RELATIONSHIP OF M.S. BELIEF SCALE SCORES TO DEPRESSION AND ANXIETY IN HOSPITALIZED PSYCHIATRIC PATIENTS

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ABSTRACT: The M.S. Belief Scale (MSB) was administered to 61 psychiatric hospital patients on admission and just prior to discharge. Measures of depression and anxiety were also taken before and after hospital treatment. MSB prescores were positively correlated with presenting levels of depression and anxiety. Furthermore, declines in irrational thinking after a treatment program of cognitive-behavioral therapy were associated with declines in levels of depression. Initial levels of irrational thinking did not accurately predict length of hospital stay. The MSB scores for these patients at admission were considerably higher than for other populations previously reported. However, their discharge levels were comparable to normal levels reported by others. The results suggest a relationship between irrational thinking and depression for hospitalized psychiatric patients.

A brief, reliable, easy to score, and valid measure of irrational thinking would be most helpful to cognitive therapists working in either hospital or outpatient settings. Recently Malouff and Schutte designed a 20 item instrument (M.S. Belief Scale; MSB) which they initially validated with college students (Malouff, Valdenegro, & Schutte, 1987) and divorced subjects suffering from depression in a university setting (Malouff & Schutte, 1986). Scores on this instrument correlated with problem anger (Malouff et al., 1987) and declined significantly for the depressed subjects after a course of Rational Emotive Therapy (Malouff & Schutte, 1986). Warren, Zgourides, and Jones (1988) reported that the scale can accurately predict avoidance in outpatients with anxiety disorders. More recently, Warren and Zgourides (1989) reported positive correlations between
the MSB and measures of neuroticism and depression for college students and school teachers. The present study is the first to examine the relationship between this measure of irrational thinking and measures of anxiety and depression with psychiatric inpatients.

Psychiatric admissions are usually characterized not only by severe depression and high anxiety but by irrational thinking as well (Jacobsen, Tamkin, & Blount, 1987; Newmark, Frerking, Cook, & Newmark, 1973). I hypothesized 1) that decreases in MSB scores would accompany decreases in anxiety and depression for such patients, and 2) that the greatest reductions in irrational thinking would be seen for those patients who were least depressed and anxious at discharge from the hospital. I further hypothesized 3) that those patients with the highest MSB scores at admission would also be the most depressed and anxious. Finally, I examined the relationship between hospital length of stay and irrational thinking, hypothesizing 4) that longer treatment in the hospital would produce greater declines in MSB scores.

METHOD

Subjects

Twenty-five male and 36 female patients (N = 61) in a private psychiatric unit in the Pacific Northwest served as subjects. Their ages ranged from 18 to 68 (mean = 38.59; S.D. = 11.72). Sixty were white and one was Hispanic. Only patients admitted with primary diagnoses of affective or anxiety disorders were included in this study. Initial diagnoses were made by the admitting psychiatrist and later corroborated by psychological evaluations. No subject was primarily suffering from psychosis, personality disorder, or substance abuse. All presented voluntarily for admission.

Measures

The MSB is a 20 item measure of Ellis's original list of irrational beliefs (Ellis, 1962). Each item is rated on a five point scale from strongly disagree to strongly agree, and item ratings are summed to a total score ranging from 20 to 100. The internal consistency and stability of the measure are good (Cronbach's alpha = .80 and test-retest r = .89; Malouff & Schutte, 1986), and the scale has also correlated highly with other measures of irrational beliefs (Malouff, Valdenegro, and Schutte, 1987). In addition to the MSB, all patients were administered the Beck Depression Inventory (BDI; Beck, 1967) and the State-Trait Anxiety Inventory, form S (STAI-S; Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1978). These measures are routinely given to all