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AN ABSTRACT OF THE THESIS OF Thomas Mack Chambers for the
Master of Social Work presented May 16, 1973.

Title: Family Variables Which Are Associated with the
Achievement of Community Tenure by Persons Re-
leased from Psychiatric Hospitalization.

APPROVED BY MEMBERS OF THE THESIS COMMITTEE:

Diane L. Pancost, Chairman

Morris Weitman

The pattern of frequent discharges and readmissions which characterizes most psychiatric hospitalization in this country today was described, and it was argued that the costs of this "revolving door" outweigh such benefits as might be derived from it. An alternative step-wise progression model of aftercare was proposed. This model identified community tenure as the most appropriate goal for initial aftercare efforts.

Attempts to identify correlates of the establishment

of community tenure by mental hospital releasees were reviewed. It was found that the ex-patient's ability to remain in the community is not highly correlated with the extent to which he manifests deviant behavior. This finding was interpreted as an indication that environmental factors may play a significant part in ex-patients' avoidance of rehospitalization.

Data were presented which indicated that a clear majority of mental hospital releasees take up residency immediately with family members. It was hypothesized, then, that measurable family variables are correlated with the ability of the ex-patient to achieve community tenure.

An attempt was made to examine this hypothesis in the light of relevant research. Studies of the issue which contained substantive empirical support were categorized into four topic areas: family tolerance of the ex-patient's symptomatic behavior, kin role which the family affords to the ex-patient, familial expectations of the ex-patient's performance, and family attitudes and personality characteristics.

After reviewing the studies of authors who attempted to assess the degree of correlation between the capacity of the ex-patient's family to tolerate symptomatic behavior on the part of the ex-patient and the ex-patient's ability to avoid rehospitalization, it was concluded that the linear correlation between the two variables which would be predicted logically may not exist.

A review of studies of the relationship between the kin role which the ex-patient's family affords to him and the ex-patient's ability to achieve community tenure yielded a tentative conclusion that returning to the social-biological role of "child" (son or daughter) as opposed to the kin role of spouse was positively correlated with remaining in the community.

After examining studies which attempted to explore the relationship between familial expectations of instrumental performance on the part of the ex-patient and the ability of the ex-patient to avoid rehospitalization, it was concluded that little support was provided for the hypothesis that the two variables are related.

A survey of attempts to identify family attitude and personality characteristic correlates of ex-patient achievement of community tenure resulted in arrival at the conclusion that such efforts, as a whole, have met with little success, although significant correlations between two general family attitudes toward mental illness and ex-patient avoidance of rehospitalization were found.

Considering the findings which were reviewed as a whole, it was concluded that little support was provided for the hypothesis that measurable family variables are correlated with the ability of the ex-patient to achieve community tenure. The rather limited aftercare practice applications which could be drawn from the few correlations that have been dis-

covered were described, and implications of the over-all finding for future research were discussed.

**FAMILY VARIABLES WHICH ARE ASSOCIATED WITH
THE ACHIEVEMENT OF COMMUNITY TENURE
BY PERSONS RELEASED FROM PSYCHIATRIC HOSPITALIZATION**

by

THOMAS MACK CHAMBERS

**A thesis submitted in partial fulfillment of the
requirements for the degree of**

MASTER OF SOCIAL WORK

**PORTLAND STATE UNIVERSITY
1973**

TO THE OFFICE OF GRADUATE STUDIES AND RESEARCH:

The members of the Committee approve the thesis of
Thomas Mack Chambers presented May 16, 1973.

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May 16, 1973

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T.C.

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CHAPTER I

INTRODUCTION

The cyclical process of rapid discharges and frequent readmissions which characterizes most psychiatric hospitalization in the United States today has been well documented. Silverstein, in a study of all of the persons released from psychiatric hospitalization in the state of Pennsylvania during a given calendar year, found that 25.7% of those persons were readmitted during the following one year period (1, p.26). Michaux et al. found that 37.4% of the releasees from state hospitals in Maryland whom they studied returned to those hospitals during the year which followed their discharge (2, p.68). Freeman and Simmons, in a study of all persons discharged from twelve state psychiatric hospitals in eastern Massachusetts during a given six month period, found a return rate of 38.2% during the following year. (3, p.43). Miller reports that 72% of those persons released on "leave of absence" status from state mental hospitals into the Oakland, California area during a given year were rehospitalized during the subsequent six year period (4, p.24).

The psychological and social costs of this "revolving door" process have also been discussed at some length.

Michaux et al., for example, have discussed the adverse psychological effect on the patient of "living alternatively in two worlds, all the while with an impaired sense of belonging in either" (2, p.153). Freeman and Simmons' discussion of the negative consequences of this process for the patient's significant others and for the community at large (3, p.2-3) exemplifies efforts to describe various aspects of the resultant social detriment.

Certain authors, however, defend this process. Some argue that rehospitalization can constitute progress. Garner (5), for example, argues that rehospitalization is a desirable procedure in the treatment of mental illness if mental illness is viewed as a deviant behavior rather than a disease. Similarly, Brown argues that periodic readmission is an effective way of avoiding some of the distress which is associated with recurring symptomatology (6, p.12), and Linn describes periodic readmission as frequently being a necessary part of the process of "stabilizing the definitive stage of emotional restoration" (7, p.18). Other authors, such as Braginsky et al. (8), defend the procedure by asserting that mental hospitals should serve as refuges, where individuals can escape from the dehumanizing pressures of society whenever they need to do so, regardless of how often particular individuals might make use of this service.

The preponderance of opinion among mental health professionals in this country, however, supports interrupting

this pattern, as is indicated by numerous and extensive research efforts which are directed at identifying variables which are associated with the ex-patient remaining in the community (e.g. 2, 3, 4, 9). Many mental health theorists are also advancing arguments favoring a greatly diminished role for psychiatric hospital care in general (cf. 10, 11). Angrist et al. capture the tenor of the arguments against continuing to operate "the revolving door" which have been put forth with the phrase: "the mental hospital has yet to prove its acceptability either as a treatment center or as a humane refuge from society" (9, p.180).

These arguments hold considerable weight, particularly in view of the negative psychological and social consequences of periodic rehospitalization which have been described in works such as those cited above. Concurring with these authors with regard to the inacceptability of periodic rehospitalization as a desirable pattern of service delivery, however, necessitates addressing the issue of alternative treatment goals and strategies. An effort will be made here to set forth such a treatment goal and to examine certain factors which may be associated with it.

