

Case Study

Cultural Formulation and Intervention in a Person with Bipolar Affective Disorder: A Case Study

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ABSTRACT

Background: Culture is the overlapping of different views, values, knowledge, concepts, practices, rituals and customs which fashion an individual's personality. These overlapping components of a particular culture go beyond races and ethnicities. The culture of an individual can affect his/her view and understanding regarding mental illness and the causal factors behind it. The way an individual describes the symptoms of mental illness is immensely affected by the culture they belong to. The overall meaning of the illness lies in deep settled attitudes and beliefs that a culture beholds within a population. **Aim and objectives:** This study aims to facilitate the narrative of mental illness by the patient's caregiver in order to explore their understanding regarding the illness through cultural formulation and intervention. **Methods:** This study was a single case study design done in the in-patient department of LGBRIMH, Tezpur. A case diagnosed with bipolar affective disorder, current episode manic with psychotic symptoms (F31.2), according to the 10th revision of the International Statistical Classification of Diseases and Related Health Problems criteria (ICD 10), was selected. Clinical Interviewing and Cultural Formulation Interview (informant version) were administered. Based on the cultural formulation it was revealed that the caregiver was unaware of the illness and its symptoms. He referred to the cause of the illness as possessed by a supernatural power and a result of some kind of black magic. Believing the same as the cause of the illness, help was sought from faith healers before medical help was initiated. The cultural formulation also revealed financial issues as a major factor of stress and the coping mechanisms adapted for the same. After the cultural formulation, the psychosocial intervention was provided to the caregiver. Family psychoeducation was provided to enhance the knowledge and understanding of the caregiver regarding the mental illness of the patient and further interventions like supportive counselling and coping management were provided. **Results:** After the psychosocial intervention, there were changes observed in the understanding of the caregiver regarding mental illness. Significant changes were observed in his view and his way of coping with the illness. The patient was found to be motivated and was able to conduct his daily living activities without much supervision which further enhanced compliance with the medication.

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The overall meaning of the illness significantly changed after the intervention was provided to the caregiver as a result of which improvement was also seen in the patient. **Conclusion:** Cultural formulation helps to explore a narrative of the illness to place the patient better in the context of the community. This case study helped to bring the cultural views and concepts of the caregiver to the clinical encounter and further provided information regarding the help seeker's perspective of seeking help. The psychosocial intervention provided a better outlook of mental illness which further enhanced their familiarity with the treatment.

Keywords: *Cultural formulation, caregiver, psycho-social work intervention, culture, mental illness.*

Culture refers to systems of knowledge, concepts, rules, and practices that are learned and transmitted across generations (Diagnostic and Statistical Manual of Mental Disorders, 2013). Its culture of a given population keeps changing over time and this helps to fashion the identities of each individual and their thought processes. It includes various dimensions ranging from religion, language spoken, customs, family rituals, spirituality, moral upbringing and so on. These overlapping components of a particular culture go beyond races and ethnicities. "With a seemingly endless range of subgroups and individual variations, culture is important because it bears upon what all people bring to the clinical setting. It can account for minor variations in how people communicate their symptoms and which ones they report" (Satcher, 2001). The culture of an individual can affect his/her view and understanding regarding mental illness and the causal factors behind it. The overall meaning of the illness lies in deep settled attitudes and beliefs that a culture beholds within a population. It governs how an individual presents their own or family member's symptoms or how they describe them and also affects their prioritizing of the symptoms. The culture signifies the kind of help that people seek and the coping strategies that they adopt to deal with the illness. This also underlies the stigma attached to mental illness and the support they receive regarding the same. The cultural meanings people attach to the illness define their motivation to seek medical help and the other pathways that they may have taken for the treatment. Cultural factors also contribute to the causal factors that people attribute to mental illness. It shapes the perception regarding what kind of treatment is required and for how long.

Cultural Formulation

The process of cultural formulation is the process of assessing the clinical understanding of an individual's mental illness. This process facilitates an individual's narrative of the illness. It involves deeply understanding the social and cultural context of the individual to enhance the treatment procedure. It further understands the individual's symptoms by examining them in the cultural context and also inquires the perspective of the social circle of the individual which includes the caregivers. The main aim behind the cultural formulation is that the culture of the individual shapes how he or she as well the caregivers view the illness and their approach to the clinical and other sources of care. This is also to encourage the individual's interest and satisfaction with the treatment. "Acknowledging that illnesses occur in cultural and social contexts, *DSM-5* includes two questionnaires to aid clinicians with the cultural formulation" (Aggarwal & Lewis-Fernandez, 2015).

