CHAPTER 9

THE CASE STUDIES

9.1. INTRODUCTION

Schizophrenia is a disorder of multifactor aetiology and it creates impairments in the overall functioning especially in the areas of cognition, connotation and affect of the individual affected. It is thus called as king of all mental illness (Francis, 2004). It was well documented that pharmacological treatments are effective in reducing the symptomatic behaviour of the individual affected with schizophrenia but absolute remediation of the illness and the disabilities caused by the illness is beyond the purview of pharmacology due to the handicaps occurs in the areas of the overall functioning especially in the expected level of occupational as well as social functioning of the individual affected since the onset of the disorder that may lead to social isolation, lack of daily living skill, unemployment and sometimes homelessness even (Jamison, 1999). The thoughts on the possibilities of remediating the handicaps caused by the illness other than organic reached at psycho social interventions and gradually it narrowed down to the interventions at individual family level. The reviews affirmed with evidences that a well planned intervention at the patients individual family situation can remediate, to a considerable extent, the handicaps other than organic caused by schizophrenia (Hogarty and Reise, 1980; Kanas, 1993; Liberman, 1998, Leff, 1994). The researcher made an attempt to conduct a study in Indian context on this matter and worked approximately two years with the significant others and patients providing them family psycho education and training related with various aspects of the illness, treatment, skill up gradation for effective management of the patient etc. After two years of varying interventions the researcher could come across with tremendous changes in the knowledge and skill level of the significant others on matters concerning the management of patient and the psychiatric status maintained by the patient. The researcher could come across with considerable impact of family psycho education upon the patients and the
family members. From out of 149 participants 145(97.32%) of the respondents reported some or other sorts of changes in the maintained status of the patient after the family psycho education and a very small number, 04(2.68%), do not exhibit any changes in the maintained status of the patient. Hence the researcher indented to present the case studies of two cases which have exhibited changes after psycho education and two which does not have shown any changes in the maintained status of the patient after the psycho education, though the family and significant others testifies and claims improvements in their knowledge and skills in managing the patient.

9.2. APPARENTLY NORMALLY FUNCTIONING CASES

9.2.1. THE HISTORY OF MR. JADAV

The significant others of a patient Named Jadav hailing from Karveer Thaluk, Kolhapur voluntarily opted the family psycho education program proposed by the researcher. They had their ward aged 22 undergoing treatment at Kolhapur under the care of Dr. Mukarjee with diagnoses of schizophrenia for the last five years. The respondents, a middle aged couple aged 53 and 50 years respectively, are the parents of Jadav and belong to a Hindu middle class family. The father of the patient runs the family business of their own and mother looks after the family. Both the parents are educated up to matriculation. Their ward Jadav, who is undergoing treatment, is the third among four siblings of which the eldest is their son is aged 30 and working as an executive for a multinational company at Pune. The second son is aged 27 is working for a bank as a clerical staff in Kolhapur and the youngest is the daughter aged 19 studying for first year of her graduation. The family do not have a history of mental illness or problems related with mind runs in the family or nearest relatives. The family dynamics was quiet healthy and everything in the family was running quiet normal till the year 2002 when the

1 The Name of the patient has changed to maintain the confidentiality of the case.

2 The Name of the Doctor has changed to ensure the confidentiality of the case.
family noticed some changes in the behaviour of their third son Jadav, then doing his Higher Secondary studies. One day the parents of Jadav were called for the institution, where he studies, for staying away from classes without stating sufficient reasons to the teacher in charge. When the parents enquired about it, they found Jadav’s reasons were not logic and satisfactory. He was complaining that he does not want to go for studies to that college on reasons that everyone is trying to make fun of him. The parents and siblings compelled and tried to convince him and forcefully made him to continue the studies at the same institute. Things went on smoothly for one more moth but the family noticed some changes in the behaviour of Jadav, like staying aloof at room locked from within, taking reduced interest in self care, unexpected irritated reactions etc. Mean while the authorities of the institution where Jadav is studying called for his parents once again and complained of his strange behaviour. The principal reported that Jadav had complained to the Principal of the “increasing number of distracting signals” that the maths teacher is communicating to the other students in the class to make fun of him. The Principle had conducted an enquiry with it and found that the complaint contains nothing factual and something is not normal with the complainant. The principal also noticed the distracted behaviour of Jadav and suggested the family for obtaining psychological help.

