A FOLLOW-UP STUDY OF NON-SCHIZOPHRENIC PSYCHIATRIC PATIENTS

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The past few years have seen a considerable growth of knowledge about the career of the mental patient. But, as in most burgeoning areas of research, each study raises at least as many questions as it answers. The follow-up investigation reviewed here is a welcome addition to the field. In particular, it has two unique qualities: the data collection takes into account the period of hospitalization (most other studies begin at or near the point of return to the community), and the authors study a group of nonpsychotic patients (rather than focusing mostly on schizophrenics).

It is important to point out that the document was not intended to be distributed widely. It is a "working report," full of unnecessary tables, repetition, and lacking the refinements common to well-done monographs. For the most part, its usefulness is limited to persons actively engaged in research in the field, and it is not recommended as an addition to the bookshelves of the practicing psychiatrist or the behavioral scientist with a casual interest in mental health.

There also are serious problems of method. Although the authors carefully note most of the limitations, the problems of method nevertheless raise serious questions about the usefulness of the findings. One troublesome problem is the loss of patients from the study group; by the end of the study, data are unavailable on one-third of the patients, leaving only a little over 100 cases for most of the analysis. The findings are not only restricted to "co-operative" patients but the size of the sample prohibits the simultaneous "partialling" of variables. Given the vast amount of work involved in

interview-schedule design and the development of sample selection procedures, one must question the advisability of undertaking a quantitative investigation when the number of variables involved far exceeds the number of cases. Further, by restricting the sample in the way they did, the authors are stuck with the problem of reliability of diagnosis. Finally, although their list of references includes much of the other work in the field, the report itself fails to make use of other findings and their analysis proceeds from one issue to the next without adequate consideration of the implications of their material in the light of other research on the careers of mental patients.

Yet there are many provocative findings in the study, and most of them are satisfactorily consistent with other research on mental patients. Rather than attempting to provide a complete summary of their work, it is probably more useful to select some of the most provocative findings:

1. Assumptions about the relationship between the referral process and outcome require revision. Patients who initiate hospitalization for themselves are most likely to shift in the direction of being less favorable toward treatment; those who were referred to the hospital by physicians change in a favorable direction. Apparently the treatment experience polarizes attitudes in ways contrary to common assumptions about patients' attitudes to hospitalization.

2. The type of treatment a patient receives is not associated with his diagnosis or length of stay. The use of particular medications in the care of the neurotic patient is related to their "fashionableness" rather than to the purely clinical indications of the illness.

3. The most important influence on treatment and outcome is the physician responsible for the patient. The patient's physician not only is the key determinator of the treatment program for the patient but the physician's characterization of him is the major factor in the assessment of his potential for release.

4. Differences among patients on admission tend to be reduced as a result of common experience and interaction during the hospital stay, but these differences appear again after the patients return to their own homes. Institutionalization has only a fleeting impact on the over-all life experience of the patient.

5. Psychotherapy, if it has any impact, is associated with poor posthospital adjustment. Patients who received psychotherapy had poorer outcomes than those who did not have psychotherapy. The negative finding on psychotherapy cannot be explained in terms of selection criteria, and apparently this treatment modality has limited efficacy for the hospitalized neurotic.

6. Neither the patient's conception of stigma nor his attitude to treatment seems to facilitate his response to care.

It should be emphasized that the small and biased study group limits one's confidence in the findings, but certainly the relationships suggested by the investigation should provoke more definitive studies. The authors are to be commended for making the data available rather than leaving them in their files.

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