

**BIOSOCIAL CHARACTERISTICS OF  
THE MENTALLY DISORDERED: AN  
EXPLORATORY STUDY \*\***

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**INTRODUCTION**

The present study starts with the approach that every mental disorder is "a medical problem, a psychological problem, and a sociological problem in diagnosis, understanding and treatment" (Coleman, 1971) and again, "all deviant individuals are great social and cultural stresses" (Ogburn and Nimkoff, 1958). Technical aspects of diagnosis and treatment do certainly not come within the focus of the study. An understanding of the individuals incapacitated by one or the other form of mental disorders in our society, especially in *urban* society, has been pursued here. An attempt has been made to highlight some biosocial characteristics of the mentally disordered. Such an attempt owes its due inspiration to several pioneering studies on mental health and social factors (Rose, 1956; Leacock, 1957; Hollingshed and Redlich, 1958; Jaco, 1960; Rao, 1966-1967; Leighton and Leighton, 1967; Sethi and others, 1967).

In developing the paper we have stressed this point: "the manifestations of mental illness are almost as varied as the spectrum of human behaviour. Moreover, they are expressed not only in disturbance and functional impairment for the sick person but also in disruptive interactions with others. The mentally ill person is often in his illness, a markedly deviate person...? (Yarrow and others, 1960). A group of such deviate persons who attended lately a

psychiatric clinic of Calcutta has been examined. The central purpose of the study revolves principally round the following theme:

- (i) Which members of society are chiefly affected by mental disorders?
- (ii) What biosocial characteristics are manifested by those who have mental disorders?
- (iii) Which aspects of the deviate persons deserve thorough investigations?

**THE MATERIAL AND METHOD**

Persons who were brought for medical treatment in a psychiatric clinic of Calcutta between June, 1970 and April, 1971 constitute the population of the present study. In the clinic a Patient Schedule was administered to collect some basic social information of each patient. The Schedule has two parts: sociological and psychiatric. The sociological part has been designed to bring to light the sick person's social and family history. The relevant identifying particulars refer mainly to name, address, age, sex, religion, residence, occupation, education, civil condition, birth order, sibsize, progeny size, duration of illness of each individual.

Diagnosis and identification of mental illness and records about other psychiatric particulars for each sick person were noted in the second part of the Patient Schedule.

The data employed in the study were abstracted from all the schedules which were filled right in the clinic during the time-

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period in question. Schedules yielding incomplete records about age and sex were rejected. A total of 889 Patient Schedules has been utilised to examine biosocial data which are available in the final scrutiny. Necessary tabulations have been made with an electronic computer. Each Patient Schedule stands for a single patient of the clinic.

As the data are concerned with a particular group of mentally sick persons seeking medical aid from a particular psychiatric clinic of Calcutta during a particular time-gap nothing specific can, of course, be said about the mentally sick population in general of the State. Accordingly, the limitation of the present study is stressed. Nevertheless, the study is expected to reveal a biosocial profile of the mentally disordered which may be useful in future researches on the problem of mental health in the country.

In our analysis sex and marital status-wise classifications of the sick individuals have received top priority. Age distribution in the sick population has been examined mainly in six decennial groups. Education has been evaluated on five broad levels to indicate the degree of attainment in formal education by any one of the mental patients. Occupational status of the individuals has been assessed by two broad criteria: (a) those who were gainfully employed and (b) those who were not gainfully employed.

The data were collected from a clinic and the sick population is statistically speaking not representative of the mentally disordered of the State. Whatever biosocial characteristics have been observed here do not necessarily represent the population characteristics. Under the circumstances, we have refrained from using relevant statistical evaluation-techniques to examine the significance of association, if any, between the variables. In our study we have rather proceeded to explore the varying con-

centrations of the sick persons with respect to each one of the given attributes. In doing so we indicate the *reference-frames* which may be usefully utilised in selecting proper samples for future studies.

#### SALIENT FINDING

(i) Among the mentally disordered two types of illness occur most conspicuously: schizophrenia and depression. 62 out of every 100 patients were diagnosed by these two types only. Sex-wise distribution of the sick population reveals also the persistence of the same feature. Secondly, among the males obsession type has occurred relatively more, while among the females hysteria-type dominated relatively more (see Table 1).

(ii) Of all the decennial age groups the age of 20-29 embraces the maximum strength (30 per cent) of the patients and this group is followed quickly by its next higher age group of 30-39. As high as 58 per cent of the given mentally disordered concentrate within the most vital and productive ages (20-39 yrs.) of their life span. This feature is observed significantly to be true among both the males and the females, though the females account for only 39 per cent of the total (See Tables 2 and 9).

(iii) According to the attribute of marital status we find that the ever-marrieds—male or female—concentrate relatively most glaringly (59 per cent). It is interesting that while a little more than one-fourth of the females only are found to be never married (single), among their male counterparts a little less than one-half is noticed to be unmarried. The ever-married females are seen to predominate in the age-group of 20-39. Further, it is quite revealing that of every 100 ever-married male patients 49 are observed under the age-group 20-39, whereas 63 per cent of all ever-married female patients are found to have concentrated within this vital reproductive age-group (See Tables 3 and 9).