The family waited for one more moth from getting any sort of psychological or psychiatric help due to the lack of knowledge about mental illness and the stigma associated with getting psychiatric help to find the condition of Jadav getting worsening. Jadav started behaving very strange for the family and his behaviour with other members in the family has changed. Jadav was found insistently saying that “the face of Sai Baba appears floating” while Jadav sit with the family for food and Sai Baba saves him from his distant relatives who wishes to poison and kill him to avenge his family. Jadav started insisting everyone in the family to put the food for the dog first and then eat. If anybody opposes Javad was fond unmanageably resistant and irritable. Jadav wanted to cook on his own but not successful in that. Jadav was suspicious about his
distant relatives and wants his father to lodge complaint against them to the police, Jadav feels that they are sending girls behind him to spoil his family’s reputation; Jadav was found occasionally saying and shouting at a person he says residing at his room. Jadav started getting angry on small things and believes that someone has done black magic at him to spoil him. Jadav turned absolutely withdrawn and wanted to confine himself in his room locked.

The family found all the way difficult to manage Jadav at home and took him to psychiatric consultation to Pune for the first time to keep the things secret from other members in the community. But Jadav was not supportive to the treatment saying that he has nothing wrong with him. But the family forcefully admitted him for treatment at the age of 17. He was diagnosed with schizophrenia and was admitted for five months in the hospital initially and received various treatments including 12. E.C.Ts. Once Jadav started apparently behaving normal he was discharged from the hospital on outpatient medication. Although outpatient medication had been prescribed, Jadav stopped the medication shortly after leaving the hospital saying that he does not have any problems now and the medication may adversely affect his brain functions. The significant others left Jadav for his demand for not to strain the relationship at the family and trouble Jadav’s emotions since he is sick. One month after stopping the medication Jadav stayed quiet some time behaving normal and started behaving bizarre for the family to admit him in the hospital again for treatment. The patient had been hospitalized thus for more than 13 times in five years before the significant other opted for the family psycho education programme.

The researcher came across with the case of Mr. Jadav while designing the samples for the research. The researcher as part of the research made Jadav and his significant others to pass through the intervention schedule, that has been designed with social work perspectives. The entire process of intervention has been designed in to four stages namely the pre intervention phase, the introductory or orientation phase, the working phase (Intervention), and the
termination phase. Each stages has designed keeping the social work principles in mind such as the principles of individualisation, meaningful relationship, freedom of self determination, principle of unconditional acceptance, principle of communication, principle of socialisation and principle of confidentiality.

The first phase of intervention with Jadav and his significant others is designed as a preparatory phase (The Pre Interaction Phase). It was the intake stage where the social work researcher could make the preparation necessary for the actual interaction with Jadav and his significant others through equipping himself with necessary information about the patient, significant others and from the mental health authorities who handles the case and from the case history kept in the hospital. During this phase the researcher explored the possibilities of situations that may arise while dealing with the patient or significant others and looked forward for options for handling the anxieties on various matters associated with the potential issues and sets the strategies for the interaction phase with the patient and significant others.

