Expressed Emotions in Relatives of Patients Having Schizophrenia and Major Depression – A Comparison

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ABSTRACT: Expressed emotion (EE) refers to relative's attitude towards a psychiatry patients as reflected by comments about the patient made to an interviewer. It is a significant characteristic of the family environment that has been found to predict symptom relapse. George Brown explained five components of EE which includes critical comments, hostility, EOI, positive remarks, and warmth. Level of emotions expressed by relatives of schizophrenics and depressed patients differ significantly.

AIM: To compare level of expressed emotions in relatives of patients of schizophrenia and major depression

METHODOLOGY:

- Type of study- Observational
- Number of participants- 100
- Inclusion criteria-
- 1. Age: 20-50 years
- 2. Relatives of patients having schizophrenia or major depression, who are taking care of them.
- 3. Consenting for study
- Tool used- Family Attitude Scale (FAS), a 30 items instrument that can be completed by any informant

RESULT: The study had total 100 relatives of patients of schizophrenia and major depression, 50 from each category. The average scores of level of expressed emotion in relatives of patients of schizophrenia and major depression differ significantly. Out of total score of 120-

- Relatives of schizophrenics have average score of 78
- Relatives of majorly depressed patients have average score of 62
- Relatives of majorly depressed patients with suicidal attempts have higher average score of 70

CONCLUSION: These results indicates that level of expressed emotions in relatives of schizophrenic patients is comparatively higher than in relatives of majorly depressed patients. And among depressed patients, relatives of suicidal patients express higher

emotions. CBT and Psycho education of relatives might help in preventing relapse in such patients. **KEYWORDS:**Expressed emotions, Schizophrenia, Major depression

I. INTRODUCTION

The expressed emotion (EE) is considered to be a measure of an adverse family environment. It is based on how the relatives of a psychiatric patient react spontaneously to the patient. It includes the quality of interaction patterns and nature of family relationships among the family members and patients of psychiatric illness. It specifically measures three to five aspects of the family environment: the most important are critical comments, hostility, emotional over-involvement, and sometimes positivity and warmth are also included as indications of a low-EE environment. A high level of EE in the relatives can worsen the prognosis in patients with psychiatric illness, or act as a potential risk factor for the development of psychiatric disease. Influence of EE has been found to be one of the predictors of relapse in schizophrenia as well as major depression.

Various mechanisms have been explained why high EE in relatives produce worse outcomes, includes following:

- 1. Critical comments often misidentify certain behaviors as laziness or selfishness rather than symptoms of a psychiatric disorder.
- 2. Over-protectiveness can undermine the patient'S self-reliance and ability to use their own skills to solve their problems.
- 3. High-EE behaviors can be a source of psychological stress, which exacerbates psychiatric symptoms. EE behaviors are not pathological or unique to families of mental disorders, but they can cause relapse of psychiatric symptoms among people with a vulnerability to stress. It has been sufficiently established that high EE attitudes are reflected in actual interactions within the families of psychiatric patients. It is known that high EE of relatives are consistently associated with higher rates of relapse in patients with schizophrenia as well as major depression.



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Kavanagh reviewed 26 of studies on EE and found that the mean relapse rate was 48% for patients residing with high EE relatives and 21% for those in low EE relatives.

A different explanatory model of EE proposes that high-EE may represent a maladaptive attempt to cope with the stress of caring for the relatives; thus, EE behaviors could be conceived as a coping strategy used toreduce the perceived stress related to the care giving role.

Greater levels of psychological distress in relatives seem to be related with increased levels of EE. Converging evidence suggests that EOI ismore related to distress than criticism, although criticism has also been linked to psychological distress in psychosis as well as depression. Although over the last 50 years most studies on EE have involved patients with schizophrenia, recent research has focused on the study of EE in comparison with major depression.

Since high EE is associated with multiple negative outcomes for relatives and patients, it is crucial to examine the mechanisms underlying the development of EE in the early stages psychiatric illness, when most of the changes are emerging and it is still possible to examine these factors without the bias created by chronic symptoms and relatives' long-term burden.

II. AIMS AND OBJECTIVES

- To compare level of expressed emotions in relatives of patients having schizophrenia and major Depression.
- To compare level of expressed emotions in relatives of patients having depression with and without suicidal ideation.