METHODOLOGY

This single case study design was conducted in Lokopriyo Gopinath Bordoloi Regional Institute of Mental Health, Tezpur, Assam. This design is a research approach that is used to produce a detailed understanding and evaluation of a critical issue in the true-life context.

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This study design is also used to test the practicality of a particular theory and model in the real world. It is useful to test whether a specific model and theory is applicable in the reality. This case study design is useful when the knowledge about the issue or the phenomena is not much known. A case diagnosed with Bipolar Affective Disorder (according to ICD 10) was selected. The assessment was done using an interview and Cultural Formulation Interview (Informant version). Based on the assessment, psychosocial intervention was provided to the patient and the caregiver. The intervention period was from June to July' 2020. Post-discharge monthly follow-up was conducted.

The following Psychosocial assessments were conducted:

1. **Social History Performa:** This was used to assess the social and cultural aspects of the patient.
2. **Cultural Formulation (Informant Version)** (American Psychiatric Association, 2013): This version is mostly used to obtain added information or when the individual himself is unable to provide information. In such a case, the individual's caregiver is interviewed using the informant version. The informant version has the same domains as mentioned above but, in this version, the perspective of the informant regarding the problem of the individual is explored. During the interview, it was found out that the caregiver of the patient was explaining the symptoms of the patient's illness as an effect of black magic. The CFI (Informant Version) was utilized to explore this aspect of cultural understanding. Before conducting the assessment, the clinician explained about the purpose of the session and how it was further going to help the clinician understand better about the perspective of the caregiver to provide effective interventions accordingly.

The questionnaires constitute the following main categories:

- **The cultural identity of the individual:** This category involves the individual's racial, cultural and ethnic identity that might further influence the interactions that an individual has, the relationships, conflicts, difficulties, and the access to various community resources.
- **Cultural conceptualizations of distress:** In this category, it is important to understand how an individual understands the symptoms. The individual's way of experiencing and expressing the illness through the cultural construct is described in this category.
- **Psychosocial stressors and cultural features of vulnerability and resilience:** Under this category, the major stressors and social support are identified.
- **Cultural features of the relationship between the individual and the clinician:** The differences in cultural ideologies, language and social status between the individual and the clinician must be identified to avoid any kind of difficulties in the therapeutic communication that might cause hindrance in the therapy. It is necessary to understand the differences in cultural background to avoid challenges in the establishment of the therapeutic alliance.
- **Overall cultural assessment:** In this final category, the summarization of the information gathered in the previous categories is completed to diagnose as well as understand the problem area that requires further intervention.

Brief Clinical History

The index patient, belongs to the urban area of Sonitpur district, Assam, belong to lower-middle socioeconomic background and follows the Islam religion. The patient belongs to a

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nuclear family of a total of 3 members: the patient, his wife and his son. The index patient was apparently well 3 years ago. The patient was admitted to LGBRIMH, Tezpur, Assam in 2016. The total duration of the illness is 4 years with gradual onset, continuous course and deteriorating progress. The patient has been taking treatment in LGBRIMH since. In the current admission, i.e., on 25th May 2020, the patient was brought with the chief complaints of irritability, irrelevant talk, physically abusive, decreased sleep and facial grimacing. The patient was reported going out of the house in the middle of the night and listening to music during late-night hours. The patient has stopped taking medication for the last six months. As reported by the informant, the reason for the relapse was poor compliance apart from the reason that the patient was going through a lot of stress due to his financial condition. Due to COVID- 19 pandemic, he was not able to work as there was a lockdown imposed by the government. A brief mental status examination was conducted with the patient on 8th June'2020. The findings revealed that the patient was over-familiar and restless. His speech was monotonous and his reaction time also decreased and his productivity was increased. The patient's affect was elevated and labile and a flight of ideas was present. Insight of the patient was found to be grade II. The patient was diagnosed with F.29 (unspecified nonorganic psychosis) earlier. Later, the patient was diagnosed with F.31.2 (Bipolar Affective disorder, current episode manic with psychotic symptoms). Upon interview, it was found that the patient's caregiver attributed the illness of the patient as an outcome of a magical influence on his life. The informant version of the Cultural Formulation was used to explore such aspects of the cultural understanding to enhance the treatment procedure.