The second phase is the introductory and orientation phase. The actual interaction with the patients and significant others started with the introductory, orientation phase. During this phase the researcher developed rapport with Jadav and his significant others, as part of the group work process, during establishing contact and acquaintance with the members in the guilds while orienting and introducing them with the programme. The researcher strategically dealt with the anxieties and doubts of the significant others regarding the psycho education programme and established an agreement or pact of mutual concern with them through mutual understanding. The social work researcher applied the interventions basing the social work principles of acceptance, individualisation, communication and active participation. The researcher used different methods to draft the necessary data supportive for the study at this stage and planned and designed the interactions at the third stage, for the working phase.
The working phase is the third stage, during this phase the social work researcher made the social work intervention at the clientele level and worked with the significant others of Jadav through family psycho education. The researcher used group work principles of communication and participation here. The social work researcher helped the significant others to enhancing the self awareness and awareness about the actual situation through with the family is passing through. So also the researcher facilitated the potential for cognitive growth and changes of the significant others regarding the matters concerned with the illness. In the working phase the social work researcher respected the principle of self determination and valued it. The researcher provided the significant others with all possible information regarding schizophrenia and the training necessary for the effective management for the problem they face with Jadav. The researcher designed the working phase with the significant others of Jadav as five philosophical components. These components are the social work intervention which the researcher made while dealing with the significant others and made the significant others to go through the components systematically so that they gain skills necessary for effective handling of the situations related with Jadav.

- The didactic component. This is the first component. It was designed to give all the possible information about mental illness, the disease through which Jadav is passing through and symptoms and various factors associated with the mental health system. This helped the family to recognise many factors associated with the illness schizophrenia which they were neglecting with Jadav thinking not to provoke him.

- The skill component. Once the didactic component is over, the significant others of Jadav were well oriented about the condition of Jadav. Then the researcher made the significant others to pass through the skill component that offers training in communication, conflict resolution, problem solving, assertiveness, behavioural management, and stress management. Once they went through the skill component the
significant others were made capable of communicating effectively with Jadav, gained skill necessary for resolving the conflicts usually arise at home forcing Mr. Jadav to take medication, go for personal hygiene, go for psychiatric consultation on occasions of warning signs of relapses etc. Before getting the family psycho education the significant others were leaving Jadav on his own to avoid unnecessary problems and conflicts at home and avoid associated stress. They were relying solely on psychiatric admission on occasions of unmanageable relapses. This had been continuing till Jadav significant others got in to the psycho education. The working phase helped the family to gain skills necessary to deal with Jadav. The significant others gained assertive skills and behaviour management skills for Jadav through insisting on the work book and daily adherence work sheet. To gain skills for unmanageable situations particular to Jadav they were very particular to attend the core group meetings and discussions. After the one year of strict adherence to the core group meetings they also gained skills necessary to cope with the stress associated with Jadav illness.

- The emotional component. The researcher designed this component to help the significant others of Jadav who gained necessary skills to manage him to get opportunities for ventilation, sharing emotions, overcome excessive expressed emotions and mobilizing resources that may facilitate them for effective management of Jadav. For this purpose the core group meetings were held according to the need of the respondents.

- The family process component. The researcher made conscious attempt and effort to include the elements that help the significant others of Jadav to gain skills in coping with mental illness of Jadav and its effects in the family. Here the researcher made the family to accept the fact that Jadav is affected with mental disability and the family has to cop up
with him in all the aspects of treatment to bring Jaday back to the status from which Jaday derailed.

- The social component through this the significant others of Jaday were made to go through training that helped them to use informal social support and form a support network system which are available at their need at their ambiance.

The working phase thus has designed with all the possible social work activities aimed at facilitating the significant others of Jaday to gain skills necessary for effectively managing him at home after the discharge. The working phase helped the families to be assertive with Jaday and to identify the actual problem of Jaday and many of the symptoms (which they were ignoring not to trouble Jaday) and helped them to have healthy communication with Jaday, encouraged them to motivate Jaday for socialization, helped the family to help Jaday with alternative solutions to the problems of functioning at various individual levels, oriented the families regarding their significant role in preparing Jaday for treatment and preparing Mr. Jaday for the optimal functioning level, and finally to prepare a therapeutic environment to start the fourth stage, So that the researcher could start with final stage of termination.