CHAPTER II

COMMUNITY TENURE AS AN INITIAL GOAL FOR AFTERCARE

If a life-style which involves periodic rehospitalization is not acceptable as a treatment goal, then the logical alternative is remaining in the community with no rehospitalization. Some authors argue, however, that community tenure is not enough. These authors see some community settings as not being appreciably different from mental hospitals with regard to the life-style which is afforded to the residents. Lamb and Guertzel, for example, describe certain boarding homes as "not really in the community" and "like small wards moved to a community setting" (12, p.30). Therefore, these authors argue that some form of "instrumental performance", as defined by work or social participation, should be adopted as the primary goal of aftercare. Freeman and Simmons underscore such an argument with reference to the community tenured but socially and occupationally inactive ex-patient as a "useless consuming unit" who "diverts other community members to wasteful tasks" (3, p.38).

Other authors view community maintenance at any level of performance as being decidedly preferable to institutionalization and, therefore, regard achievement of com-

munity tenure, per se, not only as a legitimate therapeutic goal, but, also, as the most profitable area of initial focus at his time. Miller, for example, describes achievement of community tenure by the ex-patient as his successful emigration from a "patient-world" into a "person-world" and views successful completion of this transition as the primary goal of aftercare (4, p.1-8).

Clearly the issue which is raised here is based on value judgement, and cannot be resolved by empirical testing. Empirical research has indicated, however, that the two variables may not be independent. A considerable number of studies have found a positive correlation between post-hospital employment and community tenure. Maisel found that "employment is highly associated with success in remaining in the community and nonwork with failure, irrespective of ratings of symptomatic behavior" (13, p.22). Goldberg reported that "those who worked in jobs requiring a moderate degree of skill survived best in the community" (14, p.484). Kris (15) found that persons who were fully self-supporting were rehospitalized less often than those who contributed only partially or not at all to their own financial support. Brown (16) found a significant negative correlation between the amount of time spent at work during the first year after discharge and rehospitalization (16, p.119). Freeman and Simmons found significant differences between the work records of ex-patients

who remained in the community and those who were rehospita-
lized, although they reported "considerable overlap" between
the work records of the two groups (3, p.49-50), and Linn
(7) reported that the post-hospital work records of a group
of patients who were readmitted within a year after their
discharge were significantly less extensive than the work
records of a comparable group who remained in the commu-
nity for one year after their discharge but were readmitted
after that.

Other authors have found no significant correlation be-
tween employment and community tenure. Arthur et al. (17)
found no relationship between work performance and success
in establishing community tenure. Gavaria and Lund (18)
reported that none of the various indices of economic per-
formance which they studied was related to rehospitaliza-
tion.

Certain authors also have attempted to test the hy-
pothesis that social participation is positively corre-
lated with community tenure. One such study offered sup-
port for this hypothesis. Rosen et al. (19) found that the
"social competence" of ex-patients was positively correlated
with both incidence and frequency of rehospitalization.
Other researchers, however, have found no correlation. Ar-
thur et al. (17) reported that "social contact" was not
significantly correlated with the achievement of community
tenure by ex-patients. Similarly, Angrist et al. (20)

found that female ex-patients who were successful in re-establishing themselves in the community did not differ significantly from a comparable group of returnees with regard to social participation. Wessler and Kahn, in a small sample study (N=24), reported that "social adjustment per se was not related to the patient's ability to remain out of the hospital" (21, p.458). Also, Levine et al. (22) found that measures of the ex-patient's social participation immediately after discharge were not useful in predicting rehospitalization.

Taken as a whole, these studies indicate that instrumental performance in the form of employment is positively correlated with community tenure but that performance as measured by social participation is unrelated to rehospitalization. The apparent correlation between employment and community tenure should be interpreted with extreme caution, however; as only one of the studies cited controlled the variable of symptomatic behavior. The apparent correlation between employment and community tenure could be spurious in that degree of employment could be correlated highly with lack of symptomatic behavior. Even if this factor were controlled, however, these studies would not support the contention that employment facilitates community tenure. Employment might be a manifestation of certain basic adaptational skills, for example, and those skills rather than employment per se, might be

directly correlated with community tenure.

Freeman and Simmons initially put forth a stepwise progression model of psychiatric rehabilitation (3, p.37). In terms of this model, community tenure was seen as an essential first step toward full rehabilitation. The authors postulated that achievement of this first stage goal would aid the ex-patient in his achievement of a further second stage goal, which they saw as instrumental performance. Subsequent research by these authors, which indicated that there was a negligible amount of correlation between the two, convinced them to abandon this model. In doing so, they reasoned that the fact that establishing community tenure was probably not associated with increasing instrumental performance precluded viewing it as an effective first step toward such performance.

However, other findings which are cited above suggest that Freeman and Simmons may have been premature in dismissing the possibility of such a correlation, although the correlation between employment and community tenure which has been demonstrated could be merely a manifestation of a more basic relationship between rehospitalization and other variables. Even if no such correlation exists, however, a stepwise model such as that proposed and abandoned by Freeman and Simmons would seem to have utility. Although community tenure may not be sufficient, in itself, to facilitate instrumental performance in the community, it is clearly

a necessary precondition for such performance.

The questionable nature of the relationship between community tenure and instrumental performance, as defined at this point, militates against adopting instrumental performance as an initial goal of aftercare. As Freeman and Simmons demonstrate (3, p.49), a considerable number of patients who manifest high levels of instrumental performance are rehospitalized, nevertheless. It would seem that community tenure would be a more prudent initial goal and that instrumental performance, according to whatever definition, could be viewed profitably as a desirable secondary goal, if such performance were consistent with community tenure.

CHAPTER III

VARIABLES ASSOCIATED WITH COMMUNITY TENURE

If community tenure is adopted as an initial goal of psychiatric aftercare, the issue of strategies of service delivery arises. Developing service delivery strategies which are effective with regard to reducing the incidence and frequency of rehospitalization necessitates, in turn, a careful evaluation of the factors which are known to be associated with rehospitalization.

Many authors who argue in favor of periodic rehospitalization as an effectual aftercare strategy base such arguments on the tenet that persons are rehospitalized because of exacerbations of their mental illness. Brown, for example, describes a pattern of "future readmission, arranged by community services, as soon as the patient begins to deteriorate" (6, p.12). In his argument Brown accepts the causal relationship between increased sickness and readmission as known fact. Careful consideration of the issue of rehospitalization, however, demands that this issue, too, be examined.

Such an examination must begin with a clear description of the two variables. Readmission can be defined in terms of specific administrative procedures. Numerous defi-

nitions of mental illness have been put forth (cf. 23, p.9-34). Central to most such definitions, however, is the concept of deviant behavior. If deviant behavior is accepted as an integral part of mental illness, then the question of the relationship between mental illness and rehospitalization can be reformulated as the issue of the correlation between post-discharge deviant behavior and readmission.

