DISCUSSION:

The main scales used in the study have been Ittleson's Family Interaction scales and Bell's Adjustment Inventory. Taking Epilepsy and Head Injury as the representatives of the Common Neuro-Psychiatric illnesses, the former scales were used to evaluate the interactional patterns of the family members as evidenced by the assessment made by 'significant members'. The inventory quantified the change, possibly attributable to the illness brought about in the relatives interaction with the patients and the patients interaction with different members of the family. The variations in the severity have been taken as changing variables. Psychological sequelae in the patients in terms of cognitive deficits have been taken care of in the selection of cases i.e. the Neurologist/Neuro-surgeon screens out those patients with severe cognitive deficits. The demographic factors as factors of significance in bringing out a change have been excluded by the fact that matched population have been taken in the different categories. The adjustment changes which might be of significance have been elucidated in the self-rating inventory (Bell's Adjustment Inventory) in different spheres viz.
Home, Health, Social, Emotional and occupational adjustments. Taking all these factors into consideration the family interaction scales might very well be taken as relating to the consequences of Neuropsychiatric illnesses on the patients' relations with others. The Bell Adjustment Inventory also shows certain changes in the patients' own evaluation of the self. But the family interaction scale will give much information on the family members' attitude towards the patient. The effectiveness at which they are able to recoup in the changing circumstances at which they are made to adopt themselves to the never realities in their family life and how these changes are probably brought about are matters of concern. These changes ultimately relate to the ways by which the society probably takes care of the needs of diseased individual through its social measures.

No person leads his life alone; life to a large extent is shared and sharing experience. At any point of time the behaviour of the individual is mostly a group experience. Family is not only a basic unit for growth and experience, fulfillments or failures but also a basic unit of illness and health. The behaviour of each member of the family is affected by every other.
Any physical/emotional illness may either integrate or disintegrate a family relationship. Some forms of illness may be shared by two or more members of a family. The degree of stability or instability in the family relations varies considerably from one disease to another. The relationship of individual personality and the group dynamic processes of family-living constitute an essential link in the chain of causation of states of ill-health and health.

The impact of epilepsy at the index evaluation on the various factors of family interactions are as follows. Among the mild epileptic families, 20% showed initially a poor investment of selves in home. The investment in the home depends only on the family's desire to devote their attention in maintaining a house irrespective of the financial or other implications involved. Fifty five percent of mild epileptic families were still interested in maintaining a good house. This probably indicates that in spite of epilepsy the continued interest did not much abate among these families. When assessed again after six months there is not much change in the percentage of population in either category, i.e., mild epilepsy per se did not alter the investment of self in the family. Among the severe epileptic
families in the initial evaluation families who maintained home in a bad and unclean condition and constituted 30% and those who maintained well formed 47.5%. No doubt there is a slight improvement found during follow-up but this improvement is not to a significant level.

The figures for the mild head injury are 37.5% and 42.5% in the initial evaluation (bad and good categories) and in the follow-up there was a significant increase in the percentage of those families who maintained a good and clean home environment. This probably indicates that with recovery of initial shock people were able to invest more in house. In contrast the severe injury group showed a distinct rise during follow-up from initial 47.5% to 75% in bad maintenance. This probably indicates that the continued stress diverted their interest from maintaining a good home environment.

The strain of looking after severely head injured patients is evidenced by a study of Wilkinson (1969). He studied 54 young patients with severe head injury, many characterised by an initial unconsciousness for a week or more, and average stay in the hospital was 18 months.
Out of the 43 patients who were discharged, 22 had returned to useful work and 13 were at home, being looked after by their family members. The remaining were still under treatment. This study indicates the enormity and chronicity of the continued stress on the care-takers, pointing towards a much likely possibility of demoralization. And naturally they were increasingly becoming disorganized in looking after the family needs.

When all the four clinical groups were compared, it was observed that initially a good number of mild epileptic families maintained home well and clean, whereas the severe head injury families maintained a bad home environment. But on the whole, the four groups did not differ much in their family investment. During the follow-up assessment the mild epileptic group showed good maintenance of home and severe head injury group the opposite.

The severity of epilepsy / head injury on the maintenance of the home did not show much variation between the groups initially, but during the follow-up assessment it was observed that the severely head injured group showed unclean maintenance of home compared to the mildly head injured group and
severe epileptic group. No significant difference was found between mild and severe epileptic groups and mild epileptic and mildly head injured groups. This indicates that the severe head injury group showed a significant decline in maintaining home over a period of time.

Health is concerned not only with inner harmony but also with optional relatedness of person, family and society. Many a time the clinicians and health workers ignore the reaction between the sick and the environment and the distortions in the social processes of the environment. Along with the provision of basic needs and opportunity to evolve a personal identity the family provides 'social togetherness' which forms a matrix for the affection between the family members.

Bertalanffy (1960) rightly pointed out that the client's interactions and transactions with family, friends, extended family, job, neighbourhood, and the community are the fundamental aspects of his functioning and therefore must be assessed. 'Significant others' may enhance the client's functioning, hurt it, or keep it in relative equilibrium. So the interactions among family members have a bearing on the patient's functioning.
The second group measures the interactions among the family members both verbal and non-verbal. Among the mild epileptic families bad interactions signifying lack of interactions, warmth and affection, mutual support and co-operation existed among the family members. There was an absence of authority, and defective and unclear role of functioning. Conflicts and indifferences found in 45% to start with, showed a significant decline in the follow-up after six months to 22.5%. And there was a significant increase in good interactions from 32.5% to 52.5% during the follow-up assessment, which indicates a pleasant, warm, relaxed harmonious atmosphere in the families. It also indicates that the family members respect each other and also proper functioning of each role. Among the severe epileptic families bad interactions found among 50% initially declined to 35% in the follow-up. And there was a significant increase in good interactions from 30% to 50% during the follow-up assessment. These things indicate that the relatives are able to get tuned to the presence of convulsions. This might also indicate the increasing hope shared by the groups that the treatment might be of ameliorative value. As rightly pointed out by Haas (1962), so far as family life is concerned there is often
a high proportion of broken homes, although it is rarely due to epilepsy itself. A similar result is noted in the study on epileptics (Collaborative Study on Epilepsy in India - Report of the Bangalore Centre, 1971). It was noted in the report that the changes in interpersonal or group patterns of interactions going astray are rare. The warmth of verbal and non-verbal communication among family members is not necessarily the function of the family members alone. Schulte (1969) mentioned that epileptics never have a feeling of solidarity with fellow sufferers, but rather find themselves isolated and confronted with an environment which, in their view, is completely blocked. They often confront the environment, their sensitivity and disturability pose a bigger problem in the management. Mechanisms of outward projection, of causal connection with occasional causes, of repression and are mobilized, in order to free him from confrontation with the severity of the disease and the environment often resists by involving, and punitive restrictions. It is often commented that the social consequences of epilepsy are troublesome and the epileptic suffered more from the environment's attitude towards him than from the actual disease. In our study it is found that severe epileptic
group showed an improvement in their levels of family patterns of interactions over a period of six months. This is probably because of the tolerant attitude of the family members or because of the control effected upon the severity of epilepsy with effective measures.