(iv) A little less than one-third of the patients are observed to be educated only upto the school standard. This educated section forms the single majority group. Those who are definitely above school standard concentrate as a whole in 41 per cent cases. Of this particular section attaining college-standard, the graduates alone are noticed to have accounted for little less than one-fifth cases. Among the male patients the graduates explain a notable concentration (26 per cent), though only school-educated individuals are noted to have formed the most dominant subgroup (33 per cent). In contrast, the illiterate female patients are observed to form the single majority. The second best concentration among the females is explained by those who had only school education (31 per cent). In general, it is interesting that among all the patients who are reported to have only school education and below standard the concentrations of ever- and never-married males do not vary appreciably, but the never-married females score relatively the lowest concentration (See Tables 4 and 10).

(v) Social status determined by service type of gainful occupation is evident in only 29 per cent cases. For the male persons only this service-oriented status is found to be true for 46 per cent. But for the female persons only the status of housewife is marked in as high as 75 per cent cases. A sizable proportion of "not gainfully employed" persons happens to be students (22 per cent). A little less than one-fourth of all the males are observed to possess student-status only, whereas 18 per cent of all the females are noted to be students. That a little over one-fifth of the total mentally disordered happen to be students is quite significant. These student-patients are found to be mostly unmarried, the ever-married students being present in only 1.25% cases. As dependents of their individual families

these psychiatrically impaired students do constitute a special problem group for society (See Tables 5 and 11).

(vi) Not more than two-thirds of the mentally disordered are found to be the residents of Calcutta city, the rest being from some villages or towns of the State. Concentrations of sick persons coming from villages and towns respectively are observed to be almost of the same order. Among the males only the percentage of city-linked patients is 65, while among the females only city-patients account for 63 per cent. That about one-third of the psychiatrically ill persons (male or female) are found to have originated from outside Calcutta is another characteristic of utmost importance. Moreover, among this one-third about 59 per cent are noticed to be *ever-married* persons. By sex-breakdown these ever-married are found to be present in almost equal strength. Psychiatric casualties in non-city dwellers are thus not insignificant to precipitate problems of social deviants in the society at large of West Bengal (See Tables 6 and 12).

(vii) The single majority group among the patients shows the period of illness to be less than 12 months. In 47 out of 100 male patients the period of illness is not more than a year, whereas among the females such recent period of illness is evident in as much as one-half of all cases. It is interesting that with the increase in the length of period of illness (by months) a decrease in concentration of the patients is effected. Moreover, whether a male or a female patient is ever-married or not the concentrations of recently ill individuals (not more than a year) remain most conspicuous among the given mentally disordered. Among the patients suffering disorders not more than a year the *ever-married males* are found not to be appreciably more than their never-married counterparts, but the *ever-married females* are observed to

have occurred almost three times more than their unmarried counterparts. In this context it is significant to note that the concentrations of ever-married males and females respectively under the period of recent illness (less than a year) are of the same order (See Tables 7 and 13).

#### IMPORTANCE OF THE STUDY

The mentally ill population under examination represents in fact a cross-section of those families (mostly urban) which very recently happen to have at least one psychiatric casualty. Members of the affected families concerned are observed to have extended due recognition of what is said to be the 'threshold point' in registering full social acceptance of deviant behaviour of some of their nearest kin as psychiatric cases. The traditional attitude toward mental disease is 'one of shame' and this attitude is not uncommon in many societies, including India. The result is that 'the public attitude toward mental disorder often contains negative influences that hamper recovery' (Ogburn and Nimkoff, 1958). The members of at least 889 families belonging to the Bengali speaking socio-cultural group are found to have struck at the root of the said traditional attitude of shame in releasing positive influences on the deviate persons in question. They have well exposed their social consciousness against the traditional negative and denial outlook towards the mentally crippled, especially the female ones, of the country. The magnitude and characteristics of the psychiatrically impaired population of our society (urban and rural) as revealed in the present study, are expected to signify the importance of the social deviants in general.

The study shows that within the affected families mentally ill members have been attended without any bias against age, civil condition or duration of illness. The families concerned have indeed risen above all kinds

of stigma, apathy and social neglect which are so acutely current still among us against a 'disoriented mind' (Kobiyar, 1971). For better understanding of and a more humane attitude to the mentally crippled the need for socio-psychiatric studies is obvious. In this respect the present findings may claim their own merits.

We have noticed that the patients—male and female—are presented roughly in 60/40 ratio in the clinic. This differential load of social deviants becomes a significant issue in the background of our patrilineal and patrilocal society. Incidentally we note that during 1961 and 1970 the proportions of female individuals attending the psychiatric outdoor department of a Calcutta hospital happened to vary between a low 42 per cent to high 47 per cent (Nandi, 1971). Again, an investigation carried out at the Lumbini Park Mental Hospital, Calcutta, showed 34 per cent were the female patients at the time of survey (Nandi, Basumallik and Bose, 1952). These facts confirm that the mentally defective females of our society are not to be taken lightly. Though the male patients dominate numerically over the females, yet it is by no means an ordinary development when at least one-third of the mental patients of any hospital or a clinic are females of all ages and socio-economic status. It may be presumed that the sex-proportions as observed in the given sick population, have not been unduly influenced by the psychiatric clinic itself. The study highlights a problem group of misfits in society by indicating its main biosocial characteristics.

