Rejecting the Patient: Preliminary Validation of a Self-Report Scale*

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Abstract

The authors describe an easily administered scale being developed to assess the rejecting feelings of family respondents toward former mental patients who return to live with their families. Based upon a sample of 133 discharged mental patients and family members, the scale demonstrates a moderately high reliability (α = .78) and test-retest correlation (r = .72). Data are presented for evaluating the construct validity of the scale.

In recent years many studies have attempted to identify reliable correlates of rehospitalization among discharged mental patients. One of the few promising variables to emerge from this research has been the emotional atmosphere of the family with regard to the mental patient. Brown, Birley, and Wing (1972) and Vaughn and Leff (1976*a*) have produced strong evidence linking family attitudes and feelings to relapse among discharged schizophrenics and depressives. These studies have used an index of expressed emotion (EE) to quantify these feelings. This index has three components: hostility, critical comments, and emotional overinvolvement. It has been suggested that the critical comments component is the most important of the three (Vaughn and Leff 1976*a*).

Two major drawbacks of using the index of EE in large-scale studies are the length of interview required and the training necessary to code the interviews. A recently developed abbreviated version of the index, for example, still requires structured interviews lasting about 1 hour with each member of the patient's immediate family (Vaughn and Leff 1976*b*). In addition, a lengthy training period — on the order of several weeks or even months — is required in order to attain adequate scoring reliability.

If a self-report scale could be demonstrated to have comparable validity and reliability, its relative ease of administration would give it a clear advantage over the EE. As part of a larger study of family attitudes and relapse among former mental patients (Kreisman and Joy 1976), we developed an easily administered self-report scale of rejection, the Patient Rejection Scale (PRS). This 11-item scale can be completed by family respondents in a few minutes. Conceptually, it overlaps with the hostility and critical comments components of the EE. That is, each item is designed to tap the extent to which the family feels angry or critical toward the designated family member. The major differences between the scales, then, are that the ratings for the EE are based upon more or less spontaneous expressions of rejection during the interview, while the PRS is more direct in its probing, and less time consuming to administer and score.

The items, listed in table 1, were read to the respondent who was instructed to tell the interviewer whether he or she felt that way often, sometimes, or never.

Psychometric data for the PRS are available for a sample of 133 discharged mental patients who were diagnosed schizophrenic. The patients had been hospitalized at Hillside-Long Island Jewish Hospital, Bronx Psychiatric Center, or Creedmoor Psychiatric facility. The PRS was included in a 4-month and 8-month postdischarge followup interview conducted with a single family member (usually mother, father, or husband). All patients had lived with the family before their most recent hospitalization and were living with the family at the time of the interview, which occurred after discharge. In order to lessen any possible defensiveness among the family members, the PRS was included to-

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Table 1. Patient Rejection Scale

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

ward the end of the interview, at which point greater rapport with the interviewer was more likely. Item frequencies and corrected part-whole correlations for this sample (at the 4-month followup) are listed in table 1.

Since the PRS is a self-report measure, we were concerned that family respondents might have difficulty expressing feelings of rejection about the patient. However, the tabulations in table 1 indicate that family respondents, as a group, do report a substantial amount of rejecting feelings. For example, examine the response distribution to the following question (the part-whole correlations indicate that this is a fairly central item): "I get more and more irritated with him/her as time goes on." Fifty percent of the respondents replied "often" or "sometimes" to this question—a high percentage when one considers that this is a strong, direct statement of anger toward the patient. When all 11 items are summed (1 = low rejection, 2 = "sometimes," 3 = high rejection answer), the distribution has a small positive skew, but is generally normally distributed. (At the 4-month followup, mean = 16.5, SD = 3.8, skewness = .52, with a theoretical scale range of 11-33). Of course, it is still quite possible that these self-reported statements are underestimating true feelings of rejection; nonetheless, if there is such a bias, it would not necessarily detract from the construct or predictive validity of the scale.

Coefficient alpha for the PRS is .78 at 4 months postdischarge and .79 at 8 months. As estimates of scale reliability, these values are consistent with a correlation between the two followup interviews of .72. That is, the test-retest correlation is a function of both scale reliability and attenuation due to change during the intervening 4 months. The moderately high scale reliability compares well with the interrater reliability for the EE of .86, achieved after several months' training (Vaughn and Leff 1976*a*).

Some preliminary validity data for the PRS are available in the form of correlations with other scales and indices. Of particular importance is a point biserial correlation with rehospitalization (within 18 months postdischarge) of .20 ($p < .03$, $N = 133$). Vaughn and Leff (1976*a*) report a correlation for their schizophrenic group of .45 between EE and relapse ($p < .01$, $N = 37$) and a correlation of .11 between critical comments and relapse. Based on Fisher's test for independent correlations, their correlation of .45 is not significantly greater than the PRS 4-month correlation of $r = .20$ ($z = 1.46$, two tailed, n.s.).

Our working hypothesis has been that relapse is at least in part the consequence of the patient's experiencing accumulated stress due to the presence of intolerant and rejecting attitudes in family members. Data from more than one member of the household—more comparable to those of Vaughn and Leff (1976*a*)—would better identify the potential

stress upon the patient arising from family attitudes and reactions and would probably enhance the relationship to relapse. The fact that a significant, albeit small, correlation was obtained between our rejection scale and relapse is encouraging in light of the fact that the rejection scale had been administered to only a single respondent within each family. We also suspect that our obtained correlation may be attenuated due to some restriction of range in our criterion. Only 23 percent of our sample had been rehospitalized at 12 months postdischarge, while the more typical rate reported is 30–40 percent.

As would be expected, the PRS relates positively to various indices of the patient's psychopathology. A symptomatology scale completed by the family correlates highly with the PRS (at 4 months, $r = .54$, $p < .001$; at 8 months, $r = .56$, $p < .001$). Also correlating well are a family burden scale (at 4 months and at 8 months, $r = .61$, $p < .001$). Case record data provide further evidence of validity. The Gittelman-Klein Premorbid Asocial Adjustment Scale, which measures the quality of childhood and adolescent interests and social relationships, has a correlation of .32 with the PRS ($p < .001$).

Finally, data from the patient's point of view are available. The patient's assessment of how pleased the family has been with the patient being at home correlated -.44 with the PRS at 4 months ($p<.001$) and -.42 ($p<.001$) at 8 months.

Overall, these correlations provide reasonably good preliminary support for the construct validity of the PRS.

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Acknowledgment

This research is supported by National Institute of Mental Health Grant 2 RO 1 MH 21574.

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