Among the mildly head injured there was an increase in the number of families showing good interactions (45%) in the initial stage to 57.5% during follow-up. The bad interaction in the initial evaluation was 40% among this group, and it declined to 37.5% during the follow-up assessment. Though no significant change is found in the overall interactions the slight improvement indicates that the group interactions probably suffer at the initial impact of head injury and with the lapse of time and continued absence of subsequent pathology, the stress is probably balanced and the interactions begin to show an improvement.

The impact of the quantum of stress is amplified by the fact that among the severely head injured group, 55% at the initial stage and 70% during follow-up show poor interactions.
Though slight deterioration in interactions were found during follow-up the change is not to a significant extent. This slight change indicates the disorganisation of group interactions by the head injury. Similar lack of change in the family relations have been found in other neurological illnesses also. Buck and Hohmann (1981) in a study of patient with spinal cord injury with emphasis on the children found that family relations were not adversely associated with the disability due to illness.

When the four groups of patients are compared both at initial and follow-up stages it was found that no significant difference was elicited between the groups initially but during follow-up a significant improvement found in the interactions in mild and severe epileptic and mildly head injured families. The severely head injured families continued to show bad interactions.

The family groups patterns of interaction between mild and severe epileptic, mild epileptic and mildly head injured, the mildly head injured and severely head injured and severe epileptic and severely head injured groups did not show much variation in the initial evaluation. During the follow-up, the mild and severe epileptic
groups did not show any significant variation in the family group interactional patterns. Whereas among the head injured there is a marked deterioration with increasing severity. The severely head injured as compared to severe epileptic group showed poor interaction. It is possible that the onset of personality changes in epilepsy being late, the group interaction is not much involved in the six month follow-up. It is also possible that the epilepsy is viewed by the public as less morbid. These beliefs might probably explain that the epilepsy as compared to the head injury does not result in severe impairment of interactions. In the case of the families of severely head injured, notice of a slight change in the behaviour of the injured causes much distress to the family members. They may feel lonely and isolated (Malone 1977).

The family group interactional patterns depends as it is on the interrelatedness of group in toto, and the various components of patients' interactions with different members of the family are further studied as follows.
Navran (1967) mentions that happily married couple tend to differ from unhappily married couple in that they talk more to each other, keep channels of communication and show more sensitivity to each other's feelings and needs (result of one partner's disturbance). Marital relationship represents more than the sum of two personalities. There would be a reasonable degree of compatibility in the main areas of shared experiences - the emotional, sexual, social, economic and parental areas. Each would respect the other and be concerned about the other's welfare. Assessment of marital relations is not possible unless the relations from spouse is taken into consideration. Marital crises or disharmony is seldom the result of one partner's disturbance.

There are families where the marital relations will be improved whenever there is a problem of any type. Both the marital partners share the problem, though one partner takes the responsibility of the other. There are also families where, when one of the partners is physically ill, the partners may stay together but emotionally be separate from each other. They lack free communication. The reasons for the family unit remaining together physically are economic needs,
fear of violating the social norms, fear of loneliness, duty to children and lastly no place to go. This emotional divorce may be present, when one of the marital partners is chronically ill.

The third group consists of seven items to study the interaction of patients with the spouse as marital partners. Mutual warmth and affection, co-operation, a balance of dominance, mutual acceptance, shared decision-making and free verbal and nonverbal communication were studied. The mild epileptics as well as the severe epileptics showed a significant improvement during the follow-up period. The good interaction which is present in only 12.5% and 10% among the mild and severe epileptics respectively showed an increase to 45% in both the groups, during the follow-up. The mild head injury group registers 40% initially and 52% during the follow-up in good interactions. Though slight improvement is found in these patients the variation is not at a significant level, whereas the severe head injury group showed a rise though not at a significant level in bad interactions from 55% to 72.5% during follow-up. It is possible that among the epileptics the initial stress at the time of index evaluation
slowly gets eased up with time or it can be either because of an improvement in the clinical status following therapy or because of the slow adaptation to the marital partner. The results are in accordance with the study conducted by Virmani et al (1975), where it is found that the marital adjustment was not adversely affected and in fact there was an improvement in the harmonious marital relationships among epileptics. It also supports the results of Wilson et al (1959) in which a good number of epileptics had made a good marital adjustment. And 50% in the same group had no change in their marital adjustment following the onset of their seizures. During the initial stage the disease brings out stresses to the partner. And the resultant hostility directed towards the disease is possibly responsible for initial disorganisation. Similar studies done elsewhere have brought forth identical results. Myoraku (1978) in a statistical study of long term epileptics found that compared to the national averages there is significant difference in the nuptial life of these patients. The author concludes that the previous studies on epileptics draw certain conclusions against them emphasizing certain peculiarities. He emphasizes that according to statistical
analysis there is no such peculiarity seen among these patients. This fact is considered to make the contribution towards epileptics and their families so as to diminish their anxiety and fears due to epilepsy. Lindsay et al (1979) in a study of epileptic children followed into adult life found that there were differences between the sexes among the epileptics. Female survivors were nearly all married and they produced children at a rate three times greater than the males, whereas the male survivors with continuing epilepsy showed a lessening of sexual interest.

On the other hand in the case of severely head injured group the bad interaction persisted even after six months. Both Thomson (1974) and panting and Merry (1972) showed the severity of the problem as reflected in the marital relationships which tended to be less stable under stress than parent-child relationship. That too when the entire responsibility of the patient rested on the spouse, the spouse cannot mourn decently and the society neither recognizes the grief of the caretaker (spouse) nor provides support and comfort. And these people prolong with an unhappy marital life (Lezak, 1976).

When all the four clinical groups are compared a significant difference is found
between them when assessed initially. The severe epileptic group showed strained interactions compared to mild epileptic and severely head injured group. During follow-up, except severely head injured group the rest showed improved interaction. In fact, a deterioration as found in interactions in severely head injured group.