This relationship has been tested by a considerable number of authors. The studies regarding the correlation between instrumental performance and rehospitalization which have been cited previously can be seen as direct tests of the hypothesis that social deviancy and rehospitalization are positively correlated. Instrumental performance has been defined in terms of behaviors which are accorded high value as appropriate lifeways for adult individuals by a large sector of American society. Low instrumental performance, or failure to engage in these activities, can be regarded accurately as social deviancy.

As was discussed previously, the majority of the studies which tested the relationship between the ex-patient's post-release employment and his ability to avoid rehospitalization supported the hypothesis that the two variables are positively related, although alternative explanations of these findings have not been ruled out effectively at this time. These findings also offer support, then, for the co-

rollary hypothesis that social deviancy, as manifested by lack of gainful employment, is positively related to rehospitalization. The fact that alternative interpretations of these findings have not been obviated, however, qualifies the support which is offered. The "considerable overlap" between the post-release work records of the ex-patients who remained in the community and those who were rehospitalized which was reported by Freeman and Simmons (3, p.50) further qualifies such support.

Taken as a whole, the attempts to study the relationship between social participation and community tenure which have been discussed in the previous chapter offer scant support for the contention that the two are positively related. These findings also fail to support, then, the corollary hypothesis that social deviancy, in the form of social withdrawal, is positively correlated with rehospitalization.

Also relevant to a discussion of the relationship between social deviancy and community tenure are the works of various authors who have attempted to test the hypothesis that engaging in behavior which is classically regarded as "symptomatic" is positively correlated with rehospitalization. Angrist et al. (20) examined symptomatic behaviors at a point six months after discharge in a population of female releasees from a psychiatric hospital in the state of Ohio. Symptomatic behaviors were measured by means of a structured interview with a "significant other" of the ex-

patient. The authors found that 14% of the ex-patients in their study population had been readmitted to psychiatric hospitalization prior to the evaluation. Comparison between the symptomatic behaviors manifested by the "successes" with those exhibited by the "failures" revealed that the ex-patients who failed to remain in the community manifested more symptomatology, numerically and qualitatively, than did the ex-patients who succeeded in remaining in the community during the study period.

This finding could be challenged, however, on the basis of the fact that the authors' estimation of the symptomatic behavior of the returnees was derived from a report by the releasees' significant other which was made after rehospitalization had occurred. A distinct possibility exists that the recollections of the significant others might have been altered by the act of rehospitalization, itself, in the direction of increased pathology.

Freeman and Simmons (3, p.61-67) studied this same issue in a similar manner. Their research design, however, incorporated a measure of symptomatic behavior as reported by a significant other immediately after release as well as similar measures immediately after readmission, if the ex-patient was rehospitalized within a one year period after discharge, and at a point one year after discharge, if the ex-patient remained in the community continuously during that time period. These authors then combined the

two measures of symptomatic behavior which they obtained for each patient, in a manner which they did not explain, into a single profile of the symptomatology of the patient. These measures were then rated along a single dimension which the authors described as an "impressionistic over-all rating of degree of symptomatology". These ratings were then segregated into three discrete subgroups, which the authors labelled: "Abnormal", "Intermediate", and "Normal". The authors found that degree of symptomatology, as measured by these ratings, was negatively correlated with the achievement of community tenure.

This study, also, lends only qualified support to the hypothesis that rehospitalization is positively correlated with symptomatic behavior. The degree of subjectivity in the authors' methods of estimating symptomatology allows for the possibility that factors other than those described by the authors could have accounted for the correlation which they found. Also, the fact that 45.5% of the males whom they labelled as "Abnormal" and 44.4% of the "Abnormal" females in their study were able to establish themselves in the community "successfully" according to the authors' research criterion (3, p.66) lends support to the hypothesis that symptomatic behavior and rehospitalization are not highly correlated, although this support, too, is qualified by the degree of subjectivity which the authors employed in their ratings of over-all symptomatology.

Direct support for the contention that symptomatology and rehospitalization are not highly correlated is supplied by Maisel (13) who interviewed families of ex-patients to obtain a profile on each ex-patient which reflected the extent to which he had manifested various "major" and "minor" symptoms such as incontinence and "staying by himself", respectively. The ex-patients were then labelled "abnormal" if they exhibited one or more "major" symptoms or five or more "minor" symptoms during the period following their hospitalization, and "normal" if they displayed no "major" symptoms and fewer than five "minor" ones. The author then compared these ratings with the ex-patients' ability to remain in the community for one year after discharge. Although he did not compute the correlation between the two variables directly, he found that 72% of the "abnormals" were able to remain in the community continuously throughout the criterion time period.

Additional support for the hypothesis that symptomatic behavior and readmission are not highly correlated is supplied by Miller. In an extensive review of the after-care case records of all persons released from state mental hospitals into the Oakland, California area during a given year, she found that more than one fourth of those records "made no mention of any psychiatric symptomatology or socially upsetting behavior present in the patient's life" but that "in 47% of such cases the patient was rehospital-

ized" (4, p.34).

When viewed as a whole, the studies which have been cited immediately above suggest that rehospitalization is not correlated highly with socially deviant behavior as manifested by low levels of instrumental performance or by symptomatic behavior, although significant correlations between gainful employment and avoidance of rehospitalization have been found. This finding suggests that the degree of success which the ex-patient experiences in his efforts to establish residence in the community may be determined, to a considerable extent, by factors other than his behavior in the community. This hypothesis suggests, in turn, that achievement of community tenure may be correlated significantly with discernible environmental variables.

Consideration of environmental variables leads initially to an examination of the environment of the ex-patient. One primary issue which must be dealt with in this regard is the question of the type of residential settings to which ex-patients are released. Researchers who have examined this issue report that a sizable majority of the persons who are discharged from psychiatric hospitalization are released to family settings. Wessler and Kahn, in a study of a population of discharged chronic schizophrenics in the state of Massachusetts, report that two thirds of this population took up residency immediately

with family members (21, p.458). Freeman and Simmons estimate that two thirds of all persons who are discharged from psychiatric hospitals in the state of Massachusetts are released to family settings (3, p.87). Angrist et al. reported that 68% of the female ex-patients whom they studied in the state of Ohio returned to live with either conjugal or parental families (9, p.77) Silverstein, in a study of all persons of both sexes who were released from eighteen state mental hospitals in the state of Pennsylvania during a particular calendar year, found that three fourths of those persons whom he studied began living "with spouse or other relatives" immediately after being discharged (1, p.18). Michaux et al. found that 94.2% of the 139 discharges whom they chose as a random sample of the releaseses from a particular psychiatric hospital in the state of Maryland were living with conjugal or parental families or with other relatives at the end of the first month which followed their release (2, p.44). These statistics suggest that efforts to identify environmental correlates of the achievement of community tenure by persons released from psychiatric hospitalization might be focused productively on qualities of the families to whom a majority of patients are released.