Then the researcher planned the fourth phase, the termination phase. This phase is the resolution or end phase. This phase actually started at the time of orientation phase itself, where the researcher explained to the family regarding the process and purpose of the interactions. A termination is very much essential for all sorts of professional interactions since it brings a therapeutic end to the entire process of interventions. The termination is made as planned after one year of various sorts of social work interventions with Jaday and his significant others. At termination the researcher reviewed the status of the patient and significant others and found that so many changes associated with Jaday. At the time of removing the mental status examination Jaday was found apparently normal in appearance and behaviour. He was presentably well dressed well groomed and keeping eye contact with the researcher. He was
found pleasant and found answering many of the questions with insight. The
queries on his status and medication he takes Jadav replied very positively
that he needs medications to continue till his psychiatrist stops it. The
significant others reported that the past year he did not have any case of
absolute relapse and after the psycho education the family was very prompt
with regard to their behaviour with Jadav and for the last three months he has
been on the maintenance medication. The family testifies that Jadav is very
coooperative now with the family members and positively responds to their
interactions. For the past two months they have not heard him speaking
anything of anyone who intents harm to him or the family or the sai Baba or
the person resides at his room. The significant others of Jadav testifies that the
family psycho education they were in helped them to recognize the status of
Jadav and intervene when ever Jadav shows signs of relapse or symptoms. The
significant others testified that they could prevent the absolute relapse on
acting timely and turning assertive towards Jadav on matters concerned with
treatment. The researcher could find Mr. Jadav medical records carry the last
M.S.E with apparently normal report with proper insight. Jadav is now on
maintenance medication and the family is thinking of involving Jadav in the
family business to make him engaged in some activities.

9.2.2. THE HISTORY OF MS. MEERA

The significant others of a patient Named Meera hailing from Panhala Thaluk,
Kolhapur voluntarily opted the family psycho education program proposed by
the researcher. They had their daughter aged 24 undergoing treatment at
Kolhapur under the care of Dr. Paranjpe with diagnoses of schizophrenia for
the last three years. The respondents, a middle aged couple aged 55 and 49
years respectively, are the parents of Meera and belong to a Hindu middle class
family. The father of the patient runs the family business at Kolhapur and
mother looks after the family. Both the parents are educated below tenth. Their

3 The name of the patient has changed to ensure the confidentiality of the case

4 The name of the Doctor has changed to ensure the confidentiality of the case
ward Meera, who is undergoing treatment, is the second among two siblings of whom the elder is their son aged 27 and assisting the father to run the business. The second is Meera aged 24 and completed her graduation at the age of twenty. The family do not have a history of mental illness in the family or nearest relatives. The family dynamics was quiet healthy and everything in the family was running quiet normal till the year 2004 when the family noticed some changes in the behaviour of their daughter Meera, then staying at home after her graduation studies. Meera was not so excellent in her studies and hence the parents were planning to marry her off. Her mother noticed some changes in her behaviour in association with her behaviour towards the other members in the family. Meera resisted the attempts of her parents to arrange her marriage and she started saying that she has a great mission to accomplish before her marriage. Meera reacted to the continuous quarries to her mother with irritation and started refraining herself from others and remain aloof in her room. Meera’s personal hygiene started getting deteriorated and in search Meera’s mother found a pile of worn out cloths and useless things under her coat. When the mother of Meera enquired about it She said that Lord Shiva is in love with her and She is chosen by Lord Shiva to save the world from terrorists. The things Meera has kept under the coat are the materials for the pooja. Embarrassed with the answer of Meera, the mother found Meera talking to the air as if Lord Shiva is present there. Day by day her condition got worsened and the family could not recognize it as a mental illness. They relied on punitive measures and started behaviour rectification moves. Recognizing that the efforts are going futile the family took Meera for psychiatric consultation at Miraj.