For example, comparing the mild epileptics and mildly head injured group during initial assessment, there is a significant increase in the incidence of poor interaction among the epileptics. This probably indicates that an epileptic immediately after convulsion is found to be normal and the impact of the disease manifests itself poor interaction in the majority of the group. Whereas the head injured patients are looked down as requiring sympathy and good interaction is found by a majority of the group. During the follow-up period, the severely head injured showed increasing incidence of poor relations as compared to the mild head injury group, which indicates a further deterioration in the interpersonal relations due to continued dependency and the increasing strain on the spouse.

Millard (1969) in his reflections on the rehabilitation of patients suffering from head injury states that rehabilitation of head injury
causes problems because of the associated emotional disturbances. The author opines that these mildly head injured patients should not be hospitalized but allowed to rest at home where the spouses should by gentle encouragement rehabilitate them. This method probably like that in our study brings in good results among the mild injury group. In severely head injured, the spouses along with the patients should be helped in planning for the future with much encouragement to assume self-care at the earliest. Millard advocates a guarded optimism in the rehabilitation programme. It is possible that frustrations and the emotional turmoil in spite of such guarded prognostications might end up in strained marital relations.

In our study though the group of severe epileptics initially showed most strained relations, it is imperative to understand that the relations are not for such a bleak feature. Studies of Walker (1972) on the long term evaluation of social and family adjustment to head injuries involved 195 men after a period of 25 years after injury. Approximately 25% of this group are unmarried. Among those who are married there is much contentment in their marital relations. Only 11% sought divorces compared to 25% among the US men general,
though he concluded that inspite of good immediate adjustment to the disability, over a period of time they deteriorate physically and mentally. He finds a fairly good degree of marital relatedness in the follow-up.

Both father and mother are the two pillars of the family. The proper interaction between the parents is mandatory for the proper nature of the family. Mother protects the child and takes care of its survival whereas the father is protector of both mother and child and a link between the family over the wider society. The fourth group included items to study the interaction of husband and wife as parents. The family has to serve certain functions so that the children are exposed to acceptable cultural norms. The parents regained to show mutual sharing of responsibility in accordance with the culture, mutual help to play their roles as parents, understanding the emotional relations and playing the traditionally accepted roles. These areas can be affected when one of the parents is sick and the other person is called upon to bear the entire brunt of the parenthood.

Among the mild epileptics the interaction as parents improved from 22.5% to 32.5% showing good interactions during follow-up. The early anxieties
probably interfere with the normal role of the patient. Moreover, the diseased very often takes-up dependent position adding further stress to the spouse. But among the severe epileptics group there was a significant increase in those who have poor interaction from 30% to begin with reaching 52.5% during follow-up shows how they are not able to function as good parents.

Jakubowska et al (1981) in their evaluation of health status of children of epileptic mothers studied 94 children aged below 15 years whose conception occurred during the disease of the mother. The group was compared with a controlled group of children with normal mothers. Though the study included congenital anomalies, neurological conditions found a statistically significant difference in both the areas. It failed to note any significant effect on the psychic state of the child.

The mildly head injured group did not show much of a change in their interactions during follow-up. And severely head injured group as may be expected showed an increasingly poor quality of parental interactions from 52.5% to 75% during the follow-up assessment. This supports the results Rosenbaum and Najenson (1976) who comparing the severely brain injured husbands with paraplegics found that the former group used to share with their wives fewer responsibility for raising the children.
When all the four clinical groups are compared, there exists no significant difference though a good number of severely head injured group show strained interaction and mildly head injured showed good interactions. But during follow-up the mild groups of epileptics and head injured showed improvement in their interaction and severe category of epileptics and head injured showed poor interaction.

In the initial stages, comparing the mild epileptic group with mildly head injured group as the initial stress, head injured patients showed a better interaction. But severely head injured groups showed more of a poor interaction though not at a significant level compared to severe epileptic group. This probably indicates that so far as the stress is within limits the spouse is able to make good the loss of the patient in the parental role. But when the stress is severe as happens in severely head injured the disorganisation is so much that the spouse is not able to compensate for it. In the follow-up the severe epileptic group in comparison with mild epileptic group showed bad interactions. Compared to severe epileptic group, severely head injured groups showed bad interactions. And the severely head injured group showed poor
interactions with spouses as parents. Among the mild groups there exists no significant difference. It is pertinent to note that with increasing severity there is increasing interference in the interactions of husband and wife as parents.

The relationship between father-children and mother-children is a two-way process. The behaviour of children affects the marital relations and in the same way the interaction between the parents influence the behaviour of the children. An individual who is ill may be incapacitated in the parental role. In some families, the father has unfulfilled marital relations; his rejection of the wife may be displaced on the children. Ultimately he may reject both. In the same manner, the wife who is dissatisfied with the husband may show a sort of rejection towards the children. This need not be so in all cases. In some families the marital discord may strengthen the relation between the one parent and children.

The fifth group consists of two parts each measuring different areas of parent-children interaction. The first part studying the freedom of interaction between the paren-children and the second part parent's acts toward children. In this group the interaction between the parents
and children are assessed based on the average score of father and mother with children. The rationale for this is that in many a cases the illness of one of the parents may affect not only his but also the spouse's interaction with children. The first part is concerned with the free and effective verbal interaction between parents and children, arnate and the traits of independence expressed in the interaction. Studies show that the patient may form a poor parent because of his inability to be a good model to the child. The feeling of inferiority coupled with inability to perform routine works might make him a poor model, as he is very often prone to believe the impairment in the freedom of interaction might have a bad influence on the growth of the children and the family as a whole.

In families of mild epileptic group the improvement in the quality of parenting was evidenced by good interactions from initial 37.5% to 67.5% during follow-up. Among the families of severe epileptic group there is a significant decline in poor interactions in the quality of parenting with children from initial 37.5% to 25% during follow-up; which indicates improvement. This is probably because irrespective of frequency of seizures an epileptic will be able to perform the role of a parent because
in between the seizure periods they are no
different from normal population. The quality
of parenting in the families of mildly head injured
group showed a slight improvement in good interactions
(from initial 42.5% to 47.5% during follow up) though
not at a significant level. But in the severely head
injured group the parents showed a significant
increase in poor interactions from initial 50% to
75% during follow-up.

When the four groups are compared, initially
no significant difference is found between the groups,
though the families of mild epileptic group showed
good parents-children interaction. But during follow-
up except for the severely head injured group, the
other groups showed improvement in good interactions.

