

SELF CONCEPT DECLINE FROM PSYCHIATRIC HOSPITALIZATION: A CRITIQUE

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The paper by L. C. Hartlage and Phyllis Hale on "Self Concept Decline from Psychiatric Hospitalization" (this *Journal*, 1968, 24, 174-176) appears to make two fundamental points: firstly, that hospitalization itself is *causing* the decline, as the use of "from" in the title indicates, and, secondly, that this decline is bad and should be prevented. It provoked in us questions regarding (a) the meaning attributed to the decline; (b) the appropriateness of the methods of analysis; (c) the definition of the treatment effects; and (d) the definition of the dependent variable, the self concept.

1. Given the "fact" of decline, this may reside within the patient who now realizes that he has been removed from society, and institutionalized. He may look at himself differently now that his "worst fears have come true." This should not be too surprising. Maybe early decline is a necessary, essential part of the treatment process—the grain of truth in the oft-asserted "one has to get worse before he gets better." On the other hand, the lack of change in the outpatients may be due to the stability of their situation, aside from their weekly visits to the clinic. They have not been removed from society. We need more longitudinal studies about what happens to self-evaluation during treatment before we can use these findings as an evaluation of psychiatric hospitalization.

2. The analysis of the data, though sophisticated statistically, is limited to group measures and may mask the scores of individuals. Even if only 1 of the 24 hospitalized patients, still 4%, did not exhibit decline, we could not say categorically that hospitalization *caused* decline in self concept. We would have to discover and explain why it does so in some cases and not in others. And supposing one hospitalized patient actually showed a gain in self-evaluation? But this point should not be overdrawn. In any case, this study would seem to call for a simple counting procedure: how many patients in each group declined, stayed the same, and made gains in self-evaluation. We also should like to know on which of the 20 pairs of self-

evaluation items the decline took place and on which perhaps gains were made. This would tell us much about the *process* of decline.

3. Difference in treatment was not limited to hospitalization vs. outpatient status, so that the findings are not conclusively attributable to this variable. Treatment actually varied in other, possibly important ways as well. E.g., the outpatients had only individual psychotherapy, while those hospitalized had—among other assignments—group psychotherapy. In these groups the phenomenon of “regression to the mean” could have been operative, negatively affecting the “more healthy.” We have no baseline regarding change in self concept attributable to group vs. individual psychotherapy to which the present findings could be related. Generalization regarding “advisability of hospitalization” is furthermore unwarranted since this is a one-hospital study.

4. Lastly, it is regrettable that the authors equate self concept with self-evaluation, without any discussion. An extensive amount of critical analysis of research in this domain highlights the confusion of language, and points up questions of the multidimensionality of self concept. But this has either been overlooked or ignored.

In view of all this, care should be exercised in drawing conclusions and in generalizing from this study. In its most essential aspects it simply is not what it purports to be.