SELF CONCEPT DECLINE FROM PSYCHIATRIC HOSPITALIZATION: RESPONSE TO KEHAS' CRITIQUE

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It is unfortunate that Professor Kehas (8) imputes such strong meaning to the title of our paper (6). Interestingly enough, in the original manuscript submitted, the title was listed as "Changes in Self Concept Following Psychiatric Hospitalization": The title was subsequently changed to communicate in more telegraphic form the findings of the study. There had been a number of studies previous to ours which we cited in our introduction, which had demonstrated adverse or deleterious effects due to psychiatric hospitalization. What we considered of interest was the fact that self concept was significantly lowered after only one month of psychiatric hospitalization. In response to the various specific questions raised by Kehas we should like to say:

1. Kehas suggests reasons possibly involved in this decline. If, as he suggests, decline is due to the fact that the patient's "worst fears have come true," we might expect this decline to manifest itself within the first few days of hospitalization. The data (6, p. 175), however, point out a significant linear trend toward self concept decline over time, rather than a sudden lowering as the patient's worst fears are realized. As Kehas suggests, we need studies about what happens to self-evaluation during treatment, and that was a purpose of the outpatient control group, i.e., to measure self-evaluation during treatment other than institutionalization.

2. Regarding individual *S*s, there were, as we mentioned (6, p. 175), 5 of the 24 inpatients who actually showed improvement in self concept following hospitalization, and 3 of the 24 outpatients who did show a decline. What we did not specify was that none of the *S*s remained the same.

Improvement among the inpatients appeared to be related to age. The mean age of all 24 inpatients was 37 years, while the 5 who showed improved self concept were 32, 47, 49, 49, and 51 years old (mean = 45.6; median = 49). Furthermore, the self concept of these 5 *S*s was initially very low. Whereas the self-concept mean of

the entire group before hospitalization was 32.83, the 5 patients in question scored 31, 37, 40, 40, and 44 (mean = 38.4; median = 40), the higher figures indicating less favorable self concept. Sex was not a factor in reference to the self concept among the inpatients.

Among the 3 outpatients who showed a decline in self concept no factor was noted which might have differentiated them from the other outpatients.

Regarding individual self-evaluation items, Table 1 shows the 20 pairs of opposite words used in the scale. None of these item pairs

TABLE 1. THE 20 ITEM PAIRS OF THE SELF CONCEPT SCALE

foolish	wise	helpful	critical
valuable	worthless	impatient	tolerant
insincere	sincere	ambitious	lazy
kind	cruel	immature	mature
dangerous	harmless	happy	unhappy
good	bad	dishonest	honest
thoughtful	inconsiderate	dependable	undependable
irresponsible	responsible	indecisive	determined
cooperative	uncooperative	strong	weak
hostile	friendly	cowardly	brave

consistently differentiated hospitalized from outpatient *S*s. But there was a noticeable tendency among hospitalized *S*s for the greatest decline to occur on items associated with primarily interpersonal variables, such as sincere—insincere, thoughtful—inconsiderate, responsible—irresponsible, cooperative—uncooperative, and helpful—critical. Least decline occurred on source traits or deeply ingrained self-evaluative items, with no tendency to change on the pairs of good—bad and cowardly—brave. Two pairs actually showed a slight tendency toward improvement in the hospitalized group, namely, friendly—hostile and mature—immature. However, there was no particular pattern among *S*s reporting such improvement, nor did it approach statistical significance.

3. If Kehas wants to talk about regression to the mean to account for the decline in self concept among the inpatients, he would not receive any argument from us. But such regression could as well have worked in reverse, i.e., the least healthy could have been positively affected by the more healthy. Presumably this is the

direction in which most therapy groups move; thus we must look for another reason to explain why in our groups we found that the good became worse rather than the more typical opposite outcome.

As to the treatments afforded our two groups, we must certainly agree with Kehas that these were not identical. In the design of our study, the aim was to compare our outpatient with our inpatient regimen. Our view was that the resultant treatments were legitimate corollaries of the hospitalized vs. non-hospitalized treatment conditions, and as such important variables to be included within conditions.

We also agree that from our study it is impossible to generalize to all hospitals. It was with this limiting condition in mind that we reported that our findings were comparable with previous findings which had made such generalizations.

4. The point raised concerning whether self concept decline is "bad" is probably rooted in two subquestions, i.e., (*a*) how valid is the self evaluation technique for measuring self concept, and (*b*) how does self concept relate to behavior. The first question is of primary concern, since without a valid measure of the dependent variable any further inferences would be meaningless. The use of self-evaluation techniques for measuring self concept is, however, an accepted procedure, and the topic has been fairly thoroughly covered by the literature in the field (1, 2, 9, 11, 14). Since the instrument used in our study had been demonstrated to have adequate reliability, no further elaborating on the subject was felt to be necessary. Regarding the second question, previous investigators (3, 4, 7, 10, 12, 13) have comprehensively researched this field, and have typically concluded that substandard self concept is a correlate of substandard behavior. Long term follow-up of the relationship of self concept and patient improvement has also been previously reported elsewhere (5, 13).

What we did not discover, as Kehas points out, is whether or not self concept decline is a desirable or perhaps even necessary precurser to psychotherapy. It may well be that self concept does have to get worse before it can get better. Studies measuring such relationships would certainly be of interest, and we hope that perhaps our findings may stimulate research in this area. Furthermore, at this time we do not know with any certainty whether self concept may be associated with favorable prognosis in response to psychotherapy. In light of the suggestive work of Harrow et al. (5) and Wolkon and Haefner (13),

we might expect such a relationship; but, as many a doctoral dissertation has concluded "considerably more work needs to be done in the area."

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