Findings:

The Cultural Formulation (Informant Version) revealed the following findings:

Sl. No.	Domains	Findings
1	Cultural Definition of the Problem	The informant described the individual's problem as a mental illness and used the word 'pagol hoi goise' (has gone mad). He was unaware of the name of the illness and did not know the symptoms. He would describe the problem to his relatives or friends as a mental illness and the main thing that troubled him most about the illness was that the patient often used to go out of the house which caused distress to the family.
2	Cultural Perceptions of Cause, Context, And Support	The informant believed that the cause behind the illness was some kind of supernatural power (magico-religious phenomena). Someone did black magic on the patient due to which he became mentally ill. Other family members, relatives and friends also stated the same cause behind the illness. Beliefs in supernatural factors are quite prevalent in community people. The informant reported that the patient was in stress due to financial constraints. Family members are supportive towards the patient. Furthermore, the informant narrated that the important aspect of the patient's background or identity was his work life. Due to COVID 19 pandemic patient was not able to earn a living due to the lockdown imposed by the government. Lack of work led to no financial means to take care of daily food expenses and resulted in high levels of stress and anxiety in the patient. Primary support is adequate as the patient's family is supportive towards the patient. They are

			supporting him in the treatment process. The patient's wife, having inadequate knowledge regarding the illness, was unable to provide proper emotional support to the patient. The patient also received adequate support from his workmates and his supervisor in the workplace. His relatives also provide support to him. The tertiary level of support is adequate as hospitals, schools and govt. offices are nearby to the patient's house and they can get access to health, transportation. and other services easily.
3	Cultural Factors That Affect Self-Coping and Past Help-Seeking		The informant reported that the patient was engaged in his day-to-day activity. The patient had the ability to trust and sustain a relationship. He was secure and had an equal participation level and was also responsible. He could make decisions. He was an extrovert and was amiable. The patient was satisfied with his past achievements and was always careful about his health. He complied and conformed to the religious norms and values. Earlier, help from local faith healers was sought before the treatment as they believed that someone has done black magic on the patient. There was no significant improvement seen during this treatment. Later he was admitted to the hospital and he received significant improvement after getting medication.
4	Cultural Factors That Affect Current Help-Seeking		The informant reported that currently, they are expecting proper treatment from the hospital along with the therapy provided to him. The patient sometimes stops taking his medication when he feels better and takes his medication only when he is sick but he believes by taking medication daily, he can stay healthy. There was a lack of information about the illness, poor adherence, and the high cost of treatment were the factors that could affect his current help-seeking behaviour. The family members were satisfied with the current treatment provided to the patient.

Psychosocial Intervention: The following psychosocial interventions were provided:

Psychoeducation

As per the findings of the cultural formulation, the caregiver's illness explanatory model focussed on the influence of black magic. The family have sought help and care from faith healers. Many people with mental illness rely on relatives for emotional support, instrumental and financial assistance, housing, and advocacy. Therefore, the quality of their relationships greatly influences family and client well-being and outcomes. A detailed assessment of the caregiver's cultural understanding and explanatory model of the illness enabled the clinician to initiate and provide personalized intervention to ensure the willingness to the treatment procedure and also to ensure that they cooperate with the clinician to facilitate recovery for the patient. Family psychoeducation programs offer varying combinations of information about mental illness, practical and emotional support, skill development in problem-solving, and crisis management. It is the process in which the therapist provides information and details to the patient's family regarding the illness for

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better understanding. Psychoeducational approaches are developed to increase their knowledge of, and insight into, the illness and its treatment. It also provides further support to the family members to better implement coping measures and enhance interpersonal relationships. At the initial part of the session, the caregiver was ensured that their concerns were understood and help would be provided to them. The caregiver was explained in detail about the illness of the patient. He was provided with information regarding the cause, triggering factors, nature of the illness, course, prognosis, treatment (pharmacological and non-pharmacological), associated risks and early detection signs of the illness. The barriers and the challenges that might act as an obstacle to the compliance of the patient were also explained. This session further concentrated on the role of both the faith they hold and the treatment they are getting in the recovery of the patient. The religious beliefs of the caregiver were underlined as a source of support for them during times of distress. The cultural perspective of the caregiver enabled the clinician to have a better approach to providing psychoeducation on the illness without disregarding cultural ideologies. This further helped the family to enhance their support with the treatment.

