The Patient Rejection Scale: Cross-Cultural Consistency

by Hans Watzl, Fred Rist, and Rudolf Cohen

Abstract

The Patient Rejection Scale, which was developed to assess rejecting feelings of family members toward mental patients, was administered to a sample of 80 relatives living with schizophrenic patients in the Federal Republic of Germany. In spite of the cross-cultural differences involved, the response distributions of the German sample and a New York City sample of families were almost identical. The findings are discussed in the context of "expressed emotions" research.

Among the various attempts to relate family factors, e.g., interactions, emotions, and attitudes, to the developmental course of schizophrenia, the construct "expressed emotions" (EE) and its assessment schedule, the Camberwell Family Interview (Brown and Rutter 1966; Brown, Birley, and Wing 1972), have been singularly successful in identifying prognostically unfavorable cases. The earlier findings of higher relapse rates in patients living with critical, hostile, and/or emotionally overinvolved ("high EE") relatives were confirmed in England by Vaughn and Leff (1976) and in California by Vaughn et al. (1982).

The prevalence of high EE families was different in the two samples, however: families rated as high EE were more common in California (67 percent) than in England (57 percent). Two further studies suggest cultural differences in family attitudes toward schizophrenic members. Among Mexican families living in California, only 45 percent were rated high EE (Liberman 1983). In a Federal Republic of Germany report, the respective proportion was 56 percent (Kottgen et al., in press), practically duplicating the British figure.

Considering the almost unlimited number of variables that might determine patient selection for a study, discrepancies among reports should be the rule. As long as systematic, cross-cultural research on family reactions to schizophrenia is lacking, the identification of relevant variables may be facilitated by documenting consistencies among different studies. The present study reports such a remarkable consistency found between New York and the Federal Republic of Germany samples with the Patient Rejection Scale (PRS).

The PRS was developed by Kreisman, Simmens, and Joy (1979) to assess the rejecting feelings of relatives toward mental patients who return to live with their families. The authors report correlations of the PRS with rehospitalization and various indices of adjustment, symptomatology, and family burden. The construct validity of the PRS was supported by correlations with patients' reports of the way their families treat them. Recently, Kreisman mentioned an unpublished comparison with "expressed emotion" components that showed no relation between PRS score and "emotional overinvolvement" but did show correlations with "criticism" and "hostility" (personal communication, May 1984). Consisting of short, affective statements, the PRS could easily be translated into the German language.

We have compiled the self-reports of 80 relatives (33 mothers, 21 fathers, 11 husbands, and 15 other relatives) of 53 schizophrenic inpatients (35 male, 18 female; median age = 16) diagnosed

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Table 1. Patient Rejection Scale: Responses of a New York sample and a German sample

Item	Response distributions (percent)			Corrected item-total correlation
	Often NY/FRG	Sometimes NY/FRG	Never NY/FRG	NY/FRG
It gets easier to understand him/her.[1]	43/27	44/44	13/29	.45/.12
He/she is an important part of my life.[1]	88/71	9/22	3/7	.32/.34
I don't expect much from him/her anymore.	15/23	36/37	47/40	.38/.36
I'm tired of having to organize my life around him/her.	14/18	34/31	52/51	.56/.54
I enjoy being with him/her.[1]	45/50	47/37	8/13	.63/.61
I just don't care what happens to him/her anymore.	0/1	5/7	95/92	.30/.31
I get more and more irritated with him/her as time goes on.	13/20	37/43	50/37	.59/.52
If he/she leaves me alone, I leave him/her alone.	36/45	41/32	24/23	.42/.41
I don't mind doing things for him/her.[1]	61/72	26/15	13/13	.09/.10
I feel that I can help him/her get better.[1]	48/57	31/31	21/12	.59/.39
I wish he/she had never been born.	4/4	12/12	84/84	.50/.46

[1]Reverse scoring items (disagreement instead of agreement with the statement is scored as rejection).

according to *DSM-III* (American Psychiatric Association 1980). The item statistics of this German form are almost identical with Kreisman's original data of (single) family members of 133 discharged schizophrenic patients in New York City. Response distributions and item-total correlations of both samples are listed in table 1. Spearman rank correlations between New York and German response frequencies, calculated across the 11 items, separately for each scale point are rho = .97, rho = .81, and rho = .95. The agreement is so convincing that the statistical tests could have been omitted. As an estimate of scale reliability, coefficient alpha for the American version is .78; for our German translation it is .72.

The similarity in these distributions may appear surprising in view of the studies mentioned earlier showing cross cultural, differing rates of expressed emotions assessed by the Camberwell Family Interview. This discrepancy may be due to defensive verbal stereotypes induced by the questionnaire's intrusive statements, such as, "I wish she had never been born." Even if this objection is correct, however, the conformity in the use of defensive responses in New York City and the Federal Republic of Germany appears to be remarkable.

Furthermore, the Camberwell Family Interview results in a score combining critical comments, hostility, and emotional overinvolvement. This last component is not represented in the PRS. Thus, the cultural or ethnic differences between EE studies may be induced by differences in emotional overinvolvement, while the correspondence of the PRS responses could reflect similar critical attitudes in New York City, England, and the Federal Republic of Germany.

Finally, because of the lack of detailed descriptions of the families studied, we cannot exclude a third possibility. Factors such as family size, living space, and social networks (Lukoff et al. 1984) may generally determine attitudes toward the schizophrenic patient more than cultural, ethnic, or religious factors that could be confounded with the first ones.

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Family Therapy in Schizophrenia

Family Therapy in Schizophrenia, edited by William R. McFarlane, has been recently published by The Guilford Press (200 Park Avenue South, New York, NY 10003). Although family therapy originated nearly three decades ago through early efforts to understand the etiology of schizophrenia, it was all but abandoned in later years, as biological or constitutional factors were shown to contribute more to the occurrence of schizophrenia than family psychopathology. Though the etiology of the disorder is still understood in constitutional terms, recent findings suggest that the family—the key social unit in the patient's life—may have a substantial impact on treatment.

Family Therapy in Schizophrenia focuses on approaches developed since 1975. These approaches, brought together here for the first time, differ from earlier ones, according to McFarlane, in two important ways: "They seem to have major therapeutic effects on the schizophrenic process, beyond those achievable with drug therapy; and they all—with the exception of the systemic variety—start from a major expansion of family systems theory that includes extrafamily factors."

This volume presents practical strategies—developed by leading family therapists and researchers—for involving families of schizophrenics in the therapeutic process. The book is addressed to family clinicians, psychiatrists, rehabilitation counselors, psychiatric nurses and social workers, hospital and clinic administrators, and students in training for years to come.