

Questionnaire

Please complete the following questionnaire. The information you give will be treated in strict confidence and used only for the purposes of the current research. You do not have to put your name or any means of identifying yourself on the questionnaire.

Please follow the exact order of sections.

SECTION 1

1. Age: _____ Sex: Male

Female

2. Religious beliefs: of parents and respondent

Parents **Agnostic** Respondent Parents **Jewish** Respondent

Parents **Atheist** Respondent Parents **Hindu** Respondent

Parents **Christian** Respondent Parents **Buddhist** Respondent

Parents **Muslim** Respondent **Other** _____

3. Political party supported:

Labour Conservatives

LibDem None

Other _____

4. Total years of education (primary school and onwards): _____

5. Timing of decision to specialise in psychiatry:

Before medical training During medical training After medical training

6. Experience of Psychodynamic Therapy:

Supervised psychotherapy (MRCPPsych)

Training analysis

In individual analysis / psychotherapy

7. Number of years post registration: _____

8. Number of Years in Psychiatry: _____

9. Higher Qualifications:

MD / PhD Registered for a higher degree
MRCPsych only None

10. Grade:

SHO SPR Consultant

10. No. of Publications:

Experimental paper _____ Review _____
Case study _____ Other _____

11. Currently engaged in research:

Yes No

If answered "Yes", please specify which area of research you are involved in (choose more than one if appropriate):

Neuroimaging Endocrinology Other _____
Genetics Neurophysiology
Cognitive Epidemiology
Neuropsychology Psychological Therapy
Pharmacology Health-Service

12. Which clinical population you are most involved with in your

practice: _____

research: _____

13. Which kinds of treatment therapies, if any, do you administer (tick more than one if applicable):

None Behavioural
Psychoanalytical Pharmacological
CBT Other (please specify) _____

Please continue with Section 2 overleaf

SECTION 2

Please consider the following statements regarding a variety of approaches to mental illness and evaluate their relevance to four disorders: schizophrenia, major depression, generalized anxiety disorder, antisocial personality disorder (APD), as currently construed. The statements are **not** meant to be mutually exclusive and there are **no** correct answers.

All the questions are to be answered on a 5 point scale from strongly disagree to strongly agree (1 2 3 4 5), where **1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree**. Please circle the appropriate number.

1. The disorder results from brain dysfunction.

	Strongly disagree			Strongly agree	
Schizophrenia	1	2	3	4	5
Major Depression	1	2	3	4	5
Generalized Anxiety Disorder	1	2	3	4	5
Antisocial Personality Disorder	1	2	3	4	5

2. The disorder arises as a consequence of social circumstances or conditions.

Schizophrenia	1	2	3	4	5
Major Depression	1	2	3	4	5
Generalized Anxiety Disorder	1	2	3	4	5
Antisocial Personality Disorder	1	2	3	4	5

3. The disorder is best approached through the study of abnormal behaviour.

Schizophrenia	1	2	3	4	5
Major Depression	1	2	3	4	5
Generalized Anxiety Disorder	1	2	3	4	5
Antisocial Personality Disorder	1	2	3	4	5

4. The management of the disorder is best left to the resources of the individual.

Schizophrenia	1	2	3	4	5
Major Depression	1	2	3	4	5
Generalized Anxiety Disorder	1	2	3	4	5
Antisocial Personality Disorder	1	2	3	4	5

5. The research into the disorder should focus on the identification of causative social factors.

Schizophrenia	1	2	3	4	5
Major Depression	1	2	3	4	5
Generalized Anxiety Disorder	1	2	3	4	5
Antisocial Personality Disorder	1	2	3	4	5

6. The ideal classification of the disorder would be a pathophysiological one.

	Strongly disagree			Strongly agree	
Schizophrenia	1	2	3	4	5
Major Depression	1	2	3	4	5
Generalized Anxiety Disorder	1	2	3	4	5
Antisocial Personality Disorder	1	2	3	4	5

7. The disorder should be treated by challenging and restructuring maladaptive thoughts and beliefs.

Schizophrenia	1	2	3	4	5
Major Depression	1	2	3	4	5
Generalized Anxiety Disorder	1	2	3	4	5
Antisocial Personality Disorder	1	2	3	4	5

8. Neglecting the spiritual or moral dimension of life leads to the disorder.

Schizophrenia	1	2	3	4	5
Major Depression	1	2	3	4	5
Generalized Anxiety Disorder	1	2	3	4	5
Antisocial Personality Disorder	1	2	3	4	5

9. The appropriate study of the disorder involves discovery of biological markers and the effects of biological interventions.

