

Bounce of caregivers expressed emotions on schizophrenia

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Abstract

Schizophrenia is a severe type of mental illness that is both persistent and burdensome. Because they are under a lot of stress coping with caring for schizophrenia patients, family members of these patients often have a negative attitude and a wide spectrum of expressed emotion towards them. The quality of interaction patterns and the type of family ties among family caregivers and individuals with schizophrenia and other psychiatric conditions are classified as an unfavorable family environment. [1] Large volumes of emotion directed directly at a person or within a family environment are referred to as "high expressed emotion." One or more parents' critical or emotionally over-involved attitudes and behaviors toward their schizophrenia offspring are referred to as expressed emotion. [2]. Any aberrant processes inside a family, such as conflict, communication problems, cold parenting, criticism, control, and excessive amounts of expressed emotions, are referred to as family dysfunction.. These could be risk factors for schizophrenia onset and maintenance. Schizophrenics who returned home to such a family were more prone to relapse than those who returned home to a family that expressed little or no emotion. While not on medication, returning to a high expressed emotion family resulted in a large rate of recurrence. [20] Family members of schizophrenia patients require psychosocial nursing care to assist them cope with their stress. [21]

Keywords

Expressed emotion, Interaction pattern, Family, Behavior, Schizophrenia

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INTRODUCTION

An adverse family environment is defined as the quality of interaction patterns and the type of family ties involving family caregivers and individuals with schizophrenia and other psychiatric diseases. The impact of expressed emotion has been discovered to be one of the most reliable indicators of schizophrenia relapse. [1] The practice of expressing one's feelings through both vocal and nonverbal behaviour is known as emotional expression. Emotional expressiveness is a crucial aspect of emotion management and can have a negative impact on one's health. Emotional expression is a subset of emotion regulation, which is described as how people influence, experience, and express their emotions, whether consciously or unconsciously. Emotion regulation occurs at different times in a situation, either before, during, or after an emotional experience. [7]

WHAT IS EXPRESSED EMOTION?

In mental health, the term "expressed emotion" refers to the intensity with which a variety of emotions are exhibited within the context of a family. Emotional expression can be either high or very low. This feeling can be characterised as either 'negative' (hostility, wrath, etc.) or 'positive' (joy, happiness, etc.). 'High expressed emotion' refers to large volumes of emotion directed directly towards a person or within a family environment. [1] Emotion regulation occurs in a certain situation across time, either before, during, or after an emotional event [7].

The majority of people who have been diagnosed with psychiatric problems will need to go through rehabilitation in order to heal. People with these conditions, on the other hand, can easily revert to the old patterns they are seeking to change. One factor that contributes to such a relapse after therapy is expressed emotion from the relatives with whom they live. Family members' expressed emotion relates to their feelings regarding the sickness and the individual who is suffering. Close relatives' pressure leads the person back into previous ways of thinking, and the criticism is too hard to bear as they try to completely rehabilitate.

When a patient has a psychological issue, expressed emotion plays a key part in relapse.^[22]

LINK OF EXPRESSED EMOTION WITH PSYCHOSIS

In a vulnerable individual, the presence of High Expressed Emotion in the familial setting can be a traumatic experience that can intensify or even induce an episode of psychosis. Expressions of emotion that have no effect on other people can have a negative impact on persons who are suffering from or at risk of developing schizophrenia. The good news is that by being aware of this, families and caregivers can implement adjustments to promote their loved ones' mental health.

In one way or another, a person who is experiencing, recovering from, or at danger of psychosis will have a lot going on both mentally and emotionally. They will have a harder time processing and dealing with inputs. Consider the following scenario to get a sense of what this may be like: When you have a bad headache, for example, a high-stimulus environment with plenty of noise and demands may be unbearable. Normal expectations, such as those of work or family life, may be significantly more difficult to manage, and you may realize that your threshold for dealing with a variety of stimuli and demands has decreased. Similarly, someone suffering with, recovering from, or at risk of psychosis may have a lower threshold for coping with High Expressed Emotion than others, which can exacerbate or create psychotic symptoms. Similarly, a person suffering with, recovering from, or at risk of psychosis may have a lower threshold for coping with High Expressed Emotion than other people, and as a result, psychotic symptoms may be initiated or intensified.^[1]

THREE FACTORS TO BE CONSIDERED IN EXPRESSED EMOTION

People who have been diagnosed with psychiatric disorders need to express their emotions in order to recuperate. Hostile, critical, and emotional over-involvement are the three attitudes associated with expressive emotion. Relatives' negative comments and nonverbal acts have an effect on the disorder's outcome. As a result of the family's pressure on him to heal and cease doing certain things, the patient's disease relapses. Because of the criticism and pity from others, they don't know what else to do during this delicate moment of rehabilitation.^[2] Family members'

antagonism makes it difficult for the family member to improve their health.

