APPENDICES
APPENDIX - I

CASE STUDIES

1. Patient A, (female) 22 years old lady, was brought to Institute of Psychiatry and Human Behaviour, Panjim by her brother with the complaints of -
   - Sleeplessness
   - Excitement
   - Violent behaviour
   - Unco-operativeness
   - talking to herself and
   - hearing voices

According to the history obtained, patient had been suffering from the above mentioned symptoms for the past six months. These symptoms started after 2 months of the death of the patient's mother to whom patient was very much attached.

Patient hails from a lower class kshatriya catholic family, from a rural background. She is the 3rd of the 5 siblings, born of a non-consanguineous union.

Patient's father is a 65 year old man. He studied upto 4th standard and was working as a sailor for 25 years. Ten years back he retired from his service. But, he is not getting any pension. After his retirement, he started drinking excessively and he gave lots of trouble to his
family members. He had an episode of mental illness at the age of 40 years from which he recovered within 6 months. After that he was functioning comparatively well until he started to drink excessively. For the last ten years, he is not bothering about the family's welfare. He sells the coconuts of his land and spends the money for his drinks. Besides, he borrows money from others for his drinks and fights with people, when they ask for returning the money. Family members feel ashamed of his unruly behaviour. But they cannot do anything due to his arrogant nature.

Patient's mother died 8 months back. She was illiterate. But she was a very affectionate and God-fearing person. She was a great source of courage for the family. However, her married life was not harmonious. She used to go for odd jobs and used to earn money for the family, as her husband was not bothered about the family. Patient has one brother and 3 sisters. Two of them are married.

Patient's eldest sister is 30 years old. She studied up to 8th standard. She became a widow last year. Since then she is struggling to maintain her 3 children. She goes for coolie work.

Patient's second sister is 26 years old, educated up to 4th standard. She is married and is having two children. She stays with her husband.
Patient is the 3rd among the siblings.

Patients brother is 20 years old. He failed in 10th std. and after that he started working as a hotel boy now earns Rs. 200/- per month. But he does not give financial help to the family except on few occasions like festivals.

Patients youngest sister is 18 years old, educated up to 6th std. She is working as a maid servant in a house and is getting Rs.100/- per month. She saves her salary and does not give anything to the family.

Patient was born after full term and normal delivery in the home. She was a normal and healthy child with normal developmental milestones. No neurotic traits were perceived during childhood. Her schooling began at the age of 6. She was an average student in the class. But patient had to discontinue her studies due to their financial condition and adverse circumstances at home. Even now patient is unhappy and angry towards her father, who is responsible for discontinuing her education. Since the age of 15, patient goes for work in neighbours house. They pay her Rs. 100/- per month. As her unmarried sister and brother are not staying at home, patient has the responsibility of looking after her drunkard father, who fights with her for trivial matters.

Patient is very unhappy with her family atmosphere. Patient's father drinks excessively and does not bother about
the family. Patients unmarried brother and sister do not help the family financially. They visit the family only occasionally. Moreover, patient's younger sister takes the side of her father and patient's brother supports the patient during arguments and quarrels.

There is no proper communication between patient and her father. Their family is not a cohesive unit. Reinforcement in the family is a matter of confusion. Negative behaviour is outwardly disapproved but has the inherent quality of encouragement. Free discussions are absent. Patient feels that there is no warmth or affection among the siblings. Each one bothers about oneself.

Their family does not enjoy a good social status due to the behaviour of the patient's father. They have their own good house, a plot of land of their own, coconuts worth Rs. 100/- p.m. which the patient's father takes and wastes for his drinks. Patient manages the home with only Rs. 100/- which is not at all sufficient. They have no cordial ties with relatives but neighbours are helpful. Patient's family members including the patient are religious in nature. They go for mass on every sunday.

Patient lost her emotional support when her mother died. 8 months back. Moreover, she had no peace in the house due to the father's fights after drinks. Patient had an insidious onset of the illness for 2 months, they did not
give her any treatment. Then patient's brother took her to a
church in Goa for prayers for 2 days. Subsequently, they
consulted a faithhealer and performed certain ceremonies.
But there was no improvement in the patient's condition.
When her condition became worse, after 6 months, they brought
her with severe hallucinations, violent behaviour and
destructive tendencies and the consultant diagnosed her as
schizophrenic and admitted her to the hospital.

Family members felt that patient's mental illness
might be due to hereditary as well as environmental problems
i.e., patient's had mental illness during his adult life and
patient had to suffer a lot due to financial problems added
with family conflicts. Patients family wanted to keep the
patient in the hospital for atleast 6 months, as they were
finding very difficult to continue the treatment at home with
their meagre income. They could not go for work, when
patient was at home for the last 3 months. They had borrowed
Rs. 1000/- and spent for taking the patient to different
places for treatment. Family's financial condition
deteriorated due to the patient's illness.