We have dealt with a population that has in main its moorings in Calcutta society. But the non-city families with social misfits are not insignificant in number. Problems generated by the mentally crippled are not restricted only within the city boundaries. It is presumed that the stresses generated by the rapidly changing socio-economic

conditions of the land have played their part in causing these psychiatric casualties in both city and non-city areas of the State. Various disorders have already incapacitated a vital and productive segment of Bengali society. This segment has been constituted *not* alone by the city inhabitants, though they might have the major contribution. Psychiatrically ill, social deviants are the threatening source of anxiety for our entire society and not only for the city-society of West Bengal (Elnagar, Maitra and Rao, 1971).

The families of the sick persons are Hindus by the strongest majority, non-Hindu being present in only two per cent cases. They are the products of Hindu culture and are governed by the institutions, traditions, values, ideas and technology of their society. In general, the mentally disordered—whether city-bred or not—have their origin and development in that specific social setting which urges still for family cohesion and kinship integrity for better social survival. As the total way of life of the given deviants and their family kins is organically interwoven with the Hindu society at large the importance of the deviants and their problems lies not only for them alone but also for society as a whole. Biosocial characteristics as noted for the given psychiatric patients, expose at once both the strength and weakness of the families which have contributed mental misfits. The study helps to focus on that sector of Bengali families which is encumbered with a stressful load of social deviants.

A large majority of the male deviants (57 per cent) was found to be within the most productive years of their individual life. Ranging between 20 and 39 years in age, they have become mentally crippled which makes them a social burden. Economic and occupational utility of these unfortunates in the total labour force of the

country is virtually lost. Loss in productivity due to disoriented mind and disorderly behaviour of these persons of active age can hardly be recovered. A high social cost is certainly involved. Society is confronted with many problems in protecting this heavy load of mentally impaired males of active age. On the other hand, these are the crucial years of one's life when a responsible member of society shares gradually more and more family responsibilities and obligations. Again, social need for marriage and founding one's family becomes pressing in these active years. Under the circumstances, should one miss the sociological implication of the above fact?

Moreover, when it is observed that not less than 44 per cent of the male deviants aged 20-39 years were *ever-married* the situation becomes more alarming. Misery, misfortune and tension of their families would add more and more distressing influences on society as a whole.

Many investigators have shown that the proportion of the population showing evidences of psychiatric disorder reaches a peak in 30-39 years, while for the never-married only such peak is registered in 20-29 years. Sex and age-wise breakdowns of the sick persons in this study reveal the same developments (See Table 11). Do these trends persist within the mentally disordered of our country?

Among the female patients it is quite significant that a little less than three-fourths are observed to be *ever-married*. Such a high concentration of *ever-married* female patients in a single psychiatric clinic shows the enormity of the problems linked with mental deviants. Being wives and/or mothers these sick women impose heavy stresses not only on their individual family but also on their proximate kin related by marriage. As much as 63 per cent of the *ever-married* women are within the reproductive ages of 20-39 years.

The sociological implications of the above finding are of special interest. Since every mother has a double responsibility in respect of care and guidance of children as well as the home, her mental impairment would seriously affect her family. Family cohesiveness is exposed by degrees to face a critical risk. The mother-role of each psychiatrically crippled married woman becomes extremely-weakened, thus endangering functional relationships within the family.

Contextually, we cannot miss another vital point. A good many of the ever-married patients — male and female — had their own families and children (see Table 14). The importance of family as an agency for socialization of the child and the continuing socialization of the adult is well established in human societies. Again, 'the interaction of parents with children in the earliest years is the platform upon which all the later socialization is gained from peers and institutional groups' (Koois, 1959). Now, when any spouse of a couple becomes mentally sick the 'agency for socialization' built by the couple concerned, is bound to appear as a liability for their society as a whole. Accordingly it is pointed out that individually a psychiatric patient constitutes, no doubt, an inevitable problem for his or her immediate family, but collectively they are no less potent to form a problem-group for their own society. We have attempted to underline the principal biosocial facets of one small cluster of such problem-group in the paper. Do the characteristics of this small cluster as obtained in the study, indicate what we may expect to meet in general among the problem-groups of the state?

The answer to the question depends, of course, on the outcome of more intensive studies of the mentally disordered of the land. At the very outset social epidemiological surveys of mental health in several

families are needed not only to learn the prevalence and incidence rates of psychiatric disorders in social classes but also to determine which members of our stratified society are mostly affected and what correlates can be found with many biosocial factors.

