery of Hispanics in the community.

### **Abstract:**

**Background:** Religion and health practices have been inextricably linked. Religion provides much-needed guidelines that can help individuals to formulate a course of intervention for their lives. When considering mental illness and religion, most of the studies have focused on samples that are primarily composed of non-Hispanic White populations, devoting much less attention to the role of religion and spirituality in shaping mental health outcomes among racial and ethnic minorities. **Aims/Objectives:** 1) To further study the relationship between religion and mental health in Hispanics. 2) To describe different approaches between Western Medicine and Hispanic Culture. 3) To work with community organizations with the goal of integration of services. **Approach:** Utilize the Cultural Formulation Interview as a tool to understand and provide cultural-sensitive care to patients. Involve the patient's family and religious community in her recovery. **Proposition:** A Hispanic woman with symptoms that could be described as Psychosis or Dissociative Identity Disorder. However, she was diagnosed with a Religious or Spiritual Problem and Adjustment Disorder and received psychotherapy in an outpatient clinic. **Conclusions:** Understanding the patient's beliefs and expectations are essential pieces in treatment. Furthermore, involving community organizations and family strengthens the ties with the community and relationship with the patient.