We can see that patient's parents married life was
not harmonious. They had frequent family quarrels and
beatings by the father. Family interaction was not proper.
Communication between the patient's family members was very
poor. There was no discussion involving all the family
members.
Patient B, (female), aged 25 years, was brought to I.P.H.B. by her brother-in-law, aged 35, a mechanic with the following complaints.

- reduced sleep
- reduced communication
- lack of interest in work
- deteriorated personal hygiene
- odd behaviours
- hearing voices
- laughing and crying without any reason.

Patient had an insidious onset. Initially, family members did not observe her behaviours, because patient's 2 children aged 4 years and 2 years were not able to point out anything regarding their mother. As the patient's brother-in-law and his family are staying in the other part of the same house, they noticed the patient's abnormal behaviours about 2 weeks back. Immediately they spent their money and consulted a private practitioner in their village. As there was no improvement in her condition, they brought her to the hospital. Within the last 2 weeks, they spent atleast Rs. 500/- for looking after the patient's family and for her medication. Patient illness disturbed the daily routine of their family. It had affected the physical health of the
patient's 2 daughters, as the patient's sister-in-law did not get enough time to look after her own children and the patient's children.

Patient's father died at the age of 45 when the patient was 10 years old. He was a farmer who was cultivating 2 acres of communidade land. He was an affectionate and hardworking man. After his death family had to suffer a lot due to financial problems.

Patient's mother also died when patient was 15 years old. Patient was the only daughter of her parents. As there was nobody to look after the patient, her paternal uncle took the patient home. Since then she was staying with his family. Though they were not expressing their anger, they were not happy to take the responsibility of taking care of the patient. Patient was not happy in their home atmosphere.

Patient was born of a consanguineous union. Patient's mother and father were first cousins. Her childhood health was good. Milestones were normal. She began her schooling at the age of 6. She continued her education till the age of 15. After the death of her mother, as she had to go to stay with her paternal uncle, she had to discontinue her education, while she was in 8th std. She was a below average student in the class. Patient was given in marriage at the age of 20. Her married life was
harmonious. Her husband was an affectionate and hardworking man, used to look after his wife and children very well. But 5 years back he had a heart attack at the age of 40 and he died. It was a great shock to the patient.

As she had no parents or siblings, she had no support from her family. They are staying separately in one part of her in-laws house. Patient was cultivating one acre of communidade land and was getting rice for about 3 months.

After the death of her husband, she was forced to go for odd jobs leaving her small daughters in the neighbours houses. Even then she was struggling to maintain her family. Her income was hardly Rs. 200/- per month which was not at all sufficient for their living.

According to the patient's family members, patient's husband's death and the resultant problems caused the patient's mental illness. They had experienced moderate financial burden and severe disruptions in family routines due to patient's mental illness. Patient's mental illness affected the physical health of the patient's children. Lack of proper social support, worsened her problems to a great extent.
CASE NO. 3

Patient C, aged 25 years, was brought to I.P.H.B. by police and his mother with the following complaints.

- reduced sleep
- violent and destructive behaviour
- disturbing the neighbours and villagers
- throwing stones at them
- beating his mother and abusing others.

Patient had the onset of mental illness one year back. Initially, he was withdrawn and uncommunicative. Patient's mother did not give him any treatment for 3 months. Then she took him to 2 temples in Goa and did some poojas. Though she had no money, she borrowed Rs. 500/- from some neighbours and did all the poojas. But there was no improvement in his condition. After that she could not give him any treatment due to his unco-operative behaviour. When his condition became deteriorated she complained to the police and they brought him to I.P.H.B. with the magistrate's order for admission and the consultant diagnosed him as schizophrenic and admitted him. His symptoms were very severe at the time of his admission.

The patient comes from a Hindu family (sudra caste) of rural background and was born of a nonconsanguineous union.
Patient's father is 65 years old. He is an illiterate and unemployed man. He deserted the family when patient was 6 months old, as he had no interest to take the responsibility of the family. Since then he is staying with his cousin and he does not keep any contact with the patient and his mother.

Patient's mother is 60 years old. She is an uneducated woman. Her married life was an utter failure. Her husband used to beat her frequently. After the desertion by her husband, she had to go for coolie work to support her two children. She was a hardworking, religious and affectionate person. Two years back, she had an attack of hemiplegia and she had to be hospitalized for about 3 months and she recovered. Though recovered from her illness she could not go for any work due to her inability to walk properly.

Patient had one elder brother aged 30 years. He studied upto 8th std and is working as a driver, in a public transport. He married 5 years back. Since then he is staying separately and he does not help the patient and his mother financially, though he used to help the family before his marriage.

Patient and his mother are staying in a hut in a landlord's land. They have no property of their own.
Patient was supporting his mother by going for odd jobs. But his income per month was approximately Rs. 200/- p.m., because he was not going for work regularly. Their income was not sufficient for their necessities.