We know that necessary social statistics about the mentally disordered in our population are scanty on the national level. Knowledge about prevalence and incidence rates of mental disorders is practically negligible. In India the study of biosocial factors in mental illness is still in its infancy. Clinical cases of mental patients are legion (Dube, 1964; Sundararaj and Rama Rao, 1966; Teja, 1967; Devis, Kumar and Roychowdhury, 1967; Davis, Rao, 1969; Elanagar and others, 1971; Chakraborty, 1971 and Nandi, 1971) but attempts to appraise the mentally disordered from the biosocial standpoint are finite (Sethi and others, 1967; Bhushan, Bhaskaran and Varma, 1967; Rao, 1966 and 1967; Datta Ray 1962).

In this respect the country's official agencies like the Census organisation or all India Institute of Mental Health may be expected to provide us with adequate biosocial statistics of the mentally disordered of different States. It is high time that India should have a National Register for the mentally handicapped persons to provide useful data required for any longitudinal as well as cross-sectional studies of the problem-group of these social deviants.

Lastly, we know that of the two great systems of causation with reference to personality — one the biological (cellular interaction) and the other sociological (communicative interaction) — neither can be ignored by any science of mental disorder there exist countless evidence that sociological factors play a significant part in both normal and abnormal behaviour' (Davis, 1956).

TABLE I  
DISTRIBUTION OF DIFFERENT TYPES OF PSYCHIATRIC ILLNESS AMONG INDIVIDUALS ATTENDING A  
PSYCHIATRIC CLINIC DURING JUNE 1970 AND APRIL 1971, AT CALCUTTA

| Type of<br>Psychiatric illness | Male  | Number of Individual<br>Female | Total  | Percentage<br>to Total |
|--------------------------------|-------|--------------------------------|--------|------------------------|
| (1)                            | (2)   | (3)                            | (4)    | (5)                    |
| 1. Schizophrenia               | 168   | 104                            | 272    | 30.60                  |
| 2. Depression                  | 184   | 96                             | 280    | 31.50                  |
| 3. Obsession                   | 82    | 37                             | 119    | 13.38                  |
| 4. Hysteria                    | 17    | 56                             | 73     | 8.21                   |
| 5. Phobia                      | 20    | 7                              | 27     | 3.04                   |
| 6. Epilepsy                    | 12    | 11                             | 23     | 2.59                   |
| 7. Mental deficiency           | 16    | 15                             | 31     | 3.49                   |
| 8. Sexual anomalies            | 3     | 1                              | 4      | 0.45                   |
| 9. Anxiety                     | 1     | 1                              | 2      | 0.22                   |
| 10. Mania                      | 16    | 13                             | 29     | 3.26                   |
| 11. Behaviour disorder         | 8     | 3                              | 11     | 1.24                   |
| 12. Dementia                   | 6     | 1                              | 7      | 0.79                   |
| 13. Drug addict                | 3     | 0                              | 3      | 0.34                   |
| 14. Psychopathic Personality   | 2     | 0                              | 2      | 0.22                   |
| 15. Paraplegia                 | 2     | 0                              | 2      | 0.22                   |
| 16. Not specified              | 3     | 1                              | 4      | 0.45                   |
| All                            | 543   | 346                            | 889    | 100.00                 |
| Types                          | 61.08 | 38.92                          | 100.00 |                        |

TABLE 2  
DISTRIBUTION OF PERSONS SUFFERING FROM PSYCHIATRIC ILLNESS BY SEX  
AND AGE, CALCUTTA: 1970-71

| Age<br>Group         | Sex of Patients | Total  | Percentage to<br>Total |        |
|----------------------|-----------------|--------|------------------------|--------|
|                      | Male            | Female |                        |        |
| 1. 0-9 yrs.          | 9               | 4      | 13                     | 1.46   |
| 2. 10-19 "           | 71              | 56     | 127                    | 14.28  |
| 3. 20-29 "           | 150             | 114    | 264                    | 29.70  |
| 4. 30-39 "           | 161             | 87     | 248                    | 27.90  |
| 5. 40-49 "           | 81              | 39     | 120                    | 13.50  |
| 6. 50-59 "           | 44              | 26     | 70                     | 7.87   |
| 7. 60 yrs. and above | 27              | 20     | 47                     | 5.29   |
| All ages             | 543             | 346    | 889                    | 100.00 |

TABLE 3

DISTRIBUTION OF PERSONS SUFFERING FROM PSYCHIATRIC ILLNESS BY SEX AND MARITAL STATUS, CALCUTTA: 1970-71

| Marital status  | Sex of Patients |        | Total | Percentage to Total |
|-----------------|-----------------|--------|-------|---------------------|
|                 | Male            | Female |       |                     |
| 1. Married      | 266             | 231    | 497   | 55.90               |
| 2. Unmarried    | 262             | 91     | 353   | 39.71               |
| 3. Widowed      | 7               | 24     | 31    | 3.49                |
| 4. Not recorded | 8               | 0      | 8     | 0.90                |
| All Status      | 543             | 346    | 889   | 100.00              |