Much has been written about the role which the family plays in maintaining the ex-patient's tenure in the community and about particular strategies for professional inter-

vention in this process. However, characteristically, these writers have failed to found their assertions on empirical evaluations of the issues which they discuss. Some writers base conclusions on anecdotal material, or small sample descriptions (cf. 24, 25, 26). Others make no effort to support their contentions with empirical data in any form (cf. 27, 28, 29).

Some authors have attempted to examine the relationship between various characteristics of the families with whom ex-patients reside and the ability of the ex-patients to achieve community tenure. These studies can be categorized into four distinct topic areas: family toleration of the ex-patient's symptomatic behavior, kin role which the family affords to the ex-patient, familial expectations of the ex-patient's performance, and attitudes and personality characteristics of family members.

CHAPTER IV

TOLERATION OF SYMPTOMATIC BEHAVIOR

Researchers have found that ex-patients who are successful in their efforts to achieve community tenure may manifest widely varying amounts of socially deviant behavior, in the forms of low instrumental performance and of symptomatology, as has been discussed previously. This fact has led certain authors to hypothesize that the ability of ex-patients to achieve community tenure is correlated directly with the extent to which the families of those patients are able to tolerate the ex-patients' deviant behavior (30, p.148, 31, p.42). Efforts have been made to test this hypothesis with respect to the family's toleration of both low instrumental performance (3, 4, 20), and symptomatic behavior (3, 20, 21, 31, 32, 33). The authors of these studies have used the phrase "toleration of deviance" to describe familial accommodation in both of these areas. Distinguishing between the two would seem to have utility, however, in that low instrumental performance and symptomatic behavior are discrete phenomena.

If such a distinction is made, grouping studies of tolerance of low instrumental performance with the studies

of familial expectations of the ex-patient's performance would also seem to be indicated in that toleration of low performance can be equated with low performance expectations. Those tolerance studies which remain could be grouped under the heading: "tolerance of the ex-patient's symptomatic behavior".

Researchers have attempted to measure the tolerance which families show toward the symptomatic behavior of ex-patients in various ways. Some have attempted to assess such tolerance directly. These efforts have varied considerably in objectivity. Certain authors have attempted to measure family tolerance of symptomatology in the ex-patient by means of a subjective clinical evaluation of one or more of the family members (21, 32). Others have administered a structured questionnaire to a particular family member, asking if a series of symptomatic behaviors would cause him to contact the hospital regarding readmission if manifested by the ex-patient in his family (3, 20).

Still other authors have attempted to measure symptom tolerance indirectly. Brodsky (33), for example, recorded whether or not female ex-patients were employed outside the home and inferred that the environment of those ex-patients who were not employed outside the home was more tolerant of symptomatic behavior than the environment of those ex-patients who were so employed. Davis et al. (31) and Freeman and Simmons (3, p.93) recorded whether or not ex-patients

returned to conjugal or parental families and inferred that parental families were more tolerant of symptomatic behavior than were conjugal families.

These attempts to measure familial tolerance also have been made at different points in the ex-patient's post-hospital career. Freeman and Simmons attempted to interview the family member immediately after the ex-patient's discharge (3, p.18). Angrist et al. (20) and Deykin (32) based their estimations of family tolerance on measurements made at a point six months after the ex-patient's discharge. Wessler and Kahn (21) and Brodsky (33) made such measurements at the end of one year and Davis et al. evaluated the families at a point "more than two years after discharge" (31, p.38).

The majority of these authors have argued that their findings support the hypothesis that toleration of the ex-patient's symptomatic behavior by members of his family is positively correlated with the ex-patient's ability to achieve community tenure (21, p.460, 31, p.42, 32, p.14, 33, p.179). The data which these authors present in support of these arguments, however, make use, exclusively, of measurements of family tolerance which are based upon inferences or subjective clinical assessments, as discussed above.

Authors who have attempted to evaluate the relationship between direct measures of family tolerance of symptomatology and the ability of the ex-patient to achieve

community tenure have reported conflicting results. Angrist et al. found an unexpected negative correlation between the two variables (20, p.366), while Freeman and Simmons found that the two were not related (3, p.134-35).

It seems that the difference between the conclusions which these authors report might be attributable, at least in part, to the differences between the points in the post-hospital careers of the ex-patients at which the authors obtained their measurements. The fact that Angrist and her colleagues measured family tolerance of symptomatic behavior at a point six months after the ex-patient's discharge necessitated their evaluating family tolerance after rehospitalization had taken place in the cases of those ex-patients who were returned to the hospital during the study period and were classified as "failures", and before rehospitalization among the families of ex-patients who were not rehospitalized and were designated as "successes". The difference between these two measures is reflected in the phrasing of the standardized interviews which were administered to the two groups. Relatives of returnees were asked which symptoms were actual reasons for their seeking readmission of the patient, whereas family members of the "successes" were asked to state, hypothetically, which symptoms would cause them to seek rehospitalization. Measuring familial tolerance in this manner does not obviate the possibility that apparent differences which are found between the tole-

rance levels of the families of "failures" and those of the families of the "successes" are the result of the employment of differing measurement techniques rather than of actual differences between the tolerance levels of the two groups.

The findings of Freeman and Simmons, however, cannot be questioned on this basis. Although the authors state that the practicalities of research administration permitted them only to approximate the ideal design of interviewing a family member immediately after the ex-patient's discharge and that the average length of time between discharge and the interview was approximately 41 days (3, p.18), none of the ex-patients who were studied were rehospitalized before the family interviews took place. The fact that these authors found no significant differences in family members' level of tolerance of symptomatic behavior between the "success" and "failure" groups suggests that the linear correlation between the tolerance of the ex-patient's symptomatic behavior by the ex-patient's relatives and the ex-patient's ability to achieve community tenure which would be predicted logically may not exist.

CHAPTER V

KIN ROLE

Certain authors have also advanced hypotheses regarding the relationship between the kin role which the ex-patient's family affords to him and the ex-patient's ability to achieve community tenure. The kin roles which have been contrasted in this regard are those of "child" (son or daughter) and "spouse".

Most studies have found that ex-patients who return to parental homes remain in the community significantly longer than those who return to conjugal family settings. Davis et al., in a study of 126 releasees of both sexes in the state of Massachusetts, reported that "success" among ex-patients, as defined by remaining in the community continuously for a period of two years or longer after discharge, was positively correlated with returning to a parental as opposed to a conjugal family setting (31, p.40). Gaviria and Lund studied a population of 59 consecutive discharges from a Veterans' Administration psychiatric hospital near Denver, Colorado, and found a "significantly shorter stay in the community after discharge among patients living with the spouse than among patients living with parents" (18, p.171). Angrist and her colleagues examined a group of 287

female releasees from a state psychiatric hospital in Ohio and designated those who were rehospitalized within six months as "returnees" and those who remained in the community continuously during that time as "ex-patients". They reported that "returnees are more frequently living in conjugal families than are ex-patients", (20, p.364), although this difference was not statistically significant.