HOSTILITY

The stated emotion's hostile sentiments are aimed at the person with the disorder. This person is blamed by the family members for the problem. The family considers the person to be in command of the illness's progression. Because the sickness implies an inside battle, the relatives feel the family member is being selfish by refusing to become healthier. The patient is frequently considered responsible for the family's troubles and is blamed for any unpleasant occurrences that occur inside the family. They have a tough time settling family conflicts because the bulk of issues are settled by blaming the disorder.^[3]

CRITICALNESS

Over-involvement in a harsh and emotional manner .A blend of hostile and emotional over-involvement characterizes critical expressed emotion attitudes. Other elements that influence mental illness and behaviour are more readily considered by family members. Because they identify numerous roots of the problem, these attitudes are more open-minded than the previous one.^[3] Despite the fact that other contributions are viewed and appreciated by the families, there is still harsh criticism. Siblings and parents' critical expressions of emotion are the source of the patient's future and growing difficulties.^[4]

OVER-INVOLVEMENT IN EMOTIONS

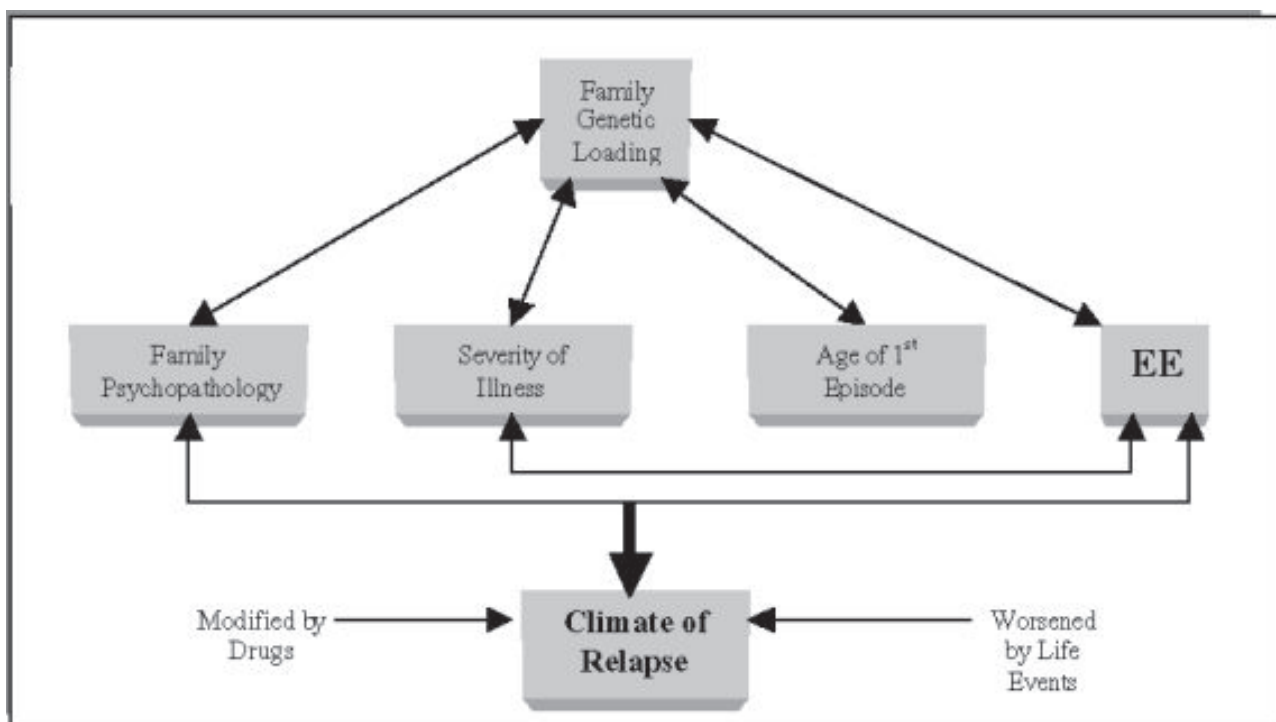
Relatives show their feelings about the mental illness by emotional over-involvement. Instead of blaming the ill, the family members blame themselves. They believe it is their fault for everything and become overly attached to the person who is ill. Any unfavorable occurrence is perceived to be their fault rather than the disorders; they believe the disorder is beyond the patient's control. The attitude demonstrates that the relative is open-minded about the problem, but it also causes the relative to become too concerned out of sympathy for the family member. Emotional over-involvement may not appear as violent or critical as aggressive or critical views, but it has the same relapse-causing effect. The patient can no longer cope with the pity stress and returns to their illness as a coping method because the relative has become so overbearing.^[5]