III. MATERIALS AND METHOD

- ➤ Type of study- Observational
- ➤ Number of participants- 100

- ➤ Inclusion criteria
- 1. Age: 20-50 years
- 2. Relatives of patients having schizophrenia or major depression, who are taking care of them.
- 3. Consenting for study
- ➤ Tool used- Family Attitude Scale (FAS), a 30 items instrument that can be completed by any informant.
- This study was carried out among relatives of 50 schizophrenics and 50 depressed patients. Among depressed patients 25 were having suicidal ideation. Male and female ratio was maintained 1:1.

ASSESSMENT OF EXPRESSED EMOTIONS:

EE measures the attitudes, quality of relationships and interaction patterns among psychiatric patients and their close relatives. There are many tools to assess the level of EE.

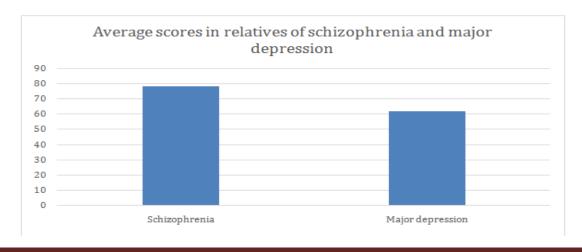
The one is used in this study is FAMILY ATTITUDE SCALE. It is a 30-item, self-report measure of EE which emphasizes on the criticism and hostility. Respondents report how often each statement is true on a scale ranging from "Everyday" (4) to "Never" (0). Responses are summed to give a score ranging from 0 to 120, with higher scores indicating higher levels of burden or criticism. It is alike to the Level of EE scale in that close relatives of patients of schizophrenia and depression may complete the scale.

IV. RESULTS AND OBSERVATION

The average scores of level of expressed emotion in relatives of patients of schizophrenia and major depression differ significantly.

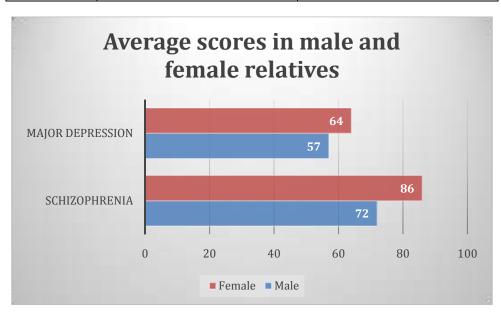
In this study I observed that out of total score of 120, relatives of schizophrenics have average score of 78 and relatives of majorly depressed patients have average score of 62.

Relatives of majorly depressed patients with suicidal attempts have higher average score of 70.



Average scores of level of EE in male and female relatives of schizophrenia are 72 and 86 and in relatives of major depression the scores are 57 and 64 respectively.

	Schizophrenia	Major depression
Male	72	57
Female	86	64



Level of expressed emotions in Female relatives is higher than Male relatives in both schizophrenics and depressed patients.

V. DISCUSSION

Much of the EE literature continues to use the RELATIVES as high and low EE with terms of negative approach such as critical, hostile, and over involved families. The caregivers' invaluable contribution in the treatment is under-recognized. The first study which measured the EE and connected it to the course of psychiatric illness was investigated by George Brown, where the patients were followed up for 9 months after they discharged. It was found that prolonged contact of patients with the critical caregivers determines the relapse in psychiatric illness. Expressed emotion (EE) IN RELATIVES has been proven to be a good predictor of relapse in schizophrenia and major depression. However, there are very few studies in which EE in RELATIVES of schizophrenics and depressed patients was compared. It is well established that high family levels of EE are consistently associated with higher rates of relapse in patients with schizophrenia or depression. Critical caregivers get involved in angry exchanges with the patient whom they seem unable to prevent or to step away from. These all

potentially lead to physical violence, and it is the nature of some families with high EE. Hostility is expressed by general criticisms or attitudes that are rejecting of the patient. EOI manifests by overemotionality, excessive self-sacrifice, identification. and extreme overprotective behaviour with the patient. This EOI is most commonly shown by parents, especially mothers, and occasionally by fathers, but rarely by other relatives. Overall, findings support the attributional model of EE as specific and differential attributions of criticism and EOI. In addition, emotional distress appears as a critical factor of EE in the early stages of psychiatric illness.

VI. CONCLUSION

Caring for a psychiatric patient is highly challenging and it might result in negative emotional atmosphere in the patient's family. High EE in relatives cause not only relapse of symptoms and re-hospitalization, but it has significant effect on the course of the illness. These results indicates that level of expressed emotions in relatives of schizophrenic patients is comparatively higher than in relatives of majorly depressed patients. And among depressed patients, relatives of suicidal patients express higher emotions. • Cognitive behaviour a therapy and Psycho education of

relatives might help in preventing relapse in such patients.

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