The family took Meera to Miraj for psychiatric consultation when they found it difficult all the way to manage her at home. But Meera was not supportive to the treatment saying that she has nothing wrong with her. She believed and responded to the mental health professional who removed the case history that the terrorists inserted bad feelings about her in the minds of her parents and brother and they were highly influenced by the terrorists and at this influence
they wanted to admit Meera in a mental hospital to present the world Meera as a mentally ill so that no body believe Meera and extend their help to Meera for saving the world. Meera was not supportive to the treatment stating that the mental health professionals including the psychiatrist are the agents of terrorists. But the family forcefully admitted her for treatment for the first time at the age of 20. She was admitted for seven months in the hospital initially and received various treatments including 14. E.C.Ts. Once Meera started showing the reduction in symptoms she was discharged from the hospital on demand of the significant others on outpatient medication. Although outpatient medication had been prescribed, Meera stopped the medicine gradually after leaving the hospital for saying that she does not have many problems now and the medication may adversely affect her overall functions and her body weight is increasing uncontrollably. The significant others left Meera for her demands for not to stain the relationships at the family and to trouble Meera’s emotions since she is sick. Meera stayed quiet some time behaving normal after the discharge from the hospital and stopped the outpatient medication and started behaving bizarre for the family to admit her in the hospital again for treatment. The family shifted the treatment from Miraj to Kolhapur on various reasons and admitted her in Kolhapur. The patient had been hospitalized thus for more than 7 times before the significant other opted for the family psycho education programme.

The researcher came across with the case of Meera while designing the samples as part of the research. The researcher made Meera and her significant others to pass through the intervention schedule, that has been designed with social work perspectives. The entire process of intervention has been designed in to four stages namely the pre intervention phase, the introductory or orientation phase, the working phase (Intervention), and the termination phase. Each stages has designed keeping the social work principles in mind such as the principles of individualisation, meaningful relationship, freedom of self determination, principle of unconditional acceptance, principle of communication, principle of socialisation and principle of confidentiality.
The first phase of intervention with Meera and her significant others is designed as a preparatory phase (The Pre Interaction Phase). It was the intake stage where the social work researcher could make the preparation necessary for the actual interaction with Meera and her significant others through equipping himself with necessary information about the patient, significant others and from the mental health authorities who handles the case and from the case history kept in the hospital. During this phase the researcher explored the possibilities of situations that may arise while dealing with the patient or significant others and looked forward for options for handling the anxieties on various matters associated with the potential issues and sets the strategies for the interaction phase with the patient and significant others.

The second phase is the introductory and orientation phase. The actual interaction with the patients and significant others started with the introductory, orientation phase. During this phase the researcher developed rapport with Meera and her significant others, as part of the group work process, during establishing contact and acquaintance with the members in the guilds while orienting and introducing them with the programme. The researcher strategically dealt with the anxieties and doubts of the significant others regarding the psycho education programme and established an agreement or pact of mutual concern with them through mutual understanding. The social work researcher applied the interventions basing the social work principles of acceptance, individualisation, communication and active participation. The researcher used different methods to draft the necessary data supportive for the study at this stage and planned and designed the interactions at the third stage, for the working phase.

The working phase is the third stage, during this phase the social work researcher made the social work intervention at the clientile level and worked with the significant others of Meera through family psycho education. The researcher used group work principles of communication and participation here. The social work researcher helped the significant others to enhancing the
self awareness and awareness about the actual situation through which the family is passing through. So also the researcher facilitated the potential for intellectual growth and changes of the significant others regarding the matters concerned with the illness. In the working phase the social work researcher respected the principle of self determination of the client and valued it. The researcher provided the significant others with all possible information regarding schizophrenia and the training necessary for the effective management for the problem they face with Meera. The researcher designed the working phase with the significant others of Meera as five philosophical components. These components are the social work interventions which the researcher made while dealing with the significant others and made the significant others to go through the components systematically so that they gain skills necessary for effective handling of the situations related with Meera.

- The didactic component. This is the first component. It was designed to give all the possible information about mental illness, the disease through which Meera is passing through and symptoms and various factors associated with the mental health system. This helped the family to recognise many factors associated with the illness schizophrenia which they were neglecting with Meera thinking not to provoke her.