In the initial assessment neither the severity
nor the type of illness had much impact on the results
of interaction, whereas in the follow-up one finds
that with increasing severity there has been a declining
quality in the interactional patterns. Thus the
severe epileptic group showed a significant poorer
interaction than the mild category. Likewise in the
severely head injured group, there are more estrangements
in the interactions compared to the mildly head injured.
And the severe epileptic group rarely showed as much
strained interactions to the severely head injured group. Thus the freedom of interaction suffers proportionate to the amount of anxiety created because of the illness. The head injury and consequences of head injury (severe type) constituted more instability not only in the patient but also the spouse as parents during the follow-up period, and continued absence of pre-morbid normality (as contrasted with epileptics) in the head injury patients probably adds up to the continued perception of parents as different and sometimes dependent, thereby resulting in decreased freedom in interactions.

The second part of this group involves the study of parental activities toward the children such as looking after their physical and emotional needs, control over the children, meeting their demands, participation in children's activities etc., i.e., where the demands on the parents are so much that they will have to spend maximum of their reserves in meeting them. Hence it is understandable that even a slight stress very often offsets this balance.

In families of mild epileptics group the quality of parenting was evidenced by good interactions from initial 30% to 57.5% during follow-up, whereas no significant change in found in the severe
epileptic group. This probably indicates that continued stress in a severe epileptic divests them of their share in the furtherance of children's needs. The spouse too who is much pre-occupied with the health of the patient may not be able to show required attention on children. Thus the mild epileptic with increasing improvement during follow-up is able to shift back to a required level of parenting which also encourages the spouse to pay much attention on children's needs.

Among the head injured both the groups did not show significant change during the follow-up period. The mildly head injured showed good interactions (17.5%) at both the stages, whereas severely head injured showed bad interactions at both the stages. (55% initially and 75% during follow-up)

Among the four clinical groups significant difference is found in interaction between the groups during initial assessment. A good number of severe categories of both head injured and epileptics showed bad interactions compared to mild categories. Among mild categories and severe categories the head injured group showed bad interactions compared to epileptic group. During follow up assessment the mild categories showed good
interactions compared to severe categories. Here again among mild categories and severe categories the head injured showed bad interactions compared to epileptic group.

In the initial assessment itself there has been significant difference found between mild epileptic and mildly head injured groups with more percentage of maintenance of good interactions among the head injured group, whereas in follow-up there is no significant change in the both the categories. This may either indicate that the problems in mild head injury continued to persist or else there has been a consistent improvement among the mild epileptics. Between severely head injured group and severe epileptic groups, though there is not much difference in the initial assessment there has been a significant decline in interaction in the severely head injured group. The follow-up assessment shows that in both the categories there has been a significant decline in both the groups with increasing severity. In short the parenting activity shows a decline proportionate to the severity in both the categories. Though the impact may be similar in both the mild categories the effect of head injury are more lasting.
In severe groups the head injured show a perceptable decrement. This is in accordance with the observations made by Malone (1977) that young children often bear the brunt of family's troubles. They may be ignored by the brain injured and inadvertently neglected by the healthy parent, who is trying to keep the family going single handed.

The next group of items of the study is the interaction of children with parents. The children's reaction to the parent depends on the amount of control and care derived from the parents. In some cases the children bear the entire responsibility of the family when one of the parents is sick. The diseased parent may not be capable of looking after the children, whereas the healthy parent in meeting the demands of the situation is often unable to care for children. Children in reacting to such a situation either aggressively rebel or are excessively over-compliant. Both the situations are indicative of pathological children-parent interactions. This relation may vary from disease to disease, nature of severity of the illness, their perception about the disease and also relations with the diseased earlier.

The children of mild epileptics showed perceptible increase in good relations with their parents from initial 20% to 55% during followup. A similar increase (from 32.5% to 50%) is also noted in severe epileptic
group. 'But in the head injury group, as regards children-parents' interactions, the mildly head injured group did not show any significant change in good interaction (from initially 50% to 45% during follow-up), whereas the children of severely head injured group showed significant increase in the poor interactional pattern from 50% to 75%.

Among the four clinical group initially no significant difference is found between groups of children-parents-interaction. Though 50% of children of severely head injured patients showed bad interactions with their parents, all the other groups showed moderately good interactions. But during follow-up all the groups except severely head injured showed 'good to normal' children-parents interactions. In the case of severely head injured most of the parents (patient and spouse) showed bad children-parents interaction.

In the initial and follow-up assessments the severity of epilepsy did not effect any significant difference in the children parents interaction. This may be because children do not show the impact of the disease so far as normality prevails. In contrast, though there is no significant difference in both groups of head injured in the initial evaluation, the follow-up shows a significant decline.
in interaction in the severe head injured group, probably proportionate to the severity of the head injury, and hence the sequelae. Among mild categories, though to begin with the head injured patients showed a good children-parents interaction during follow-up it is the epileptic group which showed the better level of interaction. Among the severe categories, the severely head injured showed bad interactions during initial assessment compared to epileptics, whereas during follow-up the epileptics showed considerable improvement in the children-parents interactions and the head injured category showed deterioration.

In both head injured and epileptic groups, it is obvious that the more disorganised the functional performance of the parent the poorer is the children's way of treating them as parents. Among all the groups those with severe head injury suffer the most in terms of psychological lacunæ. And it is obvious they suffer the most. In both the groups, epileptics and head injured the good interaction is comparatively better among the epileptics because of the frequency of seizures only at times interfere with normal interactions, and the children are able to perceive a fairly unchanging parent whereas, in the head injured it is obvious that there a line of demarcation between the old and the new selves of the parent.
The last group involves the study of the interaction between the children of the diseased. This may be the reflection of the distress to which these children are subjected. The distress may be due to the lack of adequate care by the diseased as well as the supporting parent, and may equally well be due to the children's perception of the morbidity.

Among the children of the epileptics the frequent witnessing of the gruesome seizures and the defects on the changes in psychological aspects of the parents have an impact on the growth of the child. Similarly, culturally significant implications of the injuries on the head and psychological consequences in the parent following head injury are mandatorily stressful to the psychological growth. The growing sense of insecurity in these children might give rise to difficulties in the personal sphere and hence interpersonal relatedness. This is naturally much more obvious among the siblings who are both exposed to the same vulnerabilities.