TABLE 4

DISTRIBUTION OF PERSONS SUFFERING FROM PSYCHIATRIC ILLNESS BY SEX AND EDUCATION, CALCUTTA: 1970-71

| Education Level       | Sex of Patients |        | Total | Percentage to Total |
|-----------------------|-----------------|--------|-------|---------------------|
|                       | Male            | Female |       |                     |
| 1. Illiterate         | 12              | 118    | 130   | 14.62               |
| 2. Literate           | 22              | 33     | 55    | 6.19                |
| 3. School education   | 181             | 106    | 287   | 32.28               |
| 4. College education  | 154             | 37     | 191   | 21.49               |
| 5. Graduate and above | 142             | 28     | 170   | 19.12               |
| 6. Not recorded       | 32              | 24     | 56    | 6.30                |
| All levels            | 543             | 346    | 889   | 100.00              |

TABLE 5

DISTRIBUTION OF PERSONS SUFFERING FROM PSYCHIATRIC ILLNESS BY SEX AND OCCUPATION-STATUS, CALCUTTA: 1970-71

| Occupation-status                          | Sex of Patients |        | Total | Percentage to Total |
|--|-----------------|--------|-------|---------------------|
|  | Male            | Female |       |                     |
| 1. Services                                | 245             | 15     | 260   | 29.25               |
| 2. Trade and profession                    | 87              | 0      | 87    | 9.79                |
| 3. Manual worker                           | 7               | 2      | 9     | 1.01                |
| 4. Student (no occup-status)               | 132             | 64     | 196   | 22.05               |
| 5. Housewife and others with no occupation | 15              | 260    | 311   | 34.98               |
| 6. Not recorded                            | 21              | 5      | 26    | 2.92                |
| All status                                 | 543             | 346    | 889   | 100.00              |



TABLE 6

DISTRIBUTION OF PERSONS SUFFERING FROM PSYCHIATRIC ILLNESS BY SEX AND RESIDENCE-AREA, CALCUTTA: 1970-71

| Area of Residence    | Sex of Patients |        | Total | Percentage to Total |
|----------------------|-----------------|--------|-------|---------------------|
|                      | Male            | Female |       |                     |
| 1. Village area      | 96              | 42     | 138   | 15.52               |
| 2. Town area         | 77              | 60     | 137   | 15.41               |
| 3. City area         | 352             | 234    | 586   | 65.92               |
| 4. Outside W. Bengal | 18              | 9      | 27    | 3.04                |
| 5. Unspecified       | 0               | 1      | 1     | 0.11                |
| All areas            | 543             | 346    | 889   | 100.00              |

TABLE 7

DISTRIBUTION OF PERSONS SUFFERING FROM PSYCHIATRIC ILLNESS BY SEX AND DURATION OF ILLNESS, CALCUTTA: 1970-71

| Period of Illness           | Sex of Patients |        | Total | Percentage to Total |
|-----------------------------|-----------------|--------|-------|---------------------|
|                             | Male            | Female |       |                     |
| 1. Less than 12 months      | 257             | 173    | 430   | 48.37               |
| 2. Between 12 and 24 months | 105             | 48     | 153   | 17.21               |
| 3. .. 25 and 60 ..          | 74              | 62     | 136   | 15.30               |
| 4. .. 61 and 120 ..         | 59              | 34     | 93    | 10.46               |
| 5. .. 121 months and above  | 48              | 29     | 77    | 8.66                |
| All months                  | 543             | 346    | 889   | 100.00              |

TABLE 8

DISTRIBUTION OF PERSONS SUFFERING FROM PSYCHIATRIC ILLNESS BY SEX AND PRESENCE OF PARENTS, CALCUTTA: 1970-71

| Presence of Parents             | Sex of Patients |        | Total | Percentage to Total |
|---------------------------------|-----------------|--------|-------|---------------------|
|                                 | Male            | Female |       |                     |
| 1. Both father and mother alive | 228             | 132    | 360   | 40.49               |
| 2. Only father alive            | 41              | 17     | 58    | 6.53                |
| 3. Only mother alive            | 125             | 80     | 205   | 23.66               |
| 4. Both father and mother dead  | 80              | 56     | 136   | 15.30               |
| 5. No record                    | 69              | 61     | 130   | 14.62               |
| All cases                       | 543             | 346    | 889   | 100.00              |

