**Chapter III**

**M E T H O D**

The aim of the study, as has been mentioned earlier, is to find out the association, if any, between the socio-cultural factors and mental illness.

**Sample**

The sample consists of 200 mentally ill people suffering from neurotic disorders. The study is limited to neurotics on the basis of the suggestion by psychiatrists practicing in various hospitals in Kerala, because of the difficulty in collecting data from the psychotics by administering questionnaires or by interviewing them. Eaton and Weil (1950) say that cultural values and social relations are far more widely accepted as significant factors for the aetiology of neurosis than of psychosis. Therefore, it was decided that the purpose of the study would be served by taking the neurotics alone.
The psychiatrists with whom the investigator had some preliminary discussions also suggested to take only those cases of neurotics that are commonly found to visit the hospitals for consultation and treatment. The study was, therefore, further limited to the following categories of neurotics viz., anxiety neurosis, depression, hysteria, phobia and obsessive-compulsive neurosis.

In taking the sample representation was given to the three major religious communities in the State, viz., Hindus, Muslims and Christians. People belonging to Scheduled Castes under the three major communities are also given representation. Due representation was also given to males and females, married and unmarried and also people in rural and urban areas. The patient group was selected from Government hospitals and private clinics in different parts of Kerala. The hospitals selected were Medical College Hospital, Trivandrum; Medical College Hospital, Kottayam; Mental Hospital, Calicut; Government Hospital, Trivandrum; District Hospital, Mancherry; District Hospital, Palghat; and private clinics at Manganam and Calicut.
Table 1. Sample.

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<thead>
<tr>
<th></th>
<th>Married</th>
<th></th>
<th>Unmarried</th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
<td>Males</td>
<td>Females</td>
<td></td>
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<tr>
<td>Hindus</td>
<td>13</td>
<td>13</td>
<td>12</td>
<td>12</td>
<td>50</td>
</tr>
<tr>
<td>Christians</td>
<td>13</td>
<td>13</td>
<td>12</td>
<td>12</td>
<td>50</td>
</tr>
<tr>
<td>Muslims</td>
<td>12</td>
<td>12</td>
<td>13</td>
<td>13</td>
<td>50</td>
</tr>
<tr>
<td>Scheduled Castes</td>
<td>12</td>
<td>12</td>
<td>13</td>
<td>13</td>
<td>50</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>50</td>
<td>50</td>
<td>50</td>
<td>200</td>
</tr>
</tbody>
</table>

A control group of 200 normals comparable to the mentally ill in age, sex, socio-economic status, religious affiliation and so on is also taken. The normals are selected in such a way that they have no history of being treated for psychiatric or psychosomatic disorders. Care was also taken to see that these normals are more or less well adjusted in their family and the society (this information on their adjustment was collected from their relatives, colleagues in the offices, friends in the locality or other acquaintances). They are selected from different walks of life.

Tools

An interview schedule was prepared to collect relevant data. Various factors proposed to be studied
were listed in the form of questions. In preparing the items, care was taken to include all possible factors in the social and cultural setting in Kerala. Questions were also included to understand the nature of the treatment received by the subject. Initially 83 questions were prepared taking into account all the possible socio-cultural factors that have been suggested by other workers to be related to mental illness. These factors are divided under the following for the purpose of convenience of analysis and discussion.

(1) Factors related to the family.
   a. Attitude of the father
   b. Attitude of the mother
   c. Outlook of father on life
   d. Outlook of mother on life
   e. Encouragement received at home
   f. Feeling of economic security in the family
   g. Birth order of respondents
   h. Adjustment in the family
   i. Father-mother relationship
   j. Separation from parents in childhood
   k. Relationship with the mother
   l. Relationship with the father
   m. Freedom enjoyed at home
n. History of serious illness in the immediate family

o. Illness during childhood

p. Reaction to birth in the family

q. Reaction to death in the family

(2) Socio-economic status of the individual and his family.

a. Education

b. Occupation of the respondents

c. Job satisfaction

d. Income of the respondents

e. Education of the father

f. Education of the mother

g. Occupation of the father

h. Occupation of the mother

i. Income of the parents

j. Family size

(3) Religious values, beliefs and attitudes

a. Participation in religious observances

b. Participation in meditation

c. Belief in spirits or supernatural power

d. Belief in the power of supernatural forces in curing mental illness

e. Observance of religious vows and fasts

f. Belief in some deities or saints
g. Practice of daily prayer
h. Guilt feeling and prayer
i. Going to the church/temple regularly
j. Guilt feeling if church going is interrupted
k. Difficulty in mixing with other religious or caste groups
l. Opinion about marriage to and from other castes
m. Punishment for telling lies
n. Obedience to elders, parents, teachers, etc.
o. Belief in evil eye
p. Belief in 'Jathaka'
q. Those who believe in 'Nimitham'
r. Belief in 'Rahukalam', 'Muhurtham', etc.
s. Fear of animals, objects or places
t. Objects of fear
u. Belief in destiny

(4) Attitude towards sex, marital adjustment and attitude towards artificial methods of family planning.

a. Age at which respondents acquired sex information
b. Source of sex information
c. Feeling shy about sex
d. Sex as sin and evil
e. Feeling guilty about sex
f. Impotence
g. Attitude toward husband/wife
h. Satisfaction in married life
i. Frigidity
j. Infedility on the part of the partner
k. Suffering from in-laws
l. Dowry given or received
m. Attitude toward family planning
n. Adoption of artificial method of family planning
o. Guilt feeling about adoption of family planning

Apart from questions relating to these factors that are found to play crucial role in mental illness a few questions were added to know the type of treatment.

In preparing the schedule, the expert opinion of the psychiatrists was obtained. The aim of preparing these questions elaborately was that it was to be used as a means of studying the persons in detail and in depth. The Interview Schedule prepared for the purpose is given as Appendix I. The answer sheet on which the responses were recorded is given as Appendix II.

Data Collection

The patient group was selected by the psychiatrists in different hospitals in Kerala. The psychiatrists in charge of the sections were contacted earlier personally
by the investigator and the dates for data collection were fixed.

The neurotics selected for the study were usually out-patients and the cases needed for the study were selected by the doctors as and when they came for out-patient treatment. Some of the patients interviewed were found hesitant to answer the questions. The stigma attached to mental illness seemed to be responsible for it. However, the investigator was able to overcome this initial difficulty by spending some time in a friendly talk and giving assurance that the reply to the questions would be kept confidential without revealing them to anybody including the relatives. With a little bit of sympathy and a genuine desire to understand the problems faced by the patients, it was found possible to win the confidence of the patients and get all the necessary information needed. Some of them even wanted to have more time to discuss their problems with the investigator on the same day even after the collection of data. The fact that some of the patients wanted to maintain the contact with the investigator to get some help and suggestions to overcome their difficulties suggests that the interview was on the whole a success.

The control group of normals were interviewed in their work place or offices or homes as and when they were found free.