This area includes the warmth and affection between children, interest in each other and respect for each other's needs on the part of the parents. There is general improvement in the interactions between children of mild epileptics from initial
27.5% to 62.5% during follow-up. The interaction between children of severe epileptics also showed a similar increase in the percentage of good interaction from 25% during initial assessment to 52.5% during the follow-up assessment. But among the head injured, the interaction between the children showed no significant change (though slight improvement), and a significant decrease in good interactions (from initial 37.5% to 20% during follow-up) is found in interaction between children of severely head injured group. As in the previous group, the presence of the interictal normalcy or the lack of further psychological changes among epileptics during follow-up may be responsible for the improvement. But change in behavior among severely head injured may be responsible for the increase in bad interaction between children.

During the initial assessment all the four groups did not show much difference in the child-child interaction, though slightly the two categories of head injured showed bad interactions compared to epileptics groups. During follow-up, it was found that the severely head injured group showed significantly bad interaction between children compared to other three categories.
Thus the severity of illness did not affect the children's interaction to start with in both the groups i.e. mild epileptics, severe epileptics, and mildly head injured - severely head injured. The situation remains the same in the case of mild and severe epileptics during follow-up. But between mildly and severely head injured, the former group showed better child-child interaction.

Among the mild and severe categories the head injured showed poor interaction compared to epileptic group. This is all the more so during follow-up. In both the groups the head injured significantly showed poorer interaction than the epileptic groups. The pattern is evident that children react much more to the permanent damages in increasing severity proportionate to the extent of involvement.

The total family interaction shows that there is a significant increase in healthy interaction in both mild epileptics (from initial 15% to 47.5% during follow-up) and severe epileptic groups (from initial 12.5% to 47.5%). Though slight increase in good interaction (from initial 42.5% to 57.5%) is found among mildly head injured, during follow-up the bad interactions remain static and hence no significant change is found during follow-up. In the case of severely head injured, there is, in fact, a rise in bad interactions from initial 52.5% to 72.5% during follow-up found, though the change is not to a significant level.
During initial assessment, though slightly more than half of the severely head injured patients showed bad interactions and other three groups showed normal to good interactions, no significant difference was found in total family interactions between the four clinical groups. But during the follow-up assessment one finds that the severely head injured group showed bad interactions, whereas the other three groups showed moderate to good interactions. The impact of the pathology in the initial stages showed that there is no significant difference with respect to the severity in both epileptics and head injured categories. Among the mild categories, the head injured group showed bad interaction compared to epileptics, whereas in the severe categories no significant difference is found between the two. Follow-up showed no significant difference between mild and severe categories of epileptics. Between the mild and severe categories of head injured the severe group showed poor interaction, whereas among mild categories the head injured showed better interactions compared to epileptics. Among severe categories the head injured group showed bad total family interactions. The severely head
injured group probably because of its attendant consequences registered the maximum decline in the interaction whereas the mildly head injured category showed slight improvement, though not at a significant level in their family interactions. Epileptics show a lesser long-lasting effect, and improvement is found in total family interactions in both the categories during follow-up irrespective of the severity of the illness. Also, it is possible that because the patient irrespective of the frequency of convulsions, shows a normal behaviour in between the convulsive period, the perception of the family about the diseased will be good.
Bell's Adjustment Inventory is administered to the patients to find out the patterns of adjustment of the epileptics and head injured in 5 different areas of living viz., home adjustment, health adjustment, social adjustment, emotional adjustment and occupational adjustment. The patient's assessment in the beginning of his adjustment is compared with the same six months later. Though it is possible that the scores might be wrong because of the personal bias of the patient, the qualitative change during follow-up alone is taken into consideration. And hence even if there is an impairment in judgement, it is attributable to the psychological consequences of the illness. It is often noted that patients may be more dependent, hypochondrical, depressed, or even attention-seeking during the cause of their illness. And these defects in the actual assessment might hamper the proper self-rating; such an impairment is taken as part of the illness and hence taken into consideration.

Home adjustment is the first area studied. The adjustment of the patient with the home conditions encompasses in its purview the place of living, patterns of interaction with the various members of the family, personality growth, likings and dislikings prevailing between the family members. Mild epileptics showed a significant level of improvement in their adjustment.
with the home conditions from 37.5% (excellent and good) to 72.5% during follow-up, whereas the severe epileptics showed some improvement in their adjustment during follow-up though the change is not to a significant extent. It is possible that with the control of seizures, the mild epileptics might have been treated normal like others and hence a good improvement is found, while with recurrent seizures the severe epileptics might have been perceived as severely sick by others, and hence no significant improvement in their adjustment with home conditions.

The mildly head injured group showed a considerable improvement in their adjustment from initial 37.5% (excellent and good) to 57.5% during follow-up assessment. The severely head injured group too showed improvement in their adjustment from initial 25% (excellent and good) to 42.5% during follow-up. Millard (1969) in his plans for the rehabilitation of patients suffering from head injury emphasised the need of the patients and their families for help in planning the future. Mildly injured patients improve better with rest at home. Severely head injured are much to be encouraged to assume self care as soon as possible, as a prolonged stay in hospital reduces their initiative.
It is significant that despite of severity, an accepting family and an acceptable patient weigh much in mitigating the effects of the injury.

When all the four groups are compared, initially no significant difference is found in their adjustment with home conditions. Though most of the patients of severely head injured showed very poor adjustment, a significant number in all other groups too showed poor adjustment. When assessed during follow-up, except severe epileptic group, other groups showed remarkable improvement in their adjustment with home condition. On the whole, a significant difference is found during follow-up.

The home adjustment of epileptics as a whole in the initial evaluation did not vary significantly, showing that the severity of illness in the beginning does not have any impact on the patients' perception of home adjustment. In the follow-up, the mild epileptic category showed an improvement in the home adjustment. Similarly, the severity of injury did not alter significantly the patients' view of home adjustment at the initial stages of assessment. But during follow-up,
improvement in adjustment is found to a greater extent in mildly head injured group. Among the mild categories, the head injured, showed comparatively better adjustment than the epileptics in the initial evaluation. But during follow-up, good improvement is found in both the groups and hence did not show significant difference. Among the severe categories, apparently both the groups showed poor adjustment, though severe epileptic category are slightly better compared to the head injured group. But during follow-up, the severely head injured showed significant improvement compared to severe epileptic group, and hence these two groups differ significantly. Though the improvement in their adjustment (severely head injured) is significant, most of the severely head injured (52.5%) showed unsatisfactory and very unsatisfactory adjustment during follow-up.