When relatives of a psychological patient are not present, expressed emotion is a measure of how successfully they convey their feelings toward them.^[6] The family is interviewed to see how much emotion they are expressing, and their facial expressions and comments while answering questions are closely observed. The Camber Well Family Interview is the name given to this interview. The family is videotaped so that someone who knows how to code the attitude being transmitted may figure out what type of emotion is being shown. The tape is thoroughly studied, with a focus on determining how significant the statements are of the rehabilitation process and anything linked to the patient's problem. A relative's viewpoint can be expressed in one of two ways: with strong emotion or with little passion. The quantity of critical remarks made by the relative is used to determine this record. When a relative has a strong emotional reaction, he or she will make at least six critical comments during the interview. Less than six critical statements are considered low exhibited emotion.^[6] Many of those who express a lot of emotion are more likely to be negative than individuals who don't.

THE LINK BETWEEN EXPRESSED EMOTION AND THE FAMILY

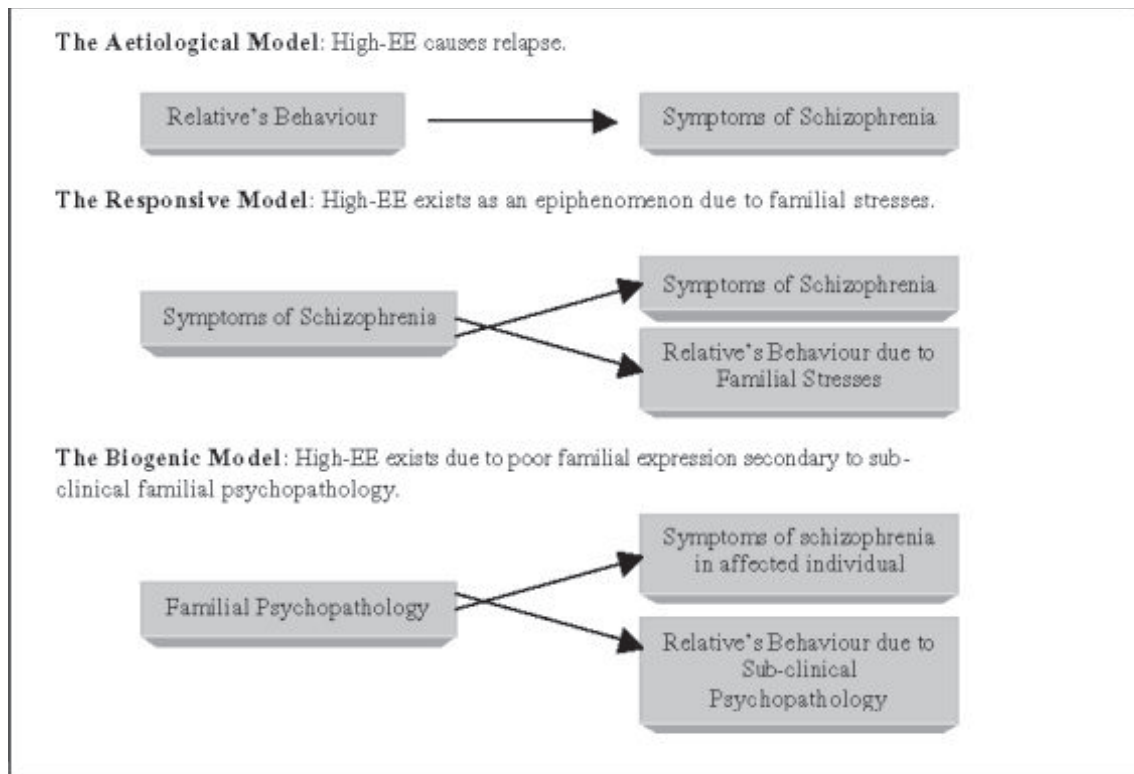
One or more parents' critical or emotionally over-involved attitudes and behaviours toward their schizophrenia offspring are referred to as expressed emotion. Family bonds are a strong but debatable predictor of relapse of positive symptoms, according to research into expressive emotion. According to further research, patients who stayed with family members who had high levels of expressed emotion (EE), which was determined by three criteria, had greater relapse rates (Brown et al., 1962). Criticism, antagonism, and emotional over-involvement are all examples of emotional over-involvement.^[23] A recent meta-analysis found that in a high-expressed emotion context, the median relapse rate is 48 percent, compared to 21 percent in a low-expressed emotion situation.