Patient was the youngest of the two siblings. He was born of a full term normal delivery at home. His developmental milestones were normal. His socialization took place in a tension filled atmosphere without the support of the father. Patient began his schooling at the age of 6 years. He was a below average student in the class. He failed 7th standard and he himself discontinued his studies, though his mother was persuading him to continue his studies. From the age of 15, he used to go for odd jobs. But from the beginning, he used to be very irregular in going for work. His mother was overprotective and she did not object to it. He used to smoke and drink occasionally but was not giving trouble to anybody.

According to his mother patient was very unhappy during his childhood, as his father had deserted him. Later on his brother also went away to stay separately. That also upset him a lot. When his mother became sick, she could not go for work and the responsibility of looking after the mother fell on him. His meagre income from his wages was not sufficient for the family's necessities. Their family was not a cohesive unit. Interaction between the father and
mother was completely absent. Interaction between patient and his brother was also poor especially after the brother's marriage. They did not have cordial ties with the paternal members of the family and there were no close relatives for the patient's mother. But neighbours helped them, whenever they approached them. They did not have any regular recreational activities at home. Patient used to go for films occasionally. Patient's mother is very religious but patient is not. Patient's mother could not exercise adequate control on the patient as she had no support of her husband. His mother expected that her son would recover soon and be able to resume his routine activities.
CASE NO. 4

Patient D - 20 years old, was brought to I.P.H.B. by her mother with the following complaints.

- sleeplessness
- lack of interest
- deteriorated personal hygiene
- hearing voices
- laughing and crying without any reason
- violent behaviour.

According to the history, patient had the onset of these above mentioned symptoms for the last 2 months. Immediately after the onset, they consulted a private practitioner and their family doctor. But there was no improvement in the patient's condition. So as per his advice patient was brought to the mental hospital where patient's was diagnosed as schizophrenic, with moderately severe symptoms.

Patient comes from an upper middle class catholic family from an urban background.

Patient's father is 65 years old. He had passed 10th standard and was working in Africa for about 25 years. He came back with his family to Goa only 15 years back. Since then he drinks excessively and gives a lot of trouble to his family members. But he gets Rs. 2000/- per month as
pension from Africa, besides interest from his investment about Rs. 2000 per month. There are frequent quarrels with patient and her father.

Patient's mother is 50 years old, housewife, educated till 8th standard. She is an affectionate and religious woman. She tries to bring about peace in the family. Her married life is not harmonious from the beginning due to the argumentative and quarrelsome nature of her husband.

Patient has one elder brother who is 30 years old, educated upto 10th standard at Africa. Now he is working in England. He has married and settled at England. He sends money to the family, if needed. He visits the family at Goa once in 5 years or so and writes letter almost regularly.

Patient's sister is 27 years old. She passed 10th std. and is currently working at England. She is also married and settled at England. She too visited Goa once after her marriage. She writes letters to the patient and her mother regularly.

Patient is the youngest of the 3 siblings. She was born of a non-consanguineous union. It was a full term normal delivery in the hospital in Africa. She was quite healthy during her childhood. Her milestones were normal. She was a very smart and intelligent child. Her schooling
started at the age of 6. She studied up to the 4th standard at Africa and she had to continue her education at Goa. She was an above average student in the class. She passed her 10th std. Then she passed her typing and shorthand and secretarial course. Immediately after that she got a job as a secretary in a good firm and she was getting Rs. 2000/- per month. Patient was very happy with her job. Three years back she met an English man and fell in love with him. She used to stay very frequently in his house, eventhough her parents were very much against such a relationship. But the patient was very stubborn and she was hoping to get married to him. However patient's relationship broke when he left India about a year back. This was a great shock for the patient.

Patient's family members attributed patient's nervous breakdown due to her broken love affair and due to her guilt feelings. Patient's parents' married life is not harmonious. There are frequent quarrels between patient's father and mother on account of the patient's argumentative behaviour. Patient's father does not allow the patient to watch T.V. or to listen to radio. Patient's father is an orthodox and dominating person. But patient is very liberal in her outlook. As both the patient and her father are stubborn, there are very frequent arguments and fights between them. Many times patient's mother is forced to take patient's side and that aggravates the fights and at times
leads to aggressive behaviour on the part of the patient's father. Patient's father's excessive drinking is the reason for his violent behaviour.

As the patient's family is well off financially, they did not have any financial problems due to patient illness. But their family interaction deteriorated. Routine activities of the family were also disrupted. Patient's mother felt that patient's mental illness has affected the mental health of the patient's father and his behaviour has deteriorated after the onset of the patient's symptoms.
CASE NO. 5

Patient E, aged 17 years, was brought to I.P.H.B. by her mother with the following complaints.

- reduced sleep
- lack of interest in everything
- lack of communication
- deteriorated personal hygiene
- laughing and crying to herself
- outbursts of anger.