Some authors, however, have found the reverse relationship. Michaux et al. compared the residential settings of 139 discharges from a single psychiatric hospital in the state of Maryland with their community tenure at the end of each month during the first year after discharge and found a significant negative correlation between community tenure and residence in parental as opposed to conjugal family settings, when measured at the end of each of the first four months (2, p.81). Measurements made at the end of each of the subsequent eight months, however, revealed no significant correlation (2, p.82).

Freeman and Simmons studied a population of 649 releasees from state hospitals in Massachusetts and found that discharges of both sexes who returned to conjugal as opposed to parental families were slightly more likely to remain in the community (3, p.92). This relationship was not significant, however.

Considered as a whole, these findings offer qualified support for the hypothesis that returning to the social-

biological role of "child" as opposed to the kin role of "spouse" is positively correlated with achievement of community tenure for the ex-patient. This apparent correlation gains additional significance in light of findings which suggest that married ex-patients perform at higher levels and manifest fewer symptomatic behaviors than do single ex-patients (cf. 33, p.170, 34, p.624-30). It seems that ex-patient "children" may remain in the community longer than ex-patient husbands and wives despite the fact that they are "sicker".

Initially, authors attributed the apparent longer stays in the community of persons assuming the "child" role to the fact that parents were more tolerant of deviant behavior than were spouses (30, p.148, 31, p.42). As has been discussed above, attempts to assess the relationship between the family's toleration of the ex-patient's symptomatology and the ex-patient's ability to achieve community tenure have not supported the hypothesis that the family's tolerance of that form of deviance is related to the ex-patient's community tenure.

As was also discussed above, some of the deviant behavior which characterizes mental illness takes the form of low instrumental performance rather than symptomatology. Along these lines, it could be argued that the kin role of child is more conducive to the ex-patient's community tenure because it makes fewer demands on the ex-

patient with regard to instrumental performance and, hence, subjects the ex-patient to fewer of the stresses which are associated with such demands.

CHAPTER VI

PERFORMANCE EXPECTATIONS

Direct attempts have been made to test the hypothesis that the ability of the ex-patient to avoid rehospitalization is negatively correlated with the degree to which the members of his family expect instrumental performance of him. Angrist et al. (20) selected out the 287 ex-patients within the population of 376 discussed earlier who returned to families within the immediate vicinity of their research facility and who remained outside the hospital longer than fifteen days. For each ex-patient, a significant other was selected and interviewed, according to a standard procedure. The interviews took place at a point six months after the ex-patients were discharged. Significant others of both those who were readmitted during the study period and those who remained in the community were asked which of a series of instrumental behaviors they expected the ex-patient to perform while she was out of the hospital. It was found that "significantly lower expectations were held for the readmitted group" (20, p.365).

This finding offers support for the contention that high instrumental performance expectations by the ex-patient's family at a point six months after discharge and

achievement of community tenure by the ex-patient are positively correlated. The data do not support the further assumption that high performance expectations are conducive to remaining in the community, however. The positive correlation between high expectations and successful adjustment to community living may simply reflect a process of accommodation wherein the family gradually adjusts its performance expectations toward conformity with the actual performance of the ex-patient in the community. The authors acknowledge this possibility (20, p.369) and speculate elsewhere (22) at some length as to the mechanics of such an accommodation process (9, p.170-72).

Miller (4, p.54-62) appears to have ignored the possibility that such changes in the family's performance expectations over time might occur. She reviewed the case-work records of all releaseses from state psychiatric hospitals who took up residence in the Oakland, California area immediately after discharge, and made a single overall rating of the level of the instrumental performance expectations which the ex-patient's family, as a unit, had of him during the entire time that he remained in the community. She then divided the ex-patients according to the kin role which they assumed upon release and computed the correlations between the expectation ratings of the families and the community tenure of the individuals in each group. She found no significant correlation between the

two variables in the cases where the ex-patient returned to the kin roles of "husband", "wife", "son", or "daughter" (4, p.55). A significant positive correlation between the rating of familial performance expectations and community tenure was found, however, in the case of those individuals who returned to the kin role of "other relative" (4, p.55).

Freeman and Simmons (3, p.139-55) have recognized the fact that changes in family expectations might occur over time as a result of interaction with the ex-patient and have attempted to control for such changes in a research design by measuring familial expectations of the ex-patient at the time of discharge. These authors located a significant other for each of 649 state mental hospital releases. In a structured interview, they presented a list of instrumental performance behaviors to the significant other and asked which of those behaviors the significant other would expect of the patient at a point three months ahead of the time of the interview. The significant other was then asked which of the behaviors would be expected at the end of one year. The list was then presented to the significant others two more times. Prior to the first of these, the significant other was asked which of the behaviors he actually believed the ex-patient would be performing at the end of a year. Before the last presentation, the significant other was asked to designate those behaviors which he would insist that the patient perform at the end of one year.

The authors then added the number of positive responses in each series to obtain scaled scores reflecting: the level of the significant other's predicted expectations of the ex-patient's behavior at the end of the three month and the one year periods; the level of actual performance at the end of one year which the significant other predicted; and the level of performance which would be insisted on at the end of one year, as predicted by the significant other. Intercorrelations between the scale scores as well as correlations between each of the scale scores and the ex-patients' ability to achieve community tenure were then computed.

The authors found that the scale scores were highly intercorrelated, indicating that the significant others did not foresee their expectations changing greatly over time and that they felt that the ex-patients' level of actual performance would probably coincide with the levels which they would expect and insist upon. None of these measures, however, were correlated significantly with the ex-patients' ability to achieve community tenure. This latter finding militates strongly against the usefulness of hypotheses relating familial expectations to rehospitalization. As has been discussed above, correlation between expectations measured at points after discharge and rehospitalization has little explanatory value because of the likely interplay between the two variables. Correlation between expectations measured at the time of discharge and ability

to achieve community tenure would have utility in this regard, but the results of Freeman and Simmons' study indicate that such correlation may not exist.