The second area of study is about the health adjustment. The items tend to measure the patient's tendency to an excessive concern about the bodily symptoms, subjective sense of impairment in normal mood and thought, and his perception of resultant disability. This will give an idea how a person views an impairment in his physical well-being. According to Ziegler
(1981) epilepsy can produce disturbance within the patient, the parent and the family system. Epilepsy, as a medical disorder disrupts the patient's and parents' sense of control and competence. The mutual role of the individual and family in the evaluation of the concept of self is much known and Ziegler mentions that epilepsy's impact of these central issues can become a major long term complications. But in our study the mild epileptics showed a significant improvement in their adjustment with health conditions from initial 42% (12.5% excellent and 30% good) to 72.5% (22.5% excellent + 50% good) during follow-up. This is so because when the seizures are under control and there is good attitude on the part of the family members the perception of the patient about his health will be good. On the other hand in the case of severe epileptic group, there is a deterioration in their adjustment from the initial 42.5% (32.5% unsatisfactory and 10% very unsatisfactory) to 67.5% (32.5% unsatisfactory and 35% very unsatisfactory) during the follow-up assessment. This is attributable to minor physical injuries due to unexpected and unwarranted seizures, resulting in deterioration.
in the patient's perception of his adjustment with health conditions. In the case of mildly head injured there is found an improvement in the adjustment. But this change is not to a significant extent. Though initially 37.5% (17.5% excellent and 20% good) showed positive health adjustment, during follow-up there is a rise in number to 57.5%, whereas in the case of severely head injured group only 25% (12.5% each excellent and good) showed positive adjustment and there is a significant improvement during follow-up.

When all the four clinical groups are compared initially no significant difference in their adjustment is found, though more than 50% of the severely head injured patients showed poor adjustment. And about 40% of mild categories showed better adjustment with their health conditions. During the follow-up assessment most of the patients of the mild categories showed improvement, whereas deterioration is found in severe categories. Hence a significant difference found in their adjustment during follow-up.

Among the epileptics both at initial and follow-up assessments, the mild epileptic group showed a better adjustment with health conditions than severe
epileptic group. The frequent episodes among the latter group and the increasing hours of incapacitation probably make them aware of the severity of the health problem. Rangaswami (1971) in his study on adjustment of epileptics reported poor health adjustment of the epileptic patients. This study did not take the severity of illness into consideration and assessment was done at a particular time. But among the head injured during both initial and follow-up assessments there was not much significant difference in the level of adjustment. It is possible that both categories of patients initially look upon the head injury with some amount of fear, and the consequent psychological changes posing problems in adjustment are not understood by the patients. But during the course of treatment when health is restored gradually, the perception about health also will be positive. In the study it is found that the mildly head injured improved well, compared to the severely head injured group, though improvement is found in both the groups. Since severe deformity cases are excluded from the study, the improvement is found gradually in both the cases. Among the mild categories during initial assessment the epileptics showed a significant better adjustment compared to the head injured. During follow-up, improvement is
found in both the groups and hence insignificant difference found between the groups. In the case of severe categories though severe epileptics initially showed less good adjustment compared to the head injured (42.5% showed poor adjustment in the epileptic group in contrast to 62.5% in the head injured group), during follow-up the epileptics showed poor adjustment compared to the severely head injured. The presence of very poor adjustment in epileptic groups during follow-up indicates the possible aggravation of the sense fear and dependency with the frequent occurrence of the psychological noxae.

The third area of adjustment measures the patient's level of functioning, his capabilities as a leader and the spontaneity of his social mixing. It indicates how much a person is popular among the social group and how far he is able to effectively function as a social being. The scale measures how aggressive or how retiring a person is during social relations in the normal situation and special occasions like social gathering and festivals. The social mixing very often depends upon the patient's assessment of his capacity, the degree to which he feels at ease about the illness and to some extent on the nature of the brain damage itself. In general a cortical damage makes the person more an extravert.
The mild epileptic group did not show any significant change in their social adjustment during follow-up though they (52.5%) showed retiring and very retiring features compared to initial 32.5%, whereas in the case of the severe epileptic group, initially 30% (20% retiring and 10% very retiring) showed retiring features in social contacts which during follow-up, increased to 52.5% (27.5% retiring and 25% very retiring). The patients' perception of self can show a change either because of the inherent consequences of illness or because of the environmental changes. Schulte (1969) mentioned that epileptics never have a feeling of solidarity with fellow-suffers, but rather find themselves isolated and confronted with an environment which, in their view, is completely blocked. The social consequences of epilepsy such as curbs on practising his profession, advice against marriage etc., augment his feelings of desolation. In spite of drastic improvement in the field of medicine, the knowledge of the public about epilepsy is rudimentary especially in the Indian set-up. The epileptic suffers more from his environment's attitude towards him than from his actual illness. It is worth mentioning here that even doctors have negative attitudes about people suffering from epilepsy, and even they lack knowledge about the management of epileptics (Beran et al 1981).
The social maladjustment can be attributed to the stigma attached to epilepsy. In particular epileptics with frequent convulsions feel inferior, and find it difficult to establish social relations.

The mildly head injured did not show any change in their adjustment during follow-up. Though slight change is found from initial 42.5% (25% aggressive and 17.5% very aggressive) to 57.5% during follow-up, the change is not at a significant level, whereas in the severely head injured group there is significant change in their adjustment from initial 22.5% (12.5% aggressive and 10% very aggressive) to 42.5% during follow-up. This is in support of the study conducted by Erculai (1969). The author reported that both employed and unemployed men with head injury claimed to have many friends, but the working men had social and community contacts even much more than the unemployed.

When all the four groups are compared, initially a significant difference in their adjustment is found. Most of the severely head injured group (62.5%) showed retiring and very retiring features in social contacts compared to the other three groups. During follow-up no significant difference existed between the groups.
lightly a little higher than 50% of epileptics of both categories showed retiring features. And 57.5% of the mildly head injured showed aggressive and very aggressive features in social contacts in contrast to the severely head injured (47.5%) who showed retiring and very retiring features.

Considering the disease categories, the epileptics as well as head injured, inspite of their varying severity, did not show any difference in their social adjustment at both initial and follow-up stages. Though there is no difference in adjustment in mild categories during initial evaluation, in follow-up assessment the epileptics showed retiring features in social contacts compared to the head injured. It is possible that inspite of being mild, the epileptics still feel the stigma of the disorder. Ryan et al (1980) in their study of the stigma of epilepsy as a self-concept gave two explanations for the cause of the stigma. According to the first model, a medical approach, a direct relationship exists between the severity of the individual's seizure and the perception of stigma. The second model, a sociopsychological approach, assumes that the defects of seizures' severity on the perception of stigma are mediated by other individual characteristics. In the present study it is probable that
the mild epileptics are ill-adjusted because of social stigmatization of epilepsy.