TABLE 9

DISTRIBUTION OF PERSONS SUFFERING FROM PSYCHIATRIC ILLNESS BY SEX, AGE AND MARITAL STATUS, CALCUTTA: 1970-71

| Age-group         | Male         |               | Female       |               | All          | All           | Total | Percentage to Total |
|-------------------|--------------|---------------|--------------|---------------|--------------|---------------|-------|---------------------|
|                   | Ever-Married | Never-Married | Ever-Married | Never-Married | Ever-Married | Never-Married |       |                     |
| (1)               | (2)          | (3)           | (4)          | (5)           | (6)          | (7)           | (8)   | (9)                 |
| 1. 0-19 yrs.      | 2            | 78            | 10           | 50            | 12           | 128           | 140   | 15.89               |
| 2. 20-29 ..       | 30           | 120           | 80           | 34            | 110          | 154           | 264   | 29.97               |
| 3. 30-39 ..       | 104          | 52            | 81           | 6             | 185          | 58            | 243   | 27.58               |
| 3.1. 20-39 ..     | 134          | 172           | 161          | 40            | 295          | 212           | 507   | 73.44               |
| 4. 40-59 ..       | 70           | 10            | 38           | 1             | 108          | 11            | 119   | 13.51               |
| 5. 50-59 ..       | 42           | 1             | 26           | 0             | 68           | 1             | 69    | 7.83                |
| 6. 60 and above   | 25           | 1             | 20           | 0             | 45           | 1             | 46    | 5.22                |
| 6.1. 50 and above | 67           | 2             | 46           | 0             | 133          | 2             | 115   | 12.93               |
| All ages          | 273          | 262           | 255          | 91            | 528          | 353           | 881   | 100.00              |

Note: marital-status particulars not known of 8 individuals.

TABLE 10

DISTRIBUTION OF PERSONS SUFFERING FROM PSYCHIATRIC ILLNESS BY SEX, MARITAL STATUS, EDUCATION, CALCUTTA: 1973-71

| Education Level                | Male           |                | Female         |               | All            | All            | Total           | Percentage to Total |
|--------------------------------|----------------|----------------|----------------|---------------|----------------|----------------|-----------------|---------------------|
|                                | Ever-Married   | Never-Married  | Ever-Married   | Never-Married | Ever-Married   | Never-Married  |                 |                     |
| (1)                            | (2)            | (3)            | (4)            | (5)           | (7)            | (6)            | (8)             | (9)                 |
| 1. Illiterate                  | 5              | 7              | 111            | 7             | 116            | 14             | 130             | 14.76               |
| 2. Literate                    | 20             | 2              | 31             | 2             | 51             | 4              | 55              | 6.24                |
| 3. School education            | 88             | 93             | 53             | 53            | 141            | 146            | 287             | 32.58               |
| 4. College education           | 55             | 97             | 14             | 23            | 69             | 120            | 189             | 21.45               |
| 5. Graduate and above          | 83             | 57             | 23             | 5             | 106            | 62             | 168             | 19.07               |
| 6. Not recorded                | 22             | 6              | 23             | 1             | 45             | 7              | 52              | 5.90                |
| All education levels           | 273            | 262            | 255            | 91            | 528            | 353            | 881             | 100.00              |
| 7. School education and below  | 113<br>(23.94) | 102<br>(21.61) | 195<br>(41.31) | 62<br>(13.41) | 308<br>(65.25) | 164<br>(34.75) | 472<br>(100.00) |                     |
| 8. College education and above | 138<br>(38.66) | 154<br>(43.14) | 37<br>(10.36)  | 28<br>(7.84)  | 175<br>(49.02) | 182<br>(50.98) | 357<br>(100.00) |                     |

TABLE 11

DISTRIBUTION OF PERSONS SUFFERING FROM PSYCHIATRIC ILLNESS BY SEX, MARITAL STATUS AND OCCUPATION STATUS, CALCUTTA: 1970-71

| Occupation-Status                     | Male         |               | Female       |               | All Ever-Married | All Never-Married | Total        | Percentage to Total |
|---------------------------------------|--------------|---------------|--------------|---------------|------------------|-------------------|--------------|---------------------|
|                                       | Ever-Married | Never-Married | Ever-Married | Never-Married |                  |                   |              |                     |
| (1)                                   | (2)          | (3)           | (4)          | (5)           | (6)              | (7)               | (8)          | (9)                 |
| 1. Services                           | 156          | 86            | 11           | 4             | 167              | 90                | 257          | 29.17               |
| 2. Trade and profession               | 68           | 18            | 0            | 0             | 68               | 18                | 86           | 9.76                |
| 3. Student (no occup.-status)         | 10           | 122           | 1            | 63            | 11               | 185               | 196          | 22.25               |
| 4. Housewife and others               | 22           | 29            | 239          | 21            | 261              | 50                | 311          | 35.30               |
| 5. Manual worker                      | 4            | 3             | 0            | 2             | 4                | 5                 | 9            | 1.02                |
| 6. Not recorded                       | 13           | 4             | 4            | 1             | 17               | 5                 | 22           | 2.50                |
| All occupation-status                 | 273          | 262           | 255          | 91            | 528              | 353               | 881          | 100.00              |
| 7. All gainfully employed persons     | 228 (64.77)  | 107 (30.40)   | 11 (3.13)    | 6 (1.70)      | 239 (67.90)      | 113 (32.10)       | 352 (100.00) |                     |
| 8. All not gainfully employed persons | 32 (6.31)    | 151 (29.78)   | 240 (47.34)  | 84 (16.57)    | 272 (53.65)      | 235 (46.35)       | 507 (100.00) |                     |