CHAPTER VII

FAMILY ATTITUDES AND PERSONALITY CHARACTERISTICS

Authors of the last group of studies in this area have turned their attention toward measurable family attitude variables other than toleration of symptomatology and expectations as well as toward personality characteristics of family members, in an effort to identify correlates of the ex-patient's ability to remain in the community. Freeman and Simmons (3, p.105-120) attempted to measure family personality characteristics by administering the "Anomia", "Authoritarianism", "Frustration", "Rigidity", and "Withdrawal" scales developed by Srole and his associates (35) to a significant other of each of the 649 state mental hospital releasees in their study cohort during an interview which took place immediately after the ex-patient's discharge. This interview also included the administration of the "Autism", "Cycloid thinking", "Emotionality", "Nervousness", "Dominance", "Persistence", "Self-confidence", "Self-sufficiency" and "Impulsive-rathymia" scales developed by Brim et al. (36) and the Borgatta-Corsini "Quick Word Test" (37). In addition to the structured personality scales, the interviewers recorded global ratings of the informants, according to scales developed by Borgatta (38),

on the following personality characteristics: "Activity", "Solidarity", "Intelligence", "Tenseness", "Initiative", "Understanding", "Rationality", "Upsetability", "Suggestiveness", "Likability", "Clearmindedness", "Nervousness", "Assertiveness", and "Emotionality". These ratings were then factor-analyzed and it was found that they clustered into an "intellectuality" factor (Rationality, Clearmindedness, and Intelligence), an "excitability" factor (Nervousness, Tenseness, Upsetability, and Emotionality), an "independence" factor (Initiative, Assertiveness, Activity, and Suggestiveness), and a "sociability" factor (Understanding, Solidarity and Liability). Correlations between each of these family personality trait measures and the ability of the ex-patient to remain in the community continuously for one year were then computed.

It was found that none of the Srole scale measures were significantly correlated with the ability of the ex-patients in the study group to achieve community tenure. Similarly, none of the Brimm scales distinguished between the families of the "successful" and the "unsuccessful" releasees. The authors also found that their "Quick Word Test" ratings of the intelligence of the significant others were not correlated with the ex-patients' ability to avoid rehospitalization and that the interviewers' over-all ratings of the family members' personality characteristics, when considered both individually and in the form of the factors described above, were unrelated to the community

tenure of the ex-patients.

Although the validity of the various techniques of measurement which Freeman and Simmons employed could be challenged and hypotheses could be advanced relating community tenure to family personality variables other than those which the authors attempted to measure, the fact that their efforts did not result in the identification of even one family personality characteristic which was correlated with ex-patient community tenure suggests that such correlations may be difficult to measure if, indeed, they exist.

Studies attempting to relate familial attitudes other than tolerance of symptomatology and expectations to ex-patient community tenure include the works of authors who have endeavored to make a single, global, assessment of the emotional orientation with regard to the ex-patient of one or more of the ex-patient's family members. This over-all orientation has been labelled variously as "interest" (21, p.458), "benevolence" (17, p.84), "positive attitude" (18, p.166, 4, p.55), and "over-all acceptance" (39, p. 390).

The methodologies which these authors have employed in their efforts to measure this orientation have been similar and consistently lacking in objectivity. Wessler and Kahn (21) asked trained interviewers to make a subjective clinical assessment of the degree to which the

family, as a unit, demonstrated a positive attitude toward the ex-patient. Arthur et al. (17) asked their trained interviewers to rate the ex-patient's "most significant relative" on a linear scale as to his benevolence toward the ex-patient. Gaviria and Lund (18) asked psychiatric social workers to review the case records of the ex-patients in their study cohort and to assess, retroactively, the positiveness of the attitudes which their families showed toward them at the time of admission, and Kelly (39) asked trained social workers, who were familiar with the ex-patient's family environment, to rate those relatives with whom they had had sufficient contact as to their acceptance of the ex-patient, on a four-point scale.

The utility of efforts of certain of these authors is compromised further by the fact that they attempted to measure family attitudes at points subsequent to the ex-patient's discharge. It was argued above that correlations between family expectations measured at points after the ex-patient's release had little explanatory value because of the likely interplay between family expectations and the ex-patient's experiences in the community. A similar argument could be advanced with regard to family attitudes in general. If a positive correlation between the family's over-all attitude toward the ex-patient and the ex-patient's ability to remain in the community were found, such a finding would support either the hypothesis that

a positive attitude toward the ex-patient on the part of the family is conducive to the ex-patient's remaining in the community, or the alternative hypothesis that ex-patients who achieve community tenure engender positive affective responses from their families. The studies of Wessler and Kahn (21), who endeavored to measure family attitudes at a point one year after the ex-patient's discharge, and Arthur et al. (17), who attempted such measurements three months after the release of the ex-patient, are subject to this criticism.

The two remaining studies report conflicting results. Gaviria and Lund (18) found a significant positive correlation between their retroactive estimate of the positiveness of the attitude of the family toward the ex-patient at the time of his most recent admission and the ex-patient's ability to achieve tenure in the community subsequent to his discharge. Kelly (39), however, found no correlation between the assessment of family acceptance which he made during the patient's hospitalization and the patient's ability to avoid rehospitalization. The fact that Kelly rated family attitudes which existed at the time of the rating and that he made such assessments on the basis of personal interviews rather than case records would seem to give his findings greater weight than those of Gaviria and Lund. In any case, definitive support for the hypothesis that the over-all emotional

orientation of the family with regard to the ex-patient is correlated with the ex-patient's ability to achieve community tenure is not provided.

In a more focused study of family attitudes, Linn (7) attempted to test the hypothesis that the extent to which family members regard the ex-patient as being "sick" is associated with the ex-patient's ability to avoid rehospitalization. In this study, the author sent questionnaires to families of all male psychiatric patients who were readmitted to a particular Veterans Administration Hospital during a given three month period. The questionnaires asked the relatives to rate the degree of pathology which was manifested by the patient during his last sojourn in the community. Linn then divided the patients into the categories of "short" and "long", according to whether or not the ex-patient had remained in the community less than or more than one year, respectively. Correlations were then computed between the length of time the patient remained in the community as rated and the extent to which the family viewed the ex-patient's community behavior as pathological. A significant negative correlation between the two variables was found. The explanatory value of this finding, too, however, is lessened considerably by the fact that retroactive measurement of family attitudes was employed.

In a final related study, Freeman and Simmons (3, p.162-70) attempted to measure the strength of the feelings of

stigma which were experienced by families of ex-patients in addition to certain general attitudes toward mental illness which family members held. The authors attempted to measure family feelings of stigma at a point immediately after the ex-patient's discharge by means of a five item scale which asked the relatives of the 649 mental hospital releasees whom they studied direct questions regarding how they felt the community viewed the return of the ex-patient. Responses to the five items were then coded numerically and totalled to yield numerical ratings of the families' feelings of stigma. Correlations between these ratings and the abilities of the ex-patients to avoid rehospitalization were then computed. No significant correlation was found.

Attitudes toward mental illness in general were assessed by means of four attitude scales of four items each. These scales, too, were administered to family members immediately after the ex-patient's discharge. The first of these scales was designed to measure the extent to which the family members believed that patients can recover completely from mental illness. The second scale represented an attempt to assess the degree to which the family members saw mental patients as being responsible for their condition. The items which made up the third scale were designed to evaluate the relatives' attitude toward mental hospitals and the fourth scale contained items which represented attempts to measure the extent to which the family

viewed mental illness as being psychologically, as opposed to biologically, determined. Scale scores were again obtained by totalling coded item responses and correlations between each of the four series of scale scores and ex-patient rehospitalization were then computed.