Among the severe groups, the severe epileptic groups showed more aggressive features in social contacts compared to the head injured. But during follow-up, severe epileptic group showed more retiring features in social contacts compared to severely head injured. It is probably the sense of shame among the epileptics and their constant fear of the possible convulsions that contribute to increasing retiring social relations among the epileptics.

Emotional adjustment forms the fourth category of study. This includes the various psychological consequences of the illness both due to the intrinsic as well as extrinsic causes. As noted earlier both head injury and epilepsy per se can bring out certain emotional changes. And both of them are subject to socio-cultural maladjustment bringing in its train the reactive emotional problems. The items tend to study the emotional adjustment of the individual with reality, the affective components of depression or anxiety and the degree of neurotic instability these patients show. The emotional adjustment depends on the above factors and is measured by the items in the scale.
The mild epileptics during follow-up showed a significant improvement in adjustment from initial 30% (12.5% excellent and 17.5% good) to 57.5% (12.5% excellent and 45% good) during follow-up, whereas the severe epileptic showed a significant deterioration in their adjustment from initial 37.5% (22.5% unsatisfactory and 15% very unsatisfactory) to 65% (35% excellent and 30% good) during follow-up.

The mild epileptics whose seizures are well-controlled with subsequent normalcy do not produce emotional disturbances in a congenial family atmosphere. But in the case of the severe epileptic group, repeated convulsions which are uncontrollable and the associated social stigma might produce emotional changes. This is in accordance with the results of the studies made by Maithraye (1967) and Lakshminarayana (1967) on epileptics reporting emotional disturbances in their epileptics.

The mildly head injured group showed a better emotional adjustment during follow-up compared to initial assessment. Forty percent (25% excellent and 15% good) of epileptics showed initially better adjustment, and during follow-up their number has risen to 60% (22.5% excellent and 37.5% good). Though slight improvement is
noticed in severely head injured group, most of them showed poor adjustment at both the stages. In the case of mildly injured, they do not show any emotional instability, when the injury is superficial and once they are able to resume their normal activities. When the injury is severe there is a possibility of abrupt change in life, and particularly when the patient is exposed to situations with which he cannot cope, he is likely to show emotional instability.

When all the four groups are compared initially, significant difference is found in their adjustment. Of all the groups the severely head injured group showed poor emotional adjustment. And mild epileptic group showed comparatively better adjustment. During follow-up assessment, more than half of the mild categories of patients showed better adjustment. And among the severe categories the epileptics (65%) showed poor adjustment. And the severely head injured group (47.5%) too was in the direction of poor adjustment.

The epileptics as a category did not show much significant difference in the initial assessment. But during follow-up the severe epileptics were less well-adjusted.
The severity of head injury did not influence the level of adjustment either in the initial or in the follow-up phases. Comparing the mild categories, there is not much of a difference between the epileptic and head injured in both the phases. Among the severe categories though the head injured are illadjusted initially, during follow-up their adjustment is better compared to epileptics. The results indicate the patient's view of his illness. Thus it is the severe epileptic category wherein the patients are exposed to recurrent occurrence of fits, and hence the periodic state of helplessness that shows the most severe degree of emotional maladjustment. Thus emotional instability may very well be due to difficulties they experience in society. Eadie (1981) mentions that the disability varies with psychological components of the patient as well as the attitude of the local community.

The last area of the study connotes the patients' ability to adjust in his occupational sphere. The occupational adjustment involves the sense of satisfaction in the patient himself, his ability to execute the job and his adjustment with his colleagues and superiors, though in both
illnesses there can be certain lasting deficits leading on to difficulties in job. The occupational adjustment can very well be impaired by his problems in other areas of functioning, e.g., difficulties in meeting with fatigue, emotional adjustment with the co-workers or even bearing with the boredom and monotony of work.

The mild epileptic group registered a significant improvement in their occupational adjustment from initial 35% (7.5% excellent and 27.5% good) who showed better adjustment to 67.5% (12.5% excellent and 55% good) during follow-up. In severe epileptic group 27.5% (12.5% unsatisfactory and 15% very unsatisfactory) of patients showed initially poor adjustment. During follow-up this increased to 52.5% (27.5% unsatisfactory and 25% very unsatisfactory). This shows that there is a significant deterioration in occupational adjustment during follow-up compared to initial assessment. The difficulty that very often arises is the unpredictable occurrence of the seizures. It is found in many studies that the epileptics conceal the illness to employer due to fear of being removed from the job and social ostracism. In the study of Danesi et al (1981) on the social problems of adolescent and adult epileptics in Nigeria it is found that
90% of epileptics had job but about a third of these had lost income because of the illness. This study reveals lack of knowledge about epilepsy among the public. This is evident from the study of Sands and Zaikind (1972) who failed to modify the attitudes of business executives towards employing persons with epilepsy or toward job related activities of epileptics even with intensive education campaign. Goodglass, (1963) in his study on the evaluation of vocational adjustment of epileptics, taking into consideration the frequency and severity of seizures, found more occupational problems in severe and middle categories of handicap. He concludes that epileptics with less frequent seizures present no significant employment problem. The findings of the present study also are in accordance with the results of Goodglass. It is probably because when the seizures are under control as in the case of mild epileptics, the illness hardly has an impact on the adjustment with job. It is more so when the employer and co-workers are kind and understanding, whereas in the severe epileptic group the recurrent occurrence of fits and the emotional disturbances due to fits may lead to illadjustment with the job.
The mildly head injured group showed a significant improvement in occupational adjustment during follow-up, compared to the initial assessment. During the index evaluation only 37.5% (25% excellent and 12.5% good) showed sound adjustment with the job, and at follow-up there is a significant increase in number to 57.5% (30% excellent and 27.5% good) showing the same adjustment. It is widely reported by many authors that the majority of head injured people do return to a gainful life. Burn (1952) found that only 17% of 1,648 unselected head injured men were unable to return to work due to cerebral encephalopathy. Probably, the quick recovery from the injury and absence of other handicaps are responsible for this factor of better occupational adjustment.

In the case of the severely head injured group, though a slight improvement is found in their adjustment with the job, about half of the patients both at initial and follow-up assessment showed poor adjustment. Wertheimer and Touraine (1947) reported a high percentage of vocational recuperations in a series of 250 cases of serious civilian
head injuries. It is possible that the severity of injury and also associated sequelae might hinder these patients in proper adjustment with the job. But many studies (Lewin, 1968; Lecuire et al. 1971; Miller and Stern 1965) on severe head injuries showed optimistic results and good prognosis for occupational adjustment. In the present study slight improvement is found in the severely head injured patients. It is also possible that these patients might show further improvement in course of time, as cases with severe cognitive deficits and physical abnormalities are excluded from the study.