TABLE 12

DISTRIBUTION OF PERSONS SUFFERING FROM PSYCHIATRIC ILLNESS BY SEX, MARITAL STATUS AND RESIDENCE-AREA, CALCUTTA: 1970-71

| Area of Residence      | Male         |               | Female       |               | All Ever-Married | All Never-Married | Total        | Percentage to Total |
|------------------------|--------------|---------------|--------------|---------------|------------------|-------------------|--------------|---------------------|
|                        | Ever-Married | Never-Married | Ever-Married | Never-Married |                  |                   |              |                     |
| (1)                    | (2)          | (3)           | (4)          | (5)           | (6)              | (7)               | (8)          | (9)                 |
| 1. Village area        | 52           | 44            | 28           | 14            | 80               | 58                | 138          | 15.66               |
| 2. Town area           | 32           | 45            | 48           | 12            | 80               | 57                | 137          | 15.55               |
| 3. City area           | 79           | 165           | 170          | 64            | 349              | 229               | 578          | 65.61               |
| 4. Outside West Bengal | 10           | 8             | 8            | 1             | 18               | 9                 | 27           | 3.06                |
| 5. Unspecified         | 0            | 0             | 1            | 0             | 1                | 0                 | 1            | .12                 |
| All areas              | 273          | 262           | 255          | 91            | 528              | 353               | 881          | 100.00              |
| 6. Outside city area   | 94 (31.13)   | 97 (32.12)    | 84 (27.81)   | 27 (8.94)     | 178 (58.94)      | 124 (41.06)       | 302 (100.00) |                     |
| 7. Inside city area    | 179 (30.97)  | 165 (28.55)   | 170 (29.41)  | 64 (11.07)    | 349 (60.38)      | 229 (39.62)       | 578 (100.00) |                     |

TABLE 13

DISTRIBUTION OF PERSONS SUFFERING FROM PSYCHIATRIC ILLNESS BY SEX, MARITAL STATUS AND DURATION OF ILLNESS, CALCUTTA 1970-71

| Period of Illness            | Male           |                | Female         |               | All Ever-Married | All Never-Married | Total           | Percentage to Total |
|------------------------------|----------------|----------------|----------------|---------------|------------------|-------------------|-----------------|---------------------|
|                              | Ever-Married   | Never-Married  | Ever-Married   | Never-Married |                  |                   |                 |                     |
| (1)                          | (2)            | (3)            | (4)            | (5)           | (6)              | (7)               | (8)             | (9)                 |
| 1. Less than 12 months       | 128            | 122            | 127            | 46            | 255              | 168               | 423             | 48.01               |
| 2. Between 12 and 24 months  | 57             | 48             | 36             | 12            | 93               | 60                | 153             | 17.37               |
| 3. Between 25 and 60 months  | 33             | 40             | 47             | 15            | 93               | 60                | 153             | 17.37               |
| 4. Between 61 and 120 months | 28             | 31             | 25             | 9             | 53               | 40                | 93              | 10.56               |
| 5. 121 months and above      | 27             | 21             | 20             | 9             | 47               | 30                | 77              | 8.74                |
| All months                   | 273            | 262            | 255            | 91            | 528              | 353               | 881             | 100.00              |
| 6. Less than 1 year          | 128<br>(30.26) | 122<br>(28.84) | 127<br>(30.02) | 46<br>(10.88) | 255<br>(60.28)   | 168<br>(39.72)    | 423<br>(100.00) |                     |
| 7. Between 1 and 2 years     |                |                |                | 12<br>(7.84)  | 93<br>(60.79)    | 60<br>(39.21)     | 153<br>(100.00) |                     |
| 8. More than 2 years         | 88<br>57       | 92<br>92       | 92<br>92       | 33<br>(10.82) | 180<br>(59.03)   | 125<br>(40.98)    | 305<br>(100.00) |                     |

TABLE 14

DISTRIBUTION OF PERSONS SUFFERING FROM PSYCHIATRIC ILLNESS BY SEX, AGE, NUMBER OF LIVE-BIRTHS AND LIVE-BIRTHS PER COUPLE

| Age-Group         | Ever-Married Male |                      | Ever-Married Female |                      | Live-Birth Per Couple |       |
|-------------------|-------------------|----------------------|---------------------|----------------------|-----------------------|-------|
|                   | Number of Couple  | Number of Live-Birth | Number of Couple    | Number of Live-Birth |                       |       |
| (1)               | (2)               | (3)                  | (4)                 | (5)                  | (6)                   | (7)   |
| i. 0-19 years     | 2                 | 0                    | 0.0                 | 10                   | 4                     | 0.4   |
| 2. 20-29 years    | 30                | 16                   | 0.53                | 80                   | 166                   | 11.33 |
| 3. 30-39 years    | 104               | 158                  | 1.52                | 81                   | 201                   | 2.48  |
| 3.1. 20-39 years  | 134               | 174                  | 1.30                | 161                  | 307                   | 1.91  |
| 4. 40-49 years    | 70                | 174                  | 2.49                | 38                   | 137                   | 3.61  |
| 5. 50-59 years    | 42                | 128                  | 3.05                | 26                   | 79                    | 3.04  |
| 6. 60 and above   | 25                | 107                  | 4.28                | 20                   | 77                    | 3.85  |
| 6.1. 50 and above | 67                | 235                  | 3.51                | 46                   | 156                   | 3.39  |
| All ages          | 273               | 583                  | 2.14                | 255                  | 604                   | 2.37  |

