Observational Assessment of Behavioral Changes Accompanying Clinical Improvement in Hospitalized Psychiatric Patients

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Naturalistic observational techniques were employed over a four-week period to assess the behavior of clinically improved (n = 7) and unimproved (n = 12) hospitalized patients suffering from acute psychiatric disorders. The population was selected from four clinical diagnostic groups. Patients were sampled on an individual basis. Categories of recorded behaviors included social behavior as well as spatial proximity measures between individuals. Social behavior was further divided into components of sending and receiving. Results showed that patients who clinically improved had significantly different behavioral profiles and greater degrees of behavioral change for the following categories: send affiliation, receive affiliation, send assertion, and receive assertion. Improved patients also maintained closer distance to other individuals during the latter stages of hospitalization. In most cases, week 2 of hospitalization marked the point at which behavioral divergence between improved and unimproved patients occurred. Clinical and theoretical implications of observational procedures are discussed.

KEY WORDS: naturalistic observation; psychopathology; behavioral assessment; behavioral change; clinical improvement; social behavior; spatial proximity.

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This paper reports findings using naturalistic-observational techniques to assess behavioral changes through time in hospitalized psychiatric patients. Previous research using these techniques has assessed psychiatric populations in terms of profiles of behavior (Harmatz et al., 1973; Hunter et al., 1962; Polsky and Chance, 1979), spatial patterning between individuals (Fairbanks et al., 1977; McGuire et al., 1977), and ethological constructs such as territoriality (Esser, 1970) and social dominance (Grant, 1965). These publications stress the importance of observational analysis in the hospital-ward environment. Research of this type usually focuses on the assessment of nonverbal aspects of psychopathology as opposed to assessment through examination of a patient’s verbal responses.

In this paper, we concentrate on postural, gestural, and related social behaviors. Findings are presented in terms of behavioral change in relationship to two variables: (1) the stage of hospitalization, and (2) the overall degree of clinical improvement in psychiatric condition. Patients from four diagnostic categories are combined in order to determine if there are common features of improvement/unimprovement across diagnostic categories.

METHOD

An earlier paper (Polsky and McGuire, 1979) describes the observational procedures, sampling techniques, features of the hospital environment, and behaviors recorded in this study. Only the main features of the method will be summarized here.

Site

Data were collected in a metropolitan psychiatric hospital that admits, evaluates, and treats patients with all types of psychiatric disorders. Observations were confined to the public areas of the hospital: these included the inpatient wards (day room, dining room, and hallways), and the recreational and occupational therapy areas.

Subjects

Newly admitted patients of both sexes were selected as subjects if they did not have a history of a chronic disabling psychiatric disorder, substance abuse, continual use of psychotropic medications, or a complicating medical illness. Thirty-three subjects met these criteria. From this initial group, 19 remained hospitalized for four weeks. This study reports on the 19, of which 15 were female. Subjects’ ages ranged from 18 to 59 years ($X = 35$). The majority of sub-