The onset was insidious. After two weeks of the onset patient's mother took her to one indigenous healer and continued his treatment for a month. As there was no improvement, she took her to a faith healer outside Goa. There she gave her treatment for a month. As patient's condition deteriorated, the patient was brought to I.P.H.B. and she was admitted with moderately severe symptoms, as she was uncontrollable during her outbursts of anger.

Patient hails from a middle class Kshatriya family from a rural background. Patient's father is 45 years old. He passed his 10th std. and is employed as a clerk in a government office. He married patient's mother who is his colleague. It was a love marriage without the consent of both the families. For about 3 years their married life was comparatively harmonious. Then he started to suspect his
wife and he used to fight with his wife and used to beat her frequently. When the patient was 5 years old, patient's father deserted the family and went to stay with his mother. Once in a while he used to come to visit the family. But there was no bond of affection between the father and the children.

Patient's mother is 40 years old. She passed 10th std. and is working in the same office where her husband is working. But they hardly talk for the last 16 years. If at all they talk they talk, only as a formality. She had an attack of mental illness 15 years back. After her recovery, she is apparently well.

Patient has 2 sisters, younger to her. They are 15 years old and 13 years old respectively. They are studying in 8th std and 6th std. Both are average in their studies and are affectionate towards the patient.

Patient's birth was a full time normal delivery, with normal milestones. Her health during childhood was good. She joined school at the age of 6. She failed in 10th std. Though she again appeared for the examination, she did not succeed. She was a below average student in the class. She is fond of reading story books in English and used to go for films with her sisters. Patient gained information about sex mainly from friends. Patient had, no homosexual or heterosexual experiences till now.
When we analyse the patient's family dynamics, we can see that patient's parents did not have cordial relationship and their married life was not harmonious. Though financially they were comfortable with the family income and the mother's salary, they could have been better off, if their father had been a caring person. He used to drink excessively and used to beat his wife and has suspiciousness ideas about her fidelity. Even after he deserted the family, whenever he used to visit the family, there were fights between patient's mother and father and the children were never happy with such a situation. Moreover, he was not happy with his 3 daughters, whom he was considering as burden to the family. Patient's mother used to get angry, for trivial matters due to her own problems. Moreover, her own family members and her in-laws were not at all helpful to her. On the contrary they used to abuse her and used to create more and more confusion in the family.

They are staying in their own house which is comparatively big and well furnished in a rural set up. They have 3 acres of their own land which they cultivate and get enough for their living. Every year they get at least Rs. 6000/- from the crop yield from their land. But their family environment was not at all satisfactory.
APPENDIX- II

INTERVIEW SCHEDULE

Identification No. .........

Name of the informant
Relationship to the patient

1. Name of the patient :

2. Age :

3. Sex :

4. Religion :

5. Mother Tongue :

6. Caste :

7. Education :

8. Occupation :

9. Marital status :

10. Income :

11. District :

12. Home Address :

13. Type of family : Joint/Extended/Nuclear

14. Size of family :
   (i) No. of adults
   (ii) No. of children below 15 years

15. Consanguinity between patient's parents : Yes/No
   If yes, specify

SOCIO ECONOMIC HISTORY OF THE PATIENT'S FAMILY:

16. Where does the patient stay ?
## Composition of the patient's family

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<th>S.No.</th>
<th>Relationship with the patient</th>
<th>Age</th>
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17. How is that locality? Urban/Rural

18. Is he/she having his/her own house? Yes/No.
   If no where does he/she stay

19. What type of house it is?
    hut/Kutcha house/mixed house/
    pucca house/mansion.

20. Do you have your own land? Yes/No.
    If yes, specify the number of acres.

21. Is the head of the family member
    of one or more organisations? Yes/No.
    If yes, specify how many

22. What are the sources of income of the patient's family?

23. What is the total monthly income of
    the patients family from all sources?

24. Is it sufficient for the family? Yes/No
    If no, from where does the family get the
    required help? Give details.

**PERSONAL HISTORY OF THE PATIENT:**

25. Where the patient was born? Rural/Urban

26. Was the patient healthy during childhood? Yes/No
    If no, give details.

27. Ordinal Rank of the patient.

28. Any significant events or serious
    illness during the patient's childhood? Yes/No
    If yes, give details.

29. If the patient's father is not alive,
    what was the age of the patient at the
    time of his death?
30. If the mother is not alive, what was the patient's age at the time of her death?