Coping Management

Through cultural formulation, it was understood that the patient's financial condition was causing stress to him. Due to the lockdown, he was unable to work which caused distress to him. Coping management strategies were explained to the patient and how these strategies could help him to overcome the stressors as mentioned. The patient was asked to make a list of the coping strategies that he used in the past to deal with stressors. The differences between healthy and unhealthy coping strategies were explained. The cultural perspectives of the patient were acknowledged during the sessions and the patient was asked to follow the practices in their religion that provide him solace. He was asked to daily offer prayers and meditate during times of distress or when he is coming across any kind of stressors. Further, the patient was also taught about how spending more time with the family would enhance his social functioning and that could also enhance his resilience. During follow up, the clinician evaluated the effectiveness of the coping strategies discussed.

Supportive Counselling

Most caregivers take up the caring role in the absence of any significant knowledge about the illness. The roles and the demands of caregiving are interrelated to the responsibilities that they have towards the family. They develop different kinds of coping strategies to deal with these demands and to manage stressors and the burden that they might feel due to caregiving. It is very essential to understand these coping strategies as it helps in managing the burden which further helps in enhancing the functioning of the caregivers. Supportive Counselling was provided to the caregiver of the patient. He was asked to share and express his feelings and the problems that he faced in taking care of the patient. The caregiver further explained the importance of taking care of oneself, ventilating one's feelings and the importance of sharing one's feelings with friends and family members.

DISCUSSION

Culture shapes the perspectives of an individual. People suffering from different kinds of mental illness have their own explanations about the illness. Their perspective regarding the illness is mostly based on their culture, value and belief system. These are some culturally fashioned concepts that account for variations in how people communicate about their illness and the kind of care they seek. The interventions that are provided by mental health professionals may consist of some elucidations that might contradict the perspective or the view of the patient and the caregivers. These differences might often lead to mistrust. The

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patient and the family might often feel that the clinician does not respect their religious ideologies. This can affect the therapeutic relationship and hinder treatment cooperation. For proper treatment, both the patient and the clinician must share the same rationale to some point. The clinician must provide interventions to the patient and the caregivers without disrespecting their cultural idioms of distress. The Cultural Formulation interview helps us to understand these culturally fashioned concepts and the illness' explanatory models. The information generated from the CFI is not final and it is just an overall understanding of the patient and the caregivers' current point of view. Many studies have shown the effectiveness of Cultural Formulation in enhancing the treatment procedure as it provides a cultural understanding of the illness which enables the treating team to provide better treatment. In a study conducted by Roche et al. (2018), the CFI was used to refine the psychiatric assessment procedure by examining the cultural aspects of the illness. The results showed that the CFI helps in assessing such information that are often neglected or overlooked during clinical assessments. In the current study, the CFI helped to understand the caregiver's explanation of the illness and their cultural views. This further provided the clinician to provide culture-focused intervention that included prayers, meditations and family support. This further enhanced adherence to the treatment. The patient had multiple admissions in the hospital and they also sought help from faith healers initially. They attributed their illness or relapse to major life events such as job loss due to lockdown. COVID- 19, has serious physical and tremendous mental health implications one of the most vulnerable but neglected, an occupational community worker is prone to the development of psychological ill-effects due to the double whammy impact of the COVID-19 crisis and concomitant adverse occupational scenario (Qiu et al., 2020; Tandon, 2020).

Similarly, in another study to explore the contributions of Cultural Formulation to understand the illness of 23 migrants, the patients were able to explain their illnesses as tied to their social experiences or event (Rosso & Bäärnhielm, 2012). There was significant improvement seen in the patient after the interventions. The patient was able to open up and share details about his health and express himself. His insight was improved and he maintained the activity schedule during the ward stay and is currently maintaining the same at home. Frequent telephonic conversations are made to ensure the same. The patient was taking the medications regularly without any delay and was coming for regular follow up since the discharge. Knowledge of the family regarding the illness was also increased and they provided assurance that proper guidance and reminders will be made for the patient to adhere to the medication. Monthly follow up was done to evaluate the patient's progress. We attempt to draw attention towards the cultural, interrelated and interdependent perpetuating and causative factors for the development of psychological ill-effects in the patients with the interventions needed to address it, from a psychiatric social work perspective angle.

CONCLUSION

Cultural Formulation was found to be effective in this study as it made the clinician understand the illness from the perspective of the caregiver to avoid any discrepancies. Culturally adapted interventions were provided that ensured active participation and significant improvement was seen in the patient.

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Conflict of Interest

The author(s) declared no conflict of interest.

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