- The skill component. Once the didactic component is over, the significant others of Meera were well oriented about the condition of Meera. Then the researcher made the significant others to pass through the skill component that offers training in communication, conflict resolution, problem solving, assertiveness, behavioural management, and stress management. Once they went through the skill component the significant others were made capable of communicating effectively with Meera, gained skill necessary for resolving the conflicts usually arise at home forcing Meera to take medication, go for personal hygiene, go for psychiatric consultation on occasions of warning signs of relapses etc. Before getting the family psycho education the significant others were
leaving Meera without compelling to avoid unnecessary problems and conflicts at home and avoid associated stress. They were relying solely on psychiatric admission on occasions of unmanageable relapses. This had been continuing till Meera significant others got in to the psycho education. The working phase helped the family to gain skills necessary to deal with Meera. The significant others gained assertive skills and behaviour management skills for Meera through insisting on the work book and daily adherence work sheet. To gain skills for unmanageable situations particular to Meera they were very particular to attend the core group meetings and discussions. After the one year of strict adherence to the core group meetings they also gained skills necessary to cope with the stress associated with Meera illness.

- The emotional component. The researcher designed this component to help the significant others of Meera who gained necessary skills to manage him to get opportunities for ventilation, sharing emotions, overcome excessive expressed emotions and mobilizing resources that may facilitate them for effective management of Meera. For this purpose the core group meetings were held according to the need of the respondents.

- The family process component. The researcher made conscious attempt and effort to include the elements that help the significant others of Meera to gain skills in coping with mental illness of Meera and its effects in the family. Here the researcher made the family to accept the fact that Meera is affected with mental disability and the family has to cop up with him in all the aspects of treatment to bring Meera back to the status from which Meera derailed.

- The social component through this the significant others of Meera were made to go through training that helped them to use informal social support and form a support network system which are available at their need at their ambiance.
The working phase thus has designed with all the possible social work activities aimed at facilitating the significant others of Meera to gain skills necessary for effectively managing him at home after the discharge. The working phase helped the families to be assertive with Meera and to identify the actual problem of Meera and many of the symptoms (which they were ignoring not to trouble Meera) and helped them to have healthy communication with Meera, encouraged them to motivate Meera for socialization, helped the family to help Meera with alternative solutions to the problems of functioning at various individual levels, oriented the families regarding their significant role in preparing Meera for treatment and preparing Meera for the optimal functioning level, and finally to prepare a therapeutic environment to start the fourth stage, So that the researcher could start with final stage of termination.

Then the researcher planned the fourth phase, the termination phase. This phase is the resolution or end phase. This phase actually started at the time of orientation phase itself, where the researcher explained to the family regarding the process and purpose of the interactions. A termination is very much essential for all sorts of professional interactions since it brings a therapeutic end to the entire process of interventions. The termination is made as planned after one year of various sorts of social work interventions with Meera and her significant others. At termination the researcher reviewed the status of the patient and significant others and found that so many changes associated with Meera. At the time of removing the mental status examination Meera was found apparently normal with regard to her symptoms and behaviour. She was presentably well dressed well groomed and keeping eye contact with the researcher. But on enquiry Meera’s parents agreed that still she needs supervision in personal hygiene but otherwise she is functioning apparently normal with regard to the manifested symptoms. She was found presentable and found answering many of the questions with insight. The quarries on her status and medication she takes, Meera replied with insight that she needs medication since she is sick. The query of the researcher on her future plans
Meera replied that she wanted to go for beautician course so that she can start a ladies parlor at her home and can earn for her from home. The significant others are found positive towards her demand but waiting for the positive nod from her treating psychiatrist. The significant others also reported that the past year she did not have the absolute relapse but exhibited some symptoms and family could recognize it and got timely psychiatric attention. The family was at impression that the psycho education helped them to recognize the symptoms at initial stages itself and avail psychiatric help whenever she exhibits the symptoms. Meera’s family testifies that the family psycho education helped them to be assertive with her in their behavior on matters concerned with treatment, medication and follow-up. After the psycho education the family reported that they were very prompt with regard to their behaviour with Meera and for the last four months she has been on the maintenance medication. The family reports that she is very cooperative now with the family members and positively responds to their interactions. For the past two months they have not heard of her speaking anything of the terrorist or the secret mission she is in. Her medical records carry the last M.S.E with apparently normal report with a comment that she needs rehabilitation for improving skills in personal and work performance.
9.3. APPARENTLY NOT NORMALLY FUNCTIONING CASES

