

RELIGIOUS FACTORS IN SCHIZOPHRENIA

Summary Sheet

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|----------|-----------------|------|
| Name | Worker | Date |
| Age | Education | |
| Race | Occupation | |
| Nativity | Civil Condition | |
| Religion | | |

Physical Findings

Ht. Wt. Type
 Organic Disease or Disability

Intelligence Rating

Wechsler-Bellevue
 Rohrschach
 Comments

Heredity and Social Background

Race - of father of mother
 Length of Residence - in community in state in U. S.
 of father
 of mother
 Economic Status
 Social Status
 Ethical and Religious Standards
 Organization and Spirit of Home
 Heredity - Strong and weak points in family record

Personality Traits

Accepted Role
 Self-estimate
 Personal Appearance
 Self-assertiveness
 Communicativeness
 Extroversion-Introversion
 Sense of Humor
 Initiative
 Reliability
 Reactions to Success and Failure
 Eccentricities.

Life Situation

Social Adjustments

Attitude toward representatives of authority (identification, ambivalence, hostility, indifference):

Larger loyalties represented by those with whom he has identified himself.

Attitude toward Church (active participation & leadership; occasional attendance; indifference)

Periods of special awakening

Periods of indifference and back-sliding

Other Organizations (their character; extent of his participation)

Informal groups (their character; his relationship to them)

Attitude toward others and their attitude toward him (respected, razzed, ignored)

Recreations and accomplishments

Vocational Adjustments

Vocational plans and ambitions (standards by which he and his family measure success)

Industrial Record (positions held, competence, compensation, length of service in each job, reasons for changing)

Attitude toward work (interested or indifferent? Time and thought given to it outside of working hours)

Opportunity for Self-expression
in creative activity

in organization of the industry

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Sex Adjustments

Degree of expression (free and unrestrained, average, repressed)

Form of Expression

Hetero-sexual ~ marital relationships (mutual compatibility, frequency of intercourse; degree of satisfaction, use of contraceptives, maladjustments)

extra-marital relationships

Homo-sexual tendencies

Erotic phantasy

Masturbation

Other irregularities

Standards by which pt. judges himself

Love affairs and disappointments

Present Illness

Date of Admission

Duration of Illness before Admission

Type of Onset

Presence of anxiety, of absorption in thought, of sleeplessness

Changes in behavior, mood, attitude toward others and toward work; appearance of suspicions, peculiar beliefs etc.

Clinical label

Changes in condition (during hospitalization)

Present condition

General behavior

Mood

Intellectual functions

Social attitude

C o n t e n t o f T h o u g h t

Sense of the Mysterious and Uncanny

Hidden meanings

Strange thoughts, hunches, auditory hallucinations etc.

Visions

Peculiar feelings, electrical currents etc.

Motor automatisms

Ideas of mind-reading, of being hypnotized etc.

Sources and motives of these influences

Sense of Peril

Ideas of death

accepted (as required by God)

resisted (attributed to machinations of enemies)

interests at stake

Cosmic catastrophe

general calamities

milleniums - of supernatural origin of human origin

pt.'s role

Sense of Responsibility

Willingness to recognize own mistakes as factors in difficulty

Where guilt is acknowledged, how far does pt. discuss the real issues?

Is there a tendency to substitute minor for major sins?

Is the sin something of the past? or is it still being indulged?

What is being attempted in the way of rectification or expiation?

Where responsibility is projected, where is the blame placed - on other persons? on occult forces? on physical illnesses?

What other delusional misinterpretation is in evidence?

How well-established have the delusions become?

Is the mood and attitude consistent with the pt.'s interpretation of the situation? with the situation as it actually is?

Erotic Involvement

How large a part does sex have in the pt.'s ideation?

What is his attitude toward it?

Is he yielding or struggling against erotic domination?

Is he serious-minded or light-minded?

Has he made some compromise? If so, what?

Evidence of present erotic indulgence

Frankness in discussing past difficulties

masturbation

hetero-sexual experiences

homo-sexual experiences

perversions

To what extent does pt.'s account tally with the known facts?

Religious Concern

- Ideas of
- a) communication with God
 - b) conflict with evil spirits
 - c) remorse over sins
 - d) expiation
 - e) prophetic mission
 - f) rebirth
 - g) previous incarnation

Attendance at religious services

Private devotions - prayer, reading Bible etc.

Changes in religious ideas and attitudes in course of illness

Attitude toward Self

Self-estimate - exalted, or self-depreciative?

Self-assertiveness

Ideas of cosmic identification, of mission?

Are the mood and attitude consistent with the role which the pt. believes himself to be playing?

Philosophy of Life

How does he formulate his purpose in life?

Concern about vital issues - marked average slight lacking

Forces upon which he conceives himself to be dependent - personal or impersonal
human or superhuman? friendly or unfriendly?

Degree of systematization or structuralization?

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Symbolism

Types of symbolism revealed - cosmic, sex, animal, nature

Derivation of these symbols - autochthonous? or explainable by cultural influences?

Plans and Ambitions

What does he propose to do?

Practicability - sensible or visionary?

Reaction Pattern

Habitual Ways of Meeting Difficulties as Shown in Past History

Previous attempts at re-organization

What Does the Present Picture Represent?

The difficulty to which pt. is re-acting

The re-action pattern or patterns

Personality Organization

Evidences of Profound Regression or Upheaval
of Disintegration

Degree of Organization or Structuralization

Level of Adjustment

- a) attempted socialization on level of the religious
- b) socialization on secular level
- c) submergence
- d) isolation
- e) dissolution

Treatment

Length of Time on Intensive Treatment Service

| | |
|---|--------------------|
| Treatment Given - electric shock - No. treatments | response |
| Insulin shock - No treatments | response |
| Lobotomy | results |
| Psychotherapy: No, hours | Therapist response |

Prognosis

As given by medical staff

Forecast for future based on this analysis