Although the exact methods of action and importance of high expressed emotion in the progression of schizophrenia are unknown, it is obvious that families play a role in the disease's progression.



(Eva FJ, Puri BK. Expressed emotion and a hypothetical model of relapse in schizophrenia. *Med Hypotheses* 1994;45: 99-105.)

Etiological, Responsive and biogenic Models for the involvement of high expressed emotion and relapse in schizophrenia



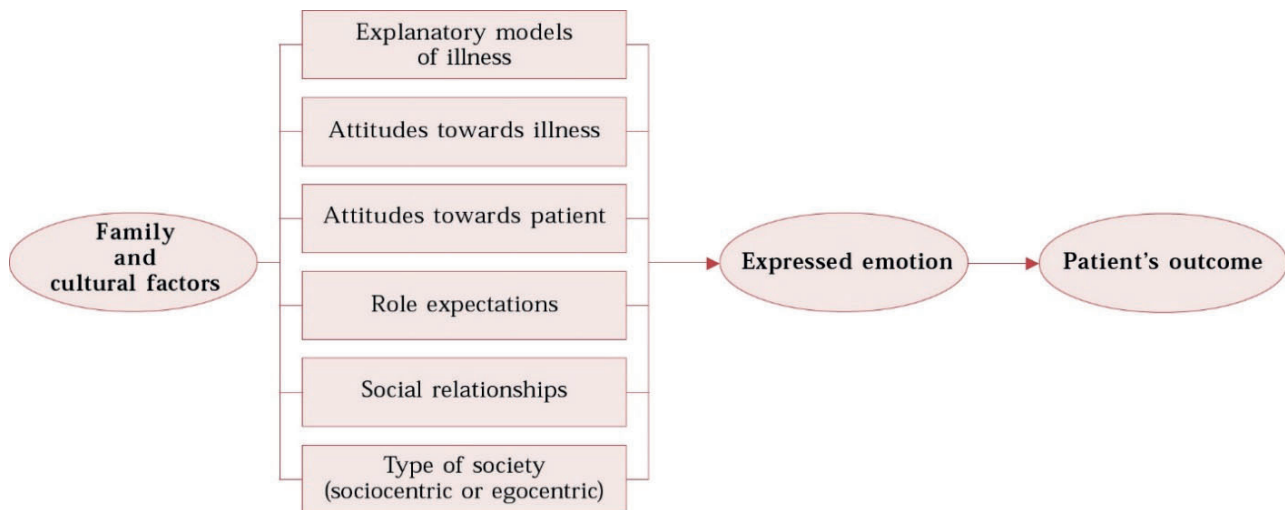
(Kavanagh DJ. Recent developments in expressed emotion and schizophrenia. *Br J Psychiatry* 1992; 160: 601-620.)

Table 2: Stages of Grieving. A Model of Family Response to Mental Illness

Stage 1: Initial Awareness	<i>"We just thought we had a difficult child – we didn't recognise the mental illness."</i>
Stage 2: Denial	<i>"When he first got ill, I thought he was on drugs."</i>
Stage 3: Labelling (At the time of a dramatic crisis which requires more drastic action than calling the family doctor or consulting the school counsellor.)	<i>"It was when she attacked her father in the car."</i>
Stage 4: Faith in Mental Health Professionals	<i>"Yes, we trusted the psychiatrists. If you have a broken leg, you go to the doctor."</i>
Stage 5: Recurrent Crises	<i>"When he first got ill, I thought he was on drugs."</i>
Stage 6: Recognition of Chronicity	<i>"It's an incurable situation is what we're finding. I still find it hard to accept."</i>
Stage 7: Loss of Faith in Mental Health Professionals	<i>"Years ago, we being 'dummy parents' thought the experts knew what they were doing."</i>
Stage 8: Belief in the Family's Expertise	<i>"When somebody is in the home with you all the time, you get to know when medication is working and when it isn't."</i>
Stage 9: Worrying About the Future	<i>"The future is the biggest question on my mind. My husband is 60 and I'm 59. And we hope to live forever, as long as our son does. Who's going to care about him as much as we do?"</i>

(Tessler RC, Killian LM, Gubman GD. Stages in family response to mental illness: an ideal type. *Psychosoc Rehab J* 1987; 10: 4-16.)