EDUCATIONAL HISTORY:

31. At what age the patient joined school?

32. Patient's academic performance?
   (i) Below average
   (ii) Average
   (iii) Above average

33. Did the patient change many schools/colleges? Yes/No
    If yes, give details.

OCCUPATION AND INCOME:

34. Is the patient employed? Yes/No

35. What is his/her occupation?
    Is the patient happy with his job - If no, specify the reasons.

36. Did he/she work anywhere before the present job? Yes/No

37. What was the patient's ambition?

38. What is his/her monthly income from his occupation?

39. What is the total monthly income of the patient from all sources?

SEXUAL INCLINATION AND PRACTICE:

40. Is the patient having any sexual problem which upsets the patient? Yes/No
    If yes, give details

41. Did the patient have any sexual problem in the past? If yes, give details. Yes/No
MARITAL HISTORY:

42. How long he/she is married?
   If he/she satisfied with the married life? Yes/No

43. Is he/she having any major conflicts in his/her married life?
   If yes, give details

CHILDREN:

44. How many children is he/she having?

45. Is there any problem/worries regarding the children?
   If yes, give details

46. Is he/she having any child with defects, mental retardation, mental illness or any other serious illness?
   If yes, give details

HABITS:

47. Is he/she having habits like heavy smoking, excessive drinking, taking drugs etc.? Yes/No
   If yes, give details

LEISURE TIME ACTIVITIES:

48. How does he/she spends his/her leisure time?

1. Watch T.V.
2. Listen to Radio
3. Read Newspaper
4. Read books
5. Talk to friends
6. Play cards
7. Go for picture
8. Any others.
RELIGIOUS ASPECTS:

49. How is patient's parents attitude towards religion?
   1. Orthodox
   2. Liberal
   3. Anti-religious

50. How religious are the other members of the patient's family?

51. Is the patient very religious?  Yes/No

52. Does he/she take part in the religious activities which are performed in the patient's home?  Yes/No
   If yes, give details.

MEDICAL HISTORY OF THE PATIENT'S FAMILY:

53. Was anybody in the patient's family suffering from any serious physical illness?  Yes/No

54. Did that affect the patient adversely?  Yes/No
   If yes, give details.

55. Is anybody currently suffering from any serious physical illness?
   If yes, give details

56. Did the patient suffer from any serious physical illness in the past?  Yes/No
   If yes, give details

57. Did the patient meet with any serious accident?  Yes/No
   If yes, give details
58. Any other illness, disabilities or defects in the patient? Yes/No
   If yes, give details.

**HISTORY OF MENTAL ILLNESS AND OTHER ABNORMALITIES IN THE PATIENT'S FAMILY:**

59. Was there any history of mental illness in the patient's family? Yes/No
   If yes, specify who?

59. Is anybody currently suffering from mental illness? Yes/No
   If yes, give details.

60. Is there any history of alcoholism in the patient's family? Yes/No
   If yes, specify?

61. Is there any history of suicide in the patient's family? Yes/No
   If yes, specify?

**PRESENT ILLNESS:**

62. Since when he/she is suffering from mental illness? Specify the duration.

63. Who brought the patient to this hospital?

64. Did the family know about this hospital? Yes/No

65. Or who referred the patient to this hospital?

66. What was the mode of onset? gradual/sudden.

67. Before coming to this hospital where he/she was taken for Treatment? Specify where - soothsayers, astrologers, allopathic doctors, ayurvedic doctors, temples, churches, family elders, or any other.
APPENDIX III

BRIEF PSYCHIATRIC RATING SCALE

(BPRS)

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TENSION - Physical and motor manifestations of nervousness, overractivation, tension.

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MANNERISMS AND POSTURING - Peculiar, bizarre, unnatural motor behaviour (not including tics)

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GRANDIOSITY - Exaggerated self - opinion, arrogance, conviction of unusual power of abilities

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DEPRESSED MOOD - Sorrow, sadness, despondency, pessimism

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HOSTILITY - Animosity contempt, belligerence, disdain for other people

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SUSPICIOUSNESS - Mistrust, belief others harbour, malicious or discriminatory intent

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HALLUCINATORY BEHAVIOUR Perceptions without normal external stimulus correspondence

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MOTOR RETARDATION - Slowed, weakened movements or speech, reduced body tone

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<th>UNCO-OPERATIVENESS</th>
<th>Resistance, guardedness, rejection of authority</th>
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<td>UNUSUAL THOUGHT CONTENT</td>
<td>Unusual, odd, strange, bizarre thought content</td>
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<td>BLUNTED AFFECT -</td>
<td>Reduced emotional tone, reduction in normal intensity of feeling, flatness</td>
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<td>EXCITEMENT -</td>
<td>Heightened emotional tone, agitation, increased reactivity</td>
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<td>DISORIENTATION -</td>
<td>Confusion or lack of proper association for person, place or time</td>
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SIGNATURE OF THE INVESTIGATOR
APPENDIX IV

FAMILY INTERACTION PATTERN SCALE

1. Do you find that members in your family rarely talk and discuss their problems with each other? Yes/No

2. Do you find any occasional free interaction among some members in your family? Yes/No

3. Does your parents invite all family members to participate and discuss the family problems? Yes/No

4. Do you find often family members divided into small groups against each other, whenever the problems are discussed in your family? Yes/No