When all the four groups are compared in respect of their adjustment, initially it is found that slightly more than half the severely head injured showed poor adjustment compared to all the groups. Overall no significant difference is found in their adjustment. During follow-up the mild categories showed sound adjustment compared to severe categories. Among the severe categories the epileptics (52.5%) showed poor occupational adjustment. On the whole, a significant difference is found in their adjustment.

The severity of illness during initial assessment did not produce any change in epileptic
group, but during follow-up the mild category showed good adjustment compared to severe epileptic group. Among the head injured groups no difference is found in their adjustment both at initial and follow-up phases. Among the mild categories the head injured are better adjusted to begin with, but during follow-up epileptics showed good adjustment compared to the head injured. Among the severe groups no significant difference is found at both initial and follow-up phases.

Based on the scores in each area, the total score gives the measure of the overall adjustment of the four groups. Mild epileptic group, except in the area of social adjustment, showed significant improvement in other areas. Hence in total adjustment also they showed improvement during follow-up compared to initial assessment. Initially 40% (25% unsatisfactory and 15% very unsatisfactory) showed poor adjustment and during follow-up the number has decreased to 22.5%. On the other hand, the severe epileptic group showed deterioration in all areas of adjustment, except in the area of 'Home Adjustment'. The overall adjustment shows significant deterioration. Initially 42.5% (15% excellent and 27.5% good) showed poor adjustment and during follow-up there is a significant rise in number to 65% (22.5% excellent and 42.5% good).
The mildly head injured group showed improvement in the areas of 'Home Adjustment', 'Emotional Adjustment' and 'Occupational Adjustment'. Overall adjustment shows a significant improvement. Initially only 32.5% (12.5% excellent and 20% good) showed better adjustment and during follow-up 57.5% (37.5% excellent and 20% good) showed better adjustment. The severely head injured group showed improvement in the areas of 'Home Adjustment', 'Health Adjustment' and 'Social Adjustment'. In total adjustment though initially 22.5% (10% excellent and 12.5% good) showed better adjustment, during follow-up there is a significant rise to 42.5% (27.5% excellent and 15% good). But during follow-up still more than half of the patients showed poor overall adjustment.

When all the four groups are compared initially for total adjustment, it is found that most of the severely head injured patients (70%) showed poor adjustment. But other groups too did not show better adjustment initially. Hence no significant difference is found between the groups. During the follow-up assessment among the four groups the severe categories showed poor adjustment and mild categories better adjustment. Among the
severe categories the epileptics showed very poor adjustment compared to the head injured. Hence a significant difference is found in total adjustment between the groups.

Among the two categories of epileptics no significant difference is found in total adjustment during index evaluation. But during follow-up, the severe epileptics (65% showed poor adjustment compared to mild epileptics (22.5%). The severity of epilepsy has no impact on the adjustment initially but during follow-up the severe epileptics showed poor adjustment.

Among the head injured categories, initially severely head injured (70%) showed poor adjustment compared to 42.5% of mildly head injured patients. During follow-up, though mildly head injured (57.5%) showed better over-all adjustment compared to the severely head injured (42.5%) the difference between the groups is not significant. But in head injured categories the impact is evident in index evaluation. But during follow-up the impact of severity is not significantly found on the adjustment.
Among the mild categories the head injured group showed better adjustment at both initial and follow-up phases compared to epileptics. Among the severe categories, the head injured showed poor adjustment initially, but during follow-up the severe epileptic group showed poor adjustment.

Among all the groups the severe epileptics tend to segregate themselves as a group, which is unsatisfactorily adjusted. In the studies of Rangaswami (1971) and George (1976) too overall disturbed adjustment is found in their epileptics. But in their studies severity of epilepsy is not taken into consideration.

Though significant improvement is found in severely head injured group more than half of the patients still show poor adjustment. Probably these patients would show gradual improvement not as fast as the mild category over a period of time.
From the foregoing results and discussion the following could be stated with regard to the hypotheses made at the beginning of the study (Chapter III).

1. Mild epileptics were found to show significant improvements in total family interactions during follow-up in accordance with hypothesis (1).

2. The severe epileptics showed significant improvement in total family interactions which is not in accordance with hypothesis (2).

3. A significant improvement in total adjustment in mildly head injured was expected; however against expectation, they remain unchanged at follow-up (hypothesis 3).

4. Though slight deterioration is found in total family interactions in severely head injured they remain unchanged during follow-up which is against hypothesis (4).

5. Mild epileptics were found to show significant improvement in total adjustment during follow-up which is in accordance with hypothesis (5).

6. In accordance with hypothesis (6) severe epileptics showed deterioration in total adjustment during follow-up.

7. An improvement in total adjustment was predicted in mildly head injured during follow-up. The result that showed is in accordance with hypothesis (7).
8. A deterioration in total adjustment was predicted in patients with severe head injury; however, against expectation, they showed improvement (hypothesis 8).

9. Against the hypothetical expectation (9), a significant difference is found between the mild categories both initially and during follow-up. Initially the mildly head injured group showed good interaction compared to mild epileptics, but during follow-up the mildly head injured showed bad interactions.

10. The severely head injured patients when compared with severe epileptics showed no significant difference initially which is contradictory to the hypothesis (10) made. But however the severely head injured group showed poor family interactions during follow-up compared to severe epileptics.

11. In contradiction to the expectation (hypothesis, 11) no significant difference is found initially between the groups, but however, the severely head injured group showed poor family interactions during follow-up, compared to mildly head injured.

12. A significant poor overall adjustment was predicted in severe epileptic group compared to mild epileptic group. But, however, against expectation they remain unchanged both at initial and follow-up assessments. (hypothesis, 12).
13. Between mild categories of patients, no change in total adjustment was expected, but it is found that mildly head injured are better adjusted compared to mild epileptics both initially and during follow-up (hypothesis, 13).

14. In contradiction to the expectation (hypothesis, 14), the severely head injured initially showed ill-adjustment compared to severe epileptics, but during the follow-up they showed better adjustment.

15. In accordance with hypothetical expectation (15) the mildly head injured comparatively showed better adjustment than severely head injured initially, but during follow-up no significant difference is found.

16. An unsatisfactory overall adjustment was expected (hypothesis, 16) in severe epileptics both initially and during follow-up. Against expectation, no significant difference in adjustment was found between the groups. But during follow-up, the severe epileptics showed unsatisfactory overall adjustment, compared to mild epileptics.