9.3.1. THE HISTORY OF UMESH

The significant others of a patient Named Umesh hailing from Kolhapur voluntarily opted the family psycho education program proposed by the researcher. They had their ward aged 36 undergoing treatment at Kolhapur under the care of Dr. Pruthvyraj with a diagnosis of schizophrenia for the last 14 years. The respondents, a middle aged couple aged 50 and 45 years respectively, are the elder brother and sister in-law of Umesh and belong to a Hindu middle class family. The parents of Umesh are no more and hence the brother and sister in-law took the charge of Umesh. The significant others of Umesh were running their family separately and after the death of the parents of Umesh they took the charge of looking after Umesh. When the significant others of Umesh opted for the family psycho education they have completed almost three years of looking after Umesh. Not much had found in the case history of Umesh about the onset of the illness and the significant others were not able tell much about the onset and development of the illness due to the time duration after the onset. The brother who is looking after Umesh is a school teacher and the sister in law is working with Govt. of Maharashtra health service in the cadre of an A.N.M. Both are educated up to matriculation and specialized training they got in the respective fields of their employment. Their ward Umesh, who is undergoing treatment, is the second among two siblings of which the eldest is the significant other. The family had a history of mental illness in the family. The mother of Umesh and maternal uncle had history of depression and the maternal uncle is still continuing the treatment for the same. Umesh developed the illness approximately at the age of 22 while he was doing his graduation. The significant other of Umesh was married and staying separately from the family on service requirements of the couple at the time of the onset of the illness and hence they could not contribute much.

5 The Name of the patient has changed to ensure the confidentiality of the case.

6 The Name of the Doctor changed to ensure the confidentiality of the case.
towards the history of onset of the illness. They could recollect very few things of the onset of the illness that Umesh's personal hygiene started deteriorating and he started remaining aloof from others. The family obtained psychiatric help for his strange behaviour of looking at some particular place without any move for quiet long. His physical activity reduced quiet considerably and he started showing the signs of losing the sense of the surroundings. He stopped responding to the environmental stimulus and many times started taking too long time to do the personal activities. Occasionally the family found him murmuring and smiling without reason. Though the family sought psychiatric help there occurs hardly any change in the behaviour of Umesh. The family took him to various mental hospitals and obtained various treatments but could not find many changes with the status maintained by Umesh. It was at this time his mother expired on reasons of old age and his condition got worsened. The family members admitted Umesh at Erwada mental hospital for eight months. When the situation improved the family brought Umesh back home. In the year 2003 when Umesh's father expired his condition worsened again and the significant other of Umesh placed him for a year at Chaitanya mental health Centre Pune. Once he became manageable the significant others brought him back home and since then he maintains the condition the same. At present he is under the super vision of Dr. Pruthvyraj. Umesh need continuous supervision to do almost all the activities and he is no way capable of looking after himself. The significant others have appointed a servant to look after Umesh in their absence. Umesh takes medication and food whenever the significant other provides. Umesh needs personal care to look after his personal hygiene.

The researcher could find the diagnoses of Umesh as severe catatonic schizophrenia on the case sheet. The M.S.E. kept along with the case sheet of Umesh carries the remark “severe symptomatic” and non responsive.

Though the significant others of Umesh was very much actively participated in the family psycho education and tried to implement the learning they had on Umesh and found him very much passive and not properly responding to the
significant others attempts. They are supervising Umesh very closely and try very much to adhere the work book but the passive response of Umesh appears as a block. The M.S.E and symptom status check which the researcher had made does not show any improvement in the status of Umesh.

9.3.2. THE HISTORY OF MS.DHNYA.

The significant other of a patient Named Dhanya\textsuperscript{7} hailing from Kolhapur voluntarily opted the family psycho education program proposed by the researcher. She had her ward aged 33 undergoing treatment at Kolhapur under the care of Dr. Archana\textsuperscript{8} with a diagnosis of schizophrenia for the last 13 years. The respondent, a middle aged lady of 55 yrs, is the mother of Dhanya and belong to a Hindu middle class family. The father of Dhanya was serving with Indian Armed Force and he died out of lung cancer. The mother is looking after Dhanya and their father’s pension is the sole means of income for the family. Dhanya does not have siblings and the mother is looking after her.