5. Do you find strong alignment of some members over some values or issues in your family? Yes/No

6. Do you find same level of closeness in all members without exclusion of some members in your family? Yes/No

7. Do you find your family lacks warmth and affection among members? Yes/No

8. Do you find members in your family do not show genuineness in expressing warmth and affection? Yes/No

9. Do you find reciprocal warmth and affection among all family members? Yes/No

10. Do you find an absence of effective role functioning due to lack of clarity of roles (father, mother, others, and children) in your family? Yes/No

11. Do you find role functioning dominated by the needs and demands of the members in your family? Yes/No

12. Do you find always effective role functioning in your family? Yes/No

13. Do you find absence of authority in your family? Yes/No

14. Do you find patterns of authority poor due to some isolation in your family? Yes/No

15. Do you find authority adequately exercised in accord with family and individual needs in your family? Yes/No
APPENDIX V

Family Environment Scale

1. Family members really help and support one another

2. We put a lot of energy into what we do at home

3. There is a feeling of togetherness in our family

4. Family members really back each other

5. We really get along well with each other

6. There is plenty of time for everyone in our family

7. We often seem to be killing time at home

8. We rarely volunteer when something has to be done at home

9. There is very little group spirit in our family

10. We say anything we want to around home

11. We tell each other our personal problems

12. If we feel like doing something on the spur of the moment we often just pick up and go

13. Money and paying bills is openly talked about in our family

14. There are lots of spontaneous discussions in our family

15. Family members keep their feelings to themselves

16. It is hard to "blow off steam" at home without upsetting somebody

17. Someone usually gets upset if you complain in our family
18. We are usually careful about what we say to each other

19. We fight a lot in our family

20. Family members sometimes get so angry that they throw things

21. Family members often criticise each other

22. Family members sometimes hit each other

23. Family members often try to one-up or out-do each other

24. Family members rarely become openly angry

25. Family members hardly ever lose their tempers

26. If there is a disagreement in our family, we try hard to smooth things over and keep over the peace

27. In our family, you don't ever get anywhere by raising your voice

28. In our family, we are strongly encouraged to be independent

29. We think things over for ourselves in our family

30. We come and go as we want to in our family

31. Family members almost rely on themselves when a problem comes up

32. Family members strongly encourage each other to stand up for their rights

33. We don't do things on our way very often in our family

34. There is very little privacy in our family

35. It is hard to be by yourself without hurting someone's feelings in our household

36. We are not really encouraged to speak up for ourselves
37. We feel it is important to be the best at what ever you do
   True / False
38. Getting ahead in life is very important in our family
   True / False
39. We believe in competition and "may the best win"
   True / False
40. We always strive to do things just a little better the next time
   True / False
41. "Work before play" is true in our family
   True / False
42. Family members are often compared with others as to how well they are doing at work or school
   True / False
43. How much money person makes is very important to us
   True / False
44. Family members almost rarely worry about job, promotions, school grades etc
   True / False
45. In our family, we don't try that hard to succeed
   True / False
46. We often talk about politics and social problems
   True / False
47. Learning about new and different things is very important in our family
   True / False
48. Someone in our family plays a musical instrument
   True / False
49. Family members often go to the library
   True / False
50. Family members really like music, art and literature
   True / False
51. We rarely go to lectures, plays or concerts
   True / False
52. We are not interested in cultural activities
   True / False
53. We rarely have intellectual discussions
   True / False
54. Watching T.V. is more important than reading in our family
   True / False
55. Friends often come over for dinner or to visit True / False

56. We often go to movies, sport events, camping etc True / False

57. Everyone in our family has a hobby or two True / False

58. Family members sometimes attend courses or talk lessons for some hobby or interest (outside of school) True / False

59. Family members go out a lot True / False

60. We spend most week ends and evenings at home True / False

61. Nobody in our family is active in sports, Little League bowling etc True / False

62. Family members are not very much involved in recreational activities outside or school True / False

63. Our main form of entertainment is watching T.V. or listening to radio True / False

64. Family members attend church, synagogue, temple or sunday school fairly often True / False

65. We often talk about the religious meaning of christmas, pass over or other holy days True / False

66. Family members have strict ideas about what is right and wrong True / False

67. We believe that there are some things you just have to take in faith True / False

68. The Bible/Geeta/Quran is a very important book in our house True / False

69. Family members believe that if you sin, you will be punished True / False

70. We don't say prayers in our family True / False

71. We don't believe in heaven or hell True / False

72. In our family each person has different ideas about what is right or wrong True / False
73. Activities in our family are pretty carefully planned

