



Expressed Emotion among Care givers in Psychiatric Illnesses: A Review

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ABSTRACT

One of the most extensively studied psychological constructs in psychiatry right now is Expressed Emotion (EE). EE is the overall portrayal of the patient's family as a risk factor for recurrence in severe psychiatric disorders. Numerous community intervention programs were designed to reduce EE in the family and the ensuing return of sickness on the basis of recent research on EE. Most psychiatric patients undergo rehabilitation to get better. However, the majority of them relapse into the symptoms they are attempting to overcome. Expressed Emotion is one of the causes of such a relapse post treatment.

Key words: Expressed Emotion, Psychiatric Disorders, Relapse

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INTRODUCTION

Mental diseases can also be a huge burden on the sufferer's family and society as a whole. Despite the widespread use of antipsychotic medications in clinical practise, mental diseases still have high rates of recurrence that may necessitate repeated hospital stays [1]. Conflicts within the family might be a significant contributing factor to hospitalizations that keep coming back [2]. Family members can directly care for patients and support them in a positive way, but they can also occasionally have a negative impact on clinical circumstances by acting poorly toward them [3]. A crucial indicator of the patient-relative (or caregiver) connection is the concept of expressed emotion (EE). A number of distinct emotions, attitudes, and behaviours are used to symbolise it [4].

One of the most significant structures in Indian society is the "family." In society, there are differences in the family dynamics. Families do, however, have a few things in common, particularly when developmental processes related to health & disease take place inside the family. Families serve as the main source of social support for psychologically ill patients in the Indian scenario. A psychiatric patient must be considered in relation to the family, friends, as well as the community. A person's mental illness can