Family and cultural characteristics that may have an impact on the patient's outcome through expressed emotion [19]



EXPRESSED EMOTIONS ACROSS CULTURE

Findings from Western countries

The United Kingdom

Vaughn and Leff (1976) followed up on 37 and 30 patients in each group of 43 patients with schizophrenia and 32 patients with 'depressive neurosis.' Patients from households with high levels of expressed emotion had a 50% relapse rate, whereas those from homes with low levels of expressed emotion had just a 12% relapse rate. ^[2]

The USA

Vaughn and her colleagues discovered that 33 percent of Californian families had low expressed emotion, compared to 52 percent of British households, using the identical procedures. There were no cultural variations in emotional over engagement, but the Californian sample was considerably less likely than the London sample to make no critical comments, and the Californian group had higher hostility evaluations.. Patients who exhibited a lot of expressive emotion were more likely to relapse (56 percent compared with 17 percent for low expressed emotion). In addition, those in the non-medicated high expressed emotion group had a significant recurrence rate (68 percent), but those in the medicated low expressed emotion group had none. ^[10]

AUSTRALIA

Vaughan et al. (1992) found that 59 percent of individuals in the high expressed emotion group relapsed, but only 36% of those in the low expressed emotion group. High contact (more than 35 hours per week) was associated with a 68% greater risk of relapse, compared to only 13% in the low expressed emotion groups. ^[11]

RESULTS FROM COUNTRIES OTHER THAN THE WEST

INDIA

104 relatives were interviewed as part of a Chandigarh-based sub-study of the World Health Organization's research on first-onset schizophrenia (Wig, Menon and BediWig et al, 1987b). Among the three centers tested, the Chandigarh sample had the lowest scores on all of the following measures: mean number of critical comments, proportion of relatives displaying hostility, positive remarks, mean score on warmth, and degree of parental over engagement (Chandigarh, Aarhus, and London). Only 23% of relatives in the Chandigarh group showed high expressive emotion, compared to 54% in the two European cities.

EGYPT

Kamal (1995) found that 55 percent of relatives of schizophrenia patients had high expressive emotion in an Egyptian study. Before relapsing, Egyptian patients were more tolerant of criticism than patients in West-

ern studies. These levels, they argued, included constructive criticism.^[15]

ISRAEL

Similarly, it has been shown that wrath is shown more overtly and quickly in Israel than in Western countries, and that not expressing one's anger is seen as a sign of weakness (Heresco-Levy, Greenberg, and Dasberg).). As a result, expressed emotion false-positive rates in both hostility and critical comments made in the context of anger are likely to be high. According to Heresco-Levy et al., it is critical to adjust expressed emotion ratings in relation to normative levels of overt emotion expression, which vary by culture..^[17]

HOW TO RECTIFY IT

Families frequently feel condemned and blamed when the topic of high expressed emotion in the home is discussed. It can be quite tough to support a loved one who is suffering from a mental illness. It's only natural for emotions to boil over at home under such situations. Understanding the impact of high expressed emotion on a person suffering from or at risk of psychosis, and adjusting behaviour to reduce 'high expressed emotion' in the home, can improve the individual's mental health and, as a result, reduce stress for family and carers.

In order to detect instances of High Expressed Emotion in the home, family counselling may be effective. Understanding psychosis symptoms will also assist family members and caregivers in reducing feelings of hostility, frustration, anger, worry, grief, and guilt.

CONCLUSION:

Most persons who have been diagnosed with psychiatric disorders will require rehabilitation in order to recover. People with these conditions, on the other hand, can easily revert to the old patterns they are seeking to change. One factor that contributes to such a relapse after therapy is expressed emotion from the relatives with whom they live. Family members' expressed emotion relates to their feelings regarding the sickness and the individual who is suffering. Close relatives' pressure leads the person back into previous ways of thinking, and the criticism too hard to bear as they try to completely rehabilitate. When a patient has a psychological problem, expressed emotion plays a key part in relapse. A patient's personality profile, caregivers' attribution factors for patient symptoms,

and the patient's vulnerability to stress are all elements that influence the expressed emotion. High expressed emotion and symptom relapse can be reduced with psychosocial assessments and interventions, particularly those that focus on family psychoeducation. On the other hand, the expressed emotion hypothesis casts doubt on caregivers' favorable attitudes toward patients. Future studies should focus on both protective and vulnerable factors within the concept of expressed emotion in schizophrenia in order to provide comprehensive care.^[1]

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