74. We are generally very neat and orderly

75. Being on time is very important in our family

76. Family members make sure that their rooms are neat

77. Each person's duties are clearly defined in our family

78. Dishes are usually done immediately after eating

79. It is often hard to find things when you need them in our household

80. People change their minds often in our family

81. Money is not handled very carefully in our family

82. There is one family member who makes most of the decisions

83. There are set ways of doing things at home

84. There is strong emphasis on following rules in our family

85. Rules are pretty inflexible in our household

86. You can't get away with much in our family

87. Family members are rarely ordered around

88. There are very few rules to follow in our family

89. Everyone has an equal say in our family decisions

90. We can do whatever we want in our family
APPENDIX VI

A TOOL TO MEASURE SOCIAL BURDEN ON THE FAMILIES OF PSYCHIATRIC PATIENTS:

INSTRUCTIONS:

To the relatives: We are trying to assess the various difficulties felt by the family of a psychiatric patient and will ask you a few questions in this direction. Please do not hesitate to express your true feelings.

To the raters: Please interview the relative on the following guidelines. You may probe further in order to assess a particular item if you feel the need to do so. Note your rating for each general category as well as for each individual item therein, on a three point scale.

Severe - 2
Moderate - 1
Nil - 0 as and when you interview.

After completing the interview please assess the burden on the family as a whole and give the rating on a similar three point scale.

A. Financial Burden:

1. Loss of patient's income: Whether he has lost his job? Stopped doing the work which he was doing before?
2. Loss of income of any other member of the family due to patient's illness: Whether any one has stopped working in order to stay home, has lost pay? Has lost job? due to any other reason connected with patient's illness? How much does it affect the family finances? (Severely, Moderately, not at all).

3. Expenditure incurred due to patient's illness and for his treatment: Has he spent or lost money irrationally for which his illness is the cause? How much money had been spent on treatment, medicine, transport, accommodation in different cities etc. How much has been spent on other treatment such as temples, native healers etc.? How much does this affect the family finances? (Severely, moderately, not at all).

4. Expenditure incurred due to extra arrangements: (for any other relative to come and stay with the patient, for appointing a nurse or a servant, for keeping children in a boarding etc.).

5. Loans taken or spent the savings: How much loan? How do they plan to pay it back? How much does it affect the family? (Severely, moderately, not at all).
6. **Any other planned activity put off because of financial pressure of patient's illness**: (Like postponing a marriage/trip as a religious rite which would have needed finance).

**B. Disruption of family routine activities:**

1. **Patient not going for work, school, college etc:**
   - How much inconvenient it is to the family?
   (Severely, moderately, not at all).

2. **Patient's lack of help in the household work:**
   - How much does it affect the family?
   (Severely, moderately, not at all).

3. **Disruption of activity of other members in the family:**
   Whether some one has to spend more on looking after patient, and abandon some other routine activity- How much does it affect the family? (Severely, moderately, not at all)

4. **Disruption of activities caused by patient's behaviour**: (patient insisting on someone being with him, not allowing the person to go out etc., patient becoming violent, and breaking up things, patient not sleeping and not allowing others to sleep) (How much does it affect the family?)
   Severely, moderately, not at all.
5. Any other member missing school, meals etc because of neglect caused by patient's illness (How much does it affect the family) severely, moderately not all.

C. DISRUPTION OF FAMILY LEISURE:
1. Stopping of normal recreational activities. ( Completely, partially, not at all). (How does the family members take it?)

2. Patient's illness exhausted other persons leave and leisure time (How is this person affected by it?).

3. Patient's lack of attention to other members in the family such as children.

4. If any other leisure activity had to be abandoned due to patient's inability or illness. (Any pleasure trip planned or family gathering etc.) (How do the family members feel about it?)

D. DISRUPTION OF FAMILY INTERACTION:
1. Any ill effect on general atmosphere of the house (Has it become dull, quite lot of misunderstanding etc.) (How does they view it?)

2. If other members get into arguments due to this (Such as how to treat him? Who is to blame etc., who should do the work?). How does it affect them? Severely, moderately, not at all.
3. If the relatives and neighbours have reduced or stopped visiting or interacting with the family (because of patient's behaviour, or stigma attached to his illness)
How do they feel about it?

4. If the family has become secluded and avoid mixing with others, because they feel ashamed or that they feel people may misunderstand them etc.
How do they feel about it?

5. Any other effect on relationship of family members as well as neighbours and relatives (Such as separation of spouses, quarrels, between two families, property feuds, police intervention embarrassment for family members, etc.)
How do they feel about it?

E. Effect on Physical Health of others:

1. Has any other member of the family suffering physical illhealth, injuries etc. due to patient's behaviour: - How has it affected them?

2. Any other adverse effect on others health: Some one losing weight, someone exacerbating already existing illness etc.

F. Effect on Mental Health of others:

1. Has any other member sought help for psychological illness: Example: Shock of patient's suicide bid or disobedience or worries about patient's future etc.
2. Has any other member lost sleep, became depressed, enough to cry often, expressed suicidal wishes, become excessively irritable etc., ( )

Is there any other burden felt regarding which we have not asked you about? Yes/No. If yes, what?