It was found that the first two series of scale scores were positively correlated with ex-patient community tenure. The authors found a "weak trend" in the direction of correlation between the third series and community tenure, and no correlation between community tenure and the fourth series of scale scores. The significant relationship involving the first series of scores which was reported was a positive correlation between relatives' belief that mental patients can recover completely and ex-patients establishing community tenure. The significant relationship involving the second series of scale scores was a positive correlation between the view that mental patients are not to blame for their illness and community tenure. The "weak trend" which the authors speak of with reference to the third series of scores is in the direction of positive correlation between ex-patient community tenure and a positive attitude toward mental hospitals on the part of the family.

The fact that these findings are based on attitude measurements which were made at the time of discharge gives them greater explanatory value than the findings of authors who employed retroactive measurements in that a predictive

relationship has been established. It might be predicted, on the basis of these findings, that patients who are released to families who believe that people can recover fully from mental disorders and that mental patients are not responsible for their affliction will be more likely to avoid rehospitalization than those who return to families holding opposing views. Further assumption that such views actively facilitate community tenure is speculative, however, in that the study which is discussed above does not disprove the hypothesis that such attitudes are the result of previous experiences with the ex-patient which are correlated with his ability to avoid rehospitalization rather than actual determinants of this ability.

Viewing efforts to identify family attitude and personality characteristic correlates of ex-patient community tenure, as a whole, it must be concluded that such efforts have met with little success. Certain correlations between retroactive measurements of the family attitudes and the ex-patient's ability to avoid rehospitalization have been found but these have little explanatory value. The findings of Freeman and Simmons which are discussed above, however, offer hope that more meaningful family attitude correlates may exist.

CHAPTER VIII

CONCLUSIONS AND IMPLICATIONS

I. SUMMARY

The pattern of frequent discharges and readmissions which characterizes most psychiatric hospitalization in this country today has been described briefly. It has been argued that the costs of this "revolving door", both to the individual patients and to society, outweigh such benefits as might be derived from it. It also has been acknowledged, however, that positing the inacceptability of this pattern of service delivery necessitates addressing the issue of alternative treatment goals and strategies.

Community tenure and instrumental performance have been compared as aftercare goals and interrelationships between the two have been explored. A stepwise progression aftercare model, similar to that which was introduced and later rejected by Freeman and Simmons (3), has been proposed. This model has identified community tenure as the most appropriate goal for initial intervention efforts. Maximization of the ex-patient's instrumental performance has been viewed, in terms of this model, as a second-stage goal which should be addressed only after the ex-patient's community tenure has been es-

tablished, and only if such performance is consistent with the ex-patient's continued residence in the community.

Attempts to identify correlates of the establishment of community tenure by mental hospital releasees have been reviewed. It has been found that the ex-patient's ability to achieve community tenure is not highly correlated with the extent to which he manifests deviant behavior. This finding has been interpreted as an indication that environmental factors may play a significant part in the ex-patient's ability to avoid rehospitalization.

In an effort to begin to examine the environment of the ex-patient, data regarding the settings to which persons are released after psychiatric hospitalization in this country have been presented. These data have indicated that a clear majority of these releasees take up residency immediately with family members. It has been hypothesized, then, that measurable family variables are correlated with the ability of the ex-patient to achieve community tenure.

An attempt has been made to examine this hypothesis in the light of relevant research. It has been acknowledged that many authors have discussed the role which the family plays in maintaining the ex-patient's tenure in the community. Many of these studies have been excluded from consideration, however, because the assertions which they contain are not supported adequately with empirical data. Studies of this issue which do contain substantive empiri-

cal support have been categorized into four topic areas: family toleration of the ex-patient's symptomatic behavior, kin role which the family affords to the ex-patient, familial expectations of the ex-patient's performance, and family attitudes and personality characteristics.

Toleration of Symptomatic Behavior. The authors of this group of studies have attempted to assess the degree of correlation between the capacity of the ex-patient's family to tolerate symptomatic behavior on the part of the ex-patient and the ex-patient's ability to avoid rehospitalization. Research efforts which involved measurement of this capacity by various means and at different points in the ex-patient's post-hospital career were reviewed. Certain authors reported findings which indicated that a positive correlation exists. It was noted, however, that each of these authors employed methods of measuring family tolerance which were heavily dependent upon either inference or subjective clinical assessments.

Two of the studies which were discussed reported efforts to measure family tolerance more directly and objectively. The authors of the first of these found a negative correlation between family tolerance of symptomatology and ex-patient community tenure. It was noted, however, that these authors attempted to measure family tolerance at different points in the post-hospital careers of the individuals in the two ex-patient groups which were

compared and that their findings could have resulted solely from this difference. Findings of the second study could not be questioned on this basis. Authors of this study measured family tolerance at the same point in the post hospital career of each ex-patient and found that it was not correlated significantly with the ex-patient's ability to remain in the community. It was argued that this finding indicates that the linear correlation between the two variables which would be predicted logically may not exist.

Kin Role. Authors of studies in this category endeavored to explore the relationship between the kin role which the ex-patient's family affords to him and the ex-patient's ability to achieve community tenure. Specific kin roles which were contrasted in this regard were those of "child" (son or daughter) and "spouse". Findings of a majority of these studies, in which subjects were matched as to age and number of previous hospitalizations, offer support for the hypothesis that returning to the social-biological role of "child" as opposed to that of "spouse" is positively correlated with achieving community tenure for ex-patients although conflicting results were also reported. It was noted that these findings gain additional significance in light of additional findings which suggest that married ex-patients perform at higher levels and manifest fewer symptomatic behaviors than do single ex-patients. It was hypothesized that the kin role of child was more conducive

to the ex-patient's achievement of community tenure because it made fewer demands on the ex-patient with regard to instrumental performance and, therefore, subjected the ex-patient to fewer of the stresses which are associated with such demands.

Family Performance Expectations. Studies in this category afforded the opportunity to test the interpretation of the kin role findings which hypothesized that low family expectations of instrumental performance on the part of the ex-patient were conducive to the ex-patient's avoidance of re-hospitalization. Findings were reported which indicated that there is a significant positive correlation between ex-patient community tenure and family expectations as measured at points after the ex-patient's discharge. It was argued, however, that such correlation had little explanatory value because of the likely interplay between the two variables.

Another study was reviewed, however, which took the possibility of such interplay into account by measuring familial expectations at the time of discharge. The authors of this study found no correlation between familial performance expectations measured at this point and the releasee's ability to remain in the community. It was argued that this finding militates strongly against the usefulness of hypotheses relating familial expectations to re-hospitalization.