## REFERENCES

- Bhushan, A., K. Bhaskaran and I. P. Varma 1967 : 'Socio-Economic Class and Neurosis'—*Indian Journal of Psychiatry*, 9, p. 334-38.
- Chakraborty, Ajita 1970 : 'The Mentally Disordered' — the paper read in the Seminar on Social and Cultural Profile of Calcutta, organised by the Indian Anthropological Society in January at Calcutta.
- Coleman, J. C. 1971 : *Abnormal Psychology and Modern Life*, D. B. Taraporevala Sons and Co., Pvt. Ltd., Bombay.
- Datta Roß S. 1962 : 'Survey of Mental Morbidity in India at Mental Hospital, Agra', *Psychiatry*, 4.
- Davis, Kingsley 1956 : 'Mental Hygiene and Class Structure'—in A. M. Rose's (Ed.) *Mental Health and Mental Disorder*, p. 591.
- Davis, R. B., S. Kumar and Ritabari Roychowdhury 1967 : 'The First Five Thousand'—*Indian Journal of Psychiatry*, 9, p. 248-259.
- Davis, R. B. and M. N. Rao 1969 : 'Diagnosis and its relation to Culture in 5000 consecutive psychiatric in-Patient admissions in India' (in press).
- Dube, K. C. 1964 : 'Survey of Mental Morbidity in India at Mental Hospital, Agra'—*Indian Journal of Psychiatry*, 6, pp. 98-102.
- Chnagar, M. N., Profirma Mitra and M. N. Rao 1971 : 'Mental Health in an Indian Rural Community', *British Journal of Psychiatry*, 118, p. 499-505.
- Hollingshead, A.B. and Redlich, F. C. 1958 : *Social Class and Mental Illness: A Community Study*, John Wiley and Sons, Inc., New York.
- Jaco, E. G. 1960 : *The Social Epidemiology of Mental Disorders*, Russell Sage Foundation, New York.
- Kohiyar, J. A. 1971 : 'The Disoriented Mind', *Science To Day*, 6, (August), p. 22-25.
- Koos, E. L. 1959 : *The Sociology of the Patients* (3rd Edition), McGraw-Hill Book Co., Inc.
- Leacock, Eleanor 1957 : 'Three Social Variables and the Occurrence of Mental Disorder—in A. H. Leighton, and others (Ed.): *Explorations in Social Psychiatry*, Basic Books, Inc., New York, pp. 308-40.
- Leighton, D. C. and Leighton, A. H. 1967 : 'Mental Health and Social Factors'—in Alfred M. Freeman and Harold I. Kaplan's (Eds.): *Comprehensive Text Book of Psychiatry*, Seientific Book Agency, Calcutta, pp. 1520-1533.
- Nandi, D. N., F. Basumallik and S. Bose 1952 : 'Importance of Age on Onset and Sex in the Aetiology of Psychoses'—*Indian Journal of Psychiatry*, 27, p. 131-141.
- Nandi, D. N. 1971 : *Epidemiology of Mental Disorder*—Lecture document prepared for the Summer School on Epidemiology for Teachers of Preventive and Social Medicine at Medical College, held in All India Institute of Hygiene and Public Health, Calcutta, May, 1971.

- Ogburn, W. F. and  
Nimkoff, M. F.  
1958 : *Sociology*—3rd Ed., Houghton Mifflin Company, Boston,  
p. 299-328.
- Rao, Sharadamba : 'Caste and Mental Disorders in Bihar'—*American Journal of*  
1966 *Psychiatry*, 122, p. 1045-55.
- Rao, Sharadamba : 'Sex Distribution of Mental Disorders: A Study in India'—  
1967 *Indian Journal of Psychiatry*, 9, p. 264-71.
- Rose, A. M. : *Mental Health and Mental Disorder: A Sociological Approach*.  
1956 Routledge and Kegan Paul Ltd., Lond.
- Sehri, B. B. : '300 Urban Families—Psychiatric Study'—*Indian Journal of*  
Gupta, S. C. and  
Raikumar  
1967 *Psychiatry*, 9, p. 280-302.
- Sundararaj, N. : 'Order of Birth and Schizophrenia'—*British Journal of Psychiatry*.  
and Rama Rao, B.S.S.  
1966 112, p. 1127-29.
- Sundararaj N. and : 'Family Size, Birth Order and Schizophrenia'—*Trans. All India*  
Rama Rao, B.S.S.  
1966 *Mental Health*, 6, p. 54-59.
- Teja, J. S. : 'Birth Order and Schizophrenia'—*Indian Journal of Psychiatry*, 9.  
1967 p. 203-07.
- Yarrow, M. R., : 'The Psychological Meaning of Mental Illness in the Family'—in  
C. C. Schwartz, *Dorian Apple's Sociological Studies of Health and Sickness*.  
H. S. Murphy and  
L. C. Dessy  
1960 Mc-Graw-Hill Book Co., p. 56.