Schizophrenia	1	2	3	4	5
Major Depression	1	2	3	4	5
Generalized Anxiety Disorder	1	2	3	4	5
Antisocial Personality Disorder	1	2	3	4	5

10. Treatment of the disorder should be based on whatever folk treatments and models are accepted as appropriate by the patient and their local community.

Schizophrenia	1	2	3	4	5
Major Depression	1	2	3	4	5
Generalized Anxiety Disorder	1	2	3	4	5
Antisocial Personality Disorder	1	2	3	4	5

11. Studying the associations between antecedents and consequents in patients' behaviour is the best basis for modification of the disorder.

Schizophrenia	1	2	3	4	5
Major Depression	1	2	3	4	5
Generalized Anxiety Disorder	1	2	3	4	5
Antisocial Personality Disorder	1	2	3	4	5

12. Mental health professionals have no 'expertise' of the disorder over and above anyone else.

Schizophrenia	1	2	3	4	5
Major Depression	1	2	3	4	5
Generalized Anxiety Disorder	1	2	3	4	5
Antisocial Personality Disorder	1	2	3	4	5

13. The disorder can only be understood in the context of local meanings and these meanings cannot be extrapolated to universal classifications.

	Strongly disagree			Strongly agree	
Schizophrenia	1	2	3	4	5
Major Depression	1	2	3	4	5
Generalized Anxiety Disorder	1	2	3	4	5
Antisocial Personality Disorder	1	2	3	4	5

14. Social factors such as prejudice, poor housing and unemployment are the main causes of the disorder.

Schizophrenia	1	2	3	4	5
Major Depression	1	2	3	4	5
Generalized Anxiety Disorder	1	2	3	4	5
Antisocial Personality Disorder	1	2	3	4	5

15. Maladaptive thoughts and beliefs are normally distributed in the population and it is the extreme ends of this distribution that accounts for the disorder.

Schizophrenia	1	2	3	4	5
Major Depression	1	2	3	4	5
Generalized Anxiety Disorder	1	2	3	4	5
Antisocial Personality Disorder	1	2	3	4	5

16. There is no universal classification of disorder, only culturally relative classifications.

Schizophrenia	1	2	3	4	5
Major Depression	1	2	3	4	5
Generalized Anxiety Disorder	1	2	3	4	5
Antisocial Personality Disorder	1	2	3	4	5

17. Treatment of the disorder should be directed at underlying biological abnormalities.

Schizophrenia	1	2	3	4	5
Major Depression	1	2	3	4	5
Generalized Anxiety Disorder	1	2	3	4	5
Antisocial Personality Disorder	1	2	3	4	5

18. The disorder is due to unconscious factors (as defined psychodynamically).

Schizophrenia	1	2	3	4	5
Major Depression	1	2	3	4	5
Generalized Anxiety Disorder	1	2	3	4	5
Antisocial Personality Disorder	1	2	3	4	5

19. The behavioural problems in the disorder are best modified by associating new responses to a given stimulus.

	Strongly disagree			Strongly agree	
Schizophrenia	1	2	3	4	5
Major Depression	1	2	3	4	5
Generalized Anxiety Disorder	1	2	3	4	5
Antisocial Personality Disorder	1	2	3	4	5

20. The study of the disorder should concentrate on understanding cognitive distortions and reasoning errors.

Schizophrenia	1	2	3	4	5
Major Depression	1	2	3	4	5
Generalized Anxiety Disorder	1	2	3	4	5
Antisocial Personality Disorder	1	2	3	4	5

21. Adherence to religious or spiritual practice is the most effective way of treating the disorder.

Schizophrenia	1	2	3	4	5
Major Depression	1	2	3	4	5
Generalized Anxiety Disorder	1	2	3	4	5
Antisocial Personality Disorder	1	2	3	4	5

22. The structure of the disordered psyche and its unconscious mechanisms is best understood by a study of individual cases.