The family had a history of mental illness in the family. The maternal uncle had history of schizophrenia and he is continuing the treatment for the same. Dhanya developed the illness approximately at the age of 20. When Dhanya was developing the symptoms of illness the family of Dhanya was residing at Pune cantonment area. Dhanya was a brilliant student in her studies and scored 97\% in her board exams. She had joined for engineering studies and first year of her study went quiet smoothly. But during her second year exams she came home in between the exams saying that her mind got erased and nothing is in her mind. She started behaving bizarre and refused to continue the studies. One day Dhanya’s mother noticed Dhanya walking on the terrace singing aloud and walking aimlessly. Her attempt to intervene got very irritable and aggressive response. Dhanya was found very careless with regard to her behaviour and dressing and her personal hygiene got deteriorated considerably. Dhanya

\textsuperscript{7} The name of the patient has changed to ensure the confidentiality of the case.

\textsuperscript{8} The name of the Doctor has changed to ensure the confidentiality of the case.
started walking aimlessly in the house placing her hand inside the dress. Sometimes she was found smiling and murmuring but appeared as lost the senses. The family took her to the military hospital where she was diagnosed schizophrenia.

Dhanya’s condition got worsened gradually and the family found that she had been gazing in to space with a captivated expression. They found her taking odd postures and her speech become incoherent. They took her to different hospitals for treatment but her condition got not improved. Mean while her father expired out of lung cancer and the mother daughter duo shifted to Kolhapur, Dhanya’s mother’s home town. Dhanya was agitated, noisy and uncooperative in the initial days after the death of her father but gradually her condition deteriorated to a state of chronic reduced psycho motor responses. She became mute gradually and practically devoid of any spontaneity. She started maintain an assumed position for hours and her expressions were range less.

At present Dhanyais under the super vision and care of Dr. Archana. Dhanya needs continuous supervision to do almost all the activities and she is no way capable of looking after herself. The significant other takes conscious efforts to look after Dhanya well. The significant other joined for the family psycho education program with a hope that this program may bring about changes in her condition. Once when the significant other recognised that the possibility for change is minimal with Dhanya, she was disheartened.

The researcher could find the diagnoses of Dhanya as severe catatonic schizophrenia on the case sheet. The M.S.E. kept along with the case sheet of Dhanya carries the remark “severe symptomatic” and non responsive.

Though the significant other of Dhanya was very much actively participated in the family psycho education and tried to implement the learning she had on Dhanya and found her very much passive and not properly responding to the significant other’s attempts. The significant other is looking after Dhanya with extreme care and tries very much to adhere the work book which the researcher
has developed as part of the family psycho education programme. But the passive response of Dhanya appears as a block for any such move. The M.S.E and symptom status check list which the researcher had used does not show any improvement in the status of Dhanya even after two years of family psycho education. But the social work researcher could find that the attitude of the significant other changed very much toward Dhanya due to the family psycho education program.

**9.4. CONCLUSION**

The researcher planned and implemented varying interventions for the family and significant others of the person affected with schizophrenia for two years as part of the attempt to know the impact of family psycho education in the treatment of individuals with schizophrenia and the researcher came across with tremendous changes in the knowledge and skill level of the significant others on matters concerning the management of patient and the psychiatric status maintained by the patient. The researcher could come across with considerable impact of family psycho education upon the patients and the family members. From out of 149 participants 145(97.32%) of the respondents reported some or other sorts of changes (of which two cases are presented above) in the maintained status of the patient after the family psycho education and a very small number, 04(2.68%), do not exhibit any changes (of which two cases are presented above) in the maintained status of the patient. Though 04(2.68%) patients do not show signs of change due to multiplicity of causes the significant others testifies and claims improvements in their knowledge and skills in managing the patient. Family psycho education, according to them, was a great help at instances of confusion on management and care.