How much does it affect you (Severely, moderately, not at all).

G. Subjective burden:
To be assessed by asking a standard question to the relative of the patient and rating as reported.

Q. How severely would you say you have suffered due to patient's illness, severely, a little, not at all?
Severely - 2; A little - 1; Not at all - 0
APPENDIX - VII

SCALE TO MEASURE OPINION ABOUT MENTAL ILLNESS:

The statements that follow are opinions or ideas about mental illness and mental patients. By mental illness, we mean the kinds of illness which bring patients to mental hospitals, and by mental patient we mean mental hospital patients. There are many differences of opinion about this subject. In other words, many people agree with each of these statements. We would like to know what you think about these statements. Each of them is followed by six choices:

1. Strongly agree 4. Not sure but probably disagree
2. Agree 5. Disagree
3. Not sure but probably agree 6. Strongly disagree

Please write the number corresponding to the choice you would like to make (given above) in the space provided against each statement. You can be sure that many people, including doctors, will agree with your choice. There are no right or wrong answers. We are interested only in your opinion. It is very important that they answer every item. Please do not sign your name.

1. Nervous breakdown usually result when people work too hard.
2. Mental illness is an illness like any other
3. Most patients in mental hospitals are not dangerous.
4. Although patients discharged from mental hospitals may seem all right, they should not be allowed to marry.

5. If parents love their children more, there would be less mental illness.

6. It is easy to recognize someone who once had a serious mental illness.

7. People who are mentally ill let their emotions control them. Normal people think things out.

8. People who were once patients in mental hospitals are no more dangerous than the average citizen.

9. When a person has a problem or worry, it is best not to think about it, but keep busy with more pleasant things.

10. Although they usually aren't aware of it, many people become mentally ill to avoid the difficult problems of everyday life.

11. There is something about mental patients that make it easy to tell them from normal people.

12. Even though patients in mental hospitals behave in funny ways, it is wrong to laugh about them.

13. Most mental patients are willing to work.

14. The small children of patients in mental hospital should not be allowed to visit them.

15. People who are successful in their work seldom become mentally ill.

16. People would not become mentally ill if they avoided bad thoughts.

17. Patients in mental hospitals are in many ways like children.

18. More tax money should be spent in the case and treatment of people with severe mental illness.
19. A heart patient has just one thing wrong with him, while a mentally ill person is completely different from other patients.

20. Mental patients come from home where the parents took little interest in their children.

21. People with mental illness should never be treated in the same hospital as people with physical illness.

22. Anyone who tries hard to better himself deserves the respect of others.

23. If our hospitals had enough well trained doctors, nurses, and aides, many of the patients would get well enough to live outside the hospital.

24. A woman would be foolish to marry a man who has had a severe mental illness, even though he seems fully recovered.

25. If the children of mentally ill parents were raised by normal parents, they would probably not become mentally ill.

26. People who have been patients in a mental hospital will never be their old selves again.

27. Many mental patients are capable of skilled labour, even though in some ways they are very disturbed mentally.

28. Our mental hospitals seem more like prisons than like places where mentally ill people can be cared for.

29. Any one who is in a hospital for a mental illness should not be allowed to vote.

30. The mental illness of many people is caused by the separation or divorce of their parents during childhood.

31. The best way to handle patients in mental hospitals is to keep them behind locked doors.
32. To become a patient in a mental hospital is to become a failure in life.

33. The patients of mental hospitals should be allowed more privacy.

34. If a patient in a mental hospital attacks someone, he should be punished so he doesn't do it again.

35. If the children of normal parents were raised by mentally ill parents, they would probably become mentally ill.

36. Every mental hospital should be surrounded by a high fence and guards.

37. The law should allow a woman to divorce her husband as soon as he has been confined in a mental hospital with severe mental illness.

38. People (both veterans and non-veterans) who are unable to work because of mental illness should receive money for living expenses.

39. Mental illness is usually caused by some disease of the nervous system.

40. Regardless of how you look at it, patients with severe mental illness are no longer really human.

41. Most women who were once patients in a mental hospital could be trusted as baby sitters.

42. Most patients in mental hospitals don't care how they look.

43. College professors are more likely to become mentally ill than are business men.

44. Many people who have never been patients in a mental hospital are more mentally ill than many hospitalised mental patients.

45. Although some mental patients seem all right, it is dangerous to forget for a moment that they are mentally ill.
46. Sometimes mental illness is punishment for bad deeds.

47. Our mental hospitals should be organized in a way that makes the patient feel as much as possible like he is living at home.

48. One of the main causes of mental illness is a lack of moral strength or will power.

49. There is little that can be done for patients in a mental hospital except to see that they are comfortable and well fed.

50. Many mental patients would remain in the hospital until they were well, even if the doors were unlocked.

51. All patients in mental hospital should be prevented from having children by painless operation.