Schizophrenia	1	2	3	4	5
Major Depression	1	2	3	4	5
Generalized Anxiety Disorder	1	2	3	4	5
Antisocial Personality Disorder	1	2	3	4	5

23. Attempts to scientifically explain the disorder have resulted in no significant knowledge.

Schizophrenia	1	2	3	4	5
Major Depression	1	2	3	4	5
Generalized Anxiety Disorder	1	2	3	4	5
Antisocial Personality Disorder	1	2	3	4	5

24. The disorder is nothing other than the sum of maladaptive thoughts, belief and behaviours.

Schizophrenia	1	2	3	4	5
Major Depression	1	2	3	4	5
Generalized Anxiety Disorder	1	2	3	4	5
Antisocial Personality Disorder	1	2	3	4	5

25. Consulting a spiritual authority can give a better understanding of the disorder than psychiatry.

	Strongly disagree			Strongly agree	
Schizophrenia	1	2	3	4	5
Major Depression	1	2	3	4	5
Generalized Anxiety Disorder	1	2	3	4	5
Antisocial Personality Disorder	1	2	3	4	5

26. The disorder results from the failure to successfully complete developmental psychic stages.

Schizophrenia	1	2	3	4	5
Major Depression	1	2	3	4	5
Generalized Anxiety Disorder	1	2	3	4	5
Antisocial Personality Disorder	1	2	3	4	5

27. All classifications and 'treatments' of the disorder are myths.

Schizophrenia	1	2	3	4	5
Major Depression	1	2	3	4	5
Generalized Anxiety Disorder	1	2	3	4	5
Antisocial Personality Disorder	1	2	3	4	5

28. Treatment of the disorder requires resolution of disturbed early object relationships.

Schizophrenia	1	2	3	4	5
Major Depression	1	2	3	4	5
Generalized Anxiety Disorder	1	2	3	4	5
Antisocial Personality Disorder	1	2	3	4	5

29. Government policies to reduce prejudice, poor housing and unemployment are the way to eradicate the disorder.

Schizophrenia	1	2	3	4	5
Major Depression	1	2	3	4	5
Generalized Anxiety Disorder	1	2	3	4	5
Antisocial Personality Disorder	1	2	3	4	5

30. The disorder is better understood through religious or spiritual insights.

Schizophrenia	1	2	3	4	5
Major Depression	1	2	3	4	5
Generalized Anxiety Disorder	1	2	3	4	5
Antisocial Personality Disorder	1	2	3	4	5

31. The disorder results from maladapted associative learning.

	Strongly disagree			Strongly agree	
Schizophrenia	1	2	3	4	5
Major Depression	1	2	3	4	5
Generalized Anxiety Disorder	1	2	3	4	5
Antisocial Personality Disorder	1	2	3	4	5

32. The disorder is a culturally determined construction that reflects the interests and ideology of socially dominant groups.

Schizophrenia	1	2	3	4	5
Major Depression	1	2	3	4	5
Generalized Anxiety Disorder	1	2	3	4	5
Antisocial Personality Disorder	1	2	3	4	5

The end of section 2

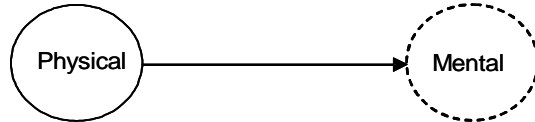
Please continue with Section 3 overleaf

SECTION 3

The following statements on the left address the relation between physical things (brain) and mental things (experiences). The diagrams on the right illustrate the statements. All the questions are to be answered on a 5 point scale from strongly disagree to strongly agree (1 2 3 4 5), where 1 = **strongly disagree**, 2 = **disagree**, 3 = **neutral**, 4 = **agree**, 5 = **strongly agree**. Please circle the appropriate number.

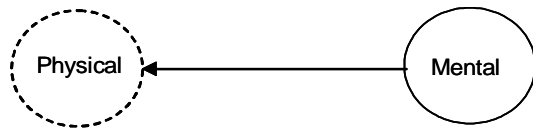
Please read through all the options on this page before responding

1. Mental things are like illusions. They are accounted for by physical (brain) things alone.



1 2 3 4 5

2. Physical things are like illusions. They are accounted for by mental things (experiences) alone.



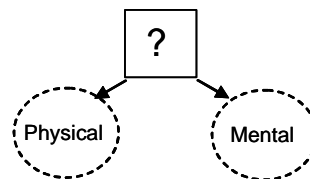
1 2 3 4 5

3. Both mental and physical things exist, but are entirely independent of each other.



1 2 3 4 5

4. Mental things and physical things are two aspects of a single other thing.



1 2 3 4 5

5. Physical things may relate to mental things but how this happens will remain a complete mystery.



1 2 3 4 5

6. The distinction between mental things and physical things is in our language. It is not real and it misleads us. We need a new theory and a new language to overcome this difficulty.

?

1 2 3 4 5

If you had to choose one and only one of the above six options (i.e. come off the fence!) which of the six positions would you choose?

1 2 3 4 5 6

We have attempted to cover all conceptual possibilities. However if your view has not been represented please try to briefly state your position below.

Thank you very much for your time.