Family Attitude and Personality Characteristics. Authors of the studies which were included in this last category examined measurable family attitude variables other than toleration of symptomatology and expectations as well as personality characteristics of family members in an effort to identify correlates of the ex-patient's ability to remain in the community. Findings were reviewed which indicated that neither the intelligence of family members nor characteristics of their personality, as measured on standardized scales or by clinical judgment, are related to the ex-patient's ability to remain in the community.

Attempts by certain authors to make a single, global, assessment of the emotional orientation toward the ex-patient of one or more of the ex-patient's family members and to correlate this measurement with ex-patient rehospitalization were also discussed. It was argued that these studies were of questionable utility because of the degree of subjectivity which was involved in the attitude measurements which they reported and because of the fact that such attitude measures were made retroactively.

An attempt to measure the amount of correlation between the ex-patient's ability to avoid rehospitalization and the extent to which his family views his community behavior as being pathological was also discussed. A positive correlation between the two variables was found, but it was argued that this finding, too, had only marginal

utility because of the fact that the authors of the study measured family attitudes retroactively.

A final study was reviewed, wherein familial feelings of stigmatization and family attitudes toward mental illness in general were rated at the time of discharge and correlations between these ratings and the ex-patient's ability to achieve community tenure were computed. No correlation was found with regard to the families' feelings of stigmatization. The authors did find, however, that ex-patient community tenure was positively correlated with relatives' beliefs that persons can recover fully from mental disorders and that mental patients are not responsible for their affliction. The latter findings were discussed as having predictive value but as not offering direct support for the further assumption that such beliefs actively facilitate the achievement of community tenure.

Although it was concluded that efforts to discover meaningful family attitude or personality characteristic correlates of ex-patient community tenure have met with little success, it was noted that the positive correlations between such tenure and family attitudes toward mental illness which have been discovered offer hope that other meaningful family attitude correlates may exist.

II. CONCLUSIONS

After examining the hypothesis that measurable family variables are correlated with the ability of the ex-patient to achieve community tenure in light of the relevant empirical research which has been presented, it must be concluded that very little support for this hypothesis has been provided. Authors of the majority of the studies which have been reviewed have reported that no significant correlation existed between the family variables which they attempted to measure and the ability of the ex-patients whom they studied to avoid rehospitalization. Most of the positive correlations which have been found have little explanatory value in that they were based on retroactive measurement of family variables and, therefore, did not take into account the possibility of interplay between those variables and the ex-patient's behavior in the community.

Among family variables measured at the time of discharge only two correlates have been identified. A majority of the authors who examined the relationship between the kin role which the ex-patient's family affords to him and the ex-patient's ability to achieve community tenure have found a positive correlation between returning to the "child" as opposed to the "spouse" role and remaining in the community, although other authors reported conflicting results. Similarly, a positive correlation between

ex-patients' ability to avoid rehospitalization and relatives' beliefs that persons can recover fully from mental illness and that mental patients are not to blame for their affliction has been discovered.

III. IMPLICATIONS FOR PRACTICE

It would be hoped that an examination of empirical research regarding the relationship between qualities of the families to whom persons discharged from psychiatric hospitalization are released and the ability of those persons to avoid rehospitalization would provide the basis for specific recommendations which would assist families of ex-patients and mental health professionals who work with such families in efforts to maximize the ex-patients' ability to remain in the community. Unfortunately, this hope cannot be realized at this time. The review of research in this area which has been undertaken here has led to the conclusion that little is really known about the relationship between family variables and ex-patient community tenure.

It can also be seen that those correlations between the two variables which have been found have provided little information which is directly applicable in aftercare efforts. The studies which have been cited lent qualified support to the hypothesis that the role of "child" is more conducive to the achievement of community tenure for the ex-patient than is the role of spouse. This would suggest

that ex-patients should be returned initially to parental rather than conjugal families in order to maximize the probability that they will avoid rehospitalization. It seems unlikely, however, that this option would be available in the majority of cases.

This kin role hypothesis could also be applied in aftercare planning efforts. On the basis of these findings, it could be predicted that those ex-patients who return to the role of spouse as opposed that of "child" would be more likely to be rehospitalized and, hence, would have greater need of initial aftercare services if community tenure were the initial goal of aftercare.

Mental health professionals who attempt to apply the kin role hypothesis in either of these two ways should remain cognizant, however, of the fact that the hypothesis has only qualified empirical support. Authors whose studies are cited above have found either no correlation or the opposite relationship in certain populations.

Similarly, the findings which suggest that ex-patients' achievement of community tenure is associated with the ex-patients' families holding the beliefs that persons can recover fully from mental disorders and that mental patients are not responsible for their afflictions could be applied in planning efforts. These findings could be used to predict that ex-patients who return to relatives holding alternative views would be less likely

to remain in the community and, therefore, would be in more need of aftercare services if remaining in the community were the initial aftercare goal.

These rather limited suggestions seem to encompass the practice applications which can be drawn from the research which has been reviewed.

IV. IMPLICATIONS FOR RESEARCH

It has been concluded that the research which has been reviewed has provided very little support for the hypothesis that measurable family variables are correlated with the ability of the ex-patient to achieve community tenure. It would seem that two alternative interpretations of this finding could be made. If the studies which have been examined were regarded as valid tests of the hypothesis that family variables and ex-patient community tenure are correlated, then it could be argued that the findings indicate that the two variables are not related and, perhaps, that family-based interpretations of the phenomenon of re-hospitalization are not likely to be productive. If, on the other hand, these studies are viewed as invalid or insufficient tests of the primary hypothesis, then it could be argued that further testing is necessary.

It would seem that adopting the latter position is indicated in that the research efforts which have been reviewed have not constituted an exhaustive study of the topic.

As has been discussed earlier, many of the authors of these studies have chosen to measure family variables at points after the ex-patient's discharge and, therefore, have seriously compromised the utility of their findings. Those authors who have attempted to measure family variables at earlier points have often done so by recording a measurement based on examination of a single significant other of the ex-patient and equated that measurement with a measurement of the ex-patient's family. Clearly such generalizations involve considerable risks.

It would also seem that the studies which have been reviewed could be criticized at a more basic level in that even those which were referred to as "direct" did not employ methodology which incorporated attempts to actually observe and evaluate the phenomena which were measured. Typically, these studies obtained family variable data by means which were dependent upon "self-reports" by family members.

These inadequacies in existing research on the topic would indicate that the hypothesis that measurable family variables are correlated with ex-patient community tenure has not been evaluated adequately and that further studies of the issue should be undertaken. However, the consistent failure of those attempts to discover family correlates which have been made suggests that such correlates may be difficult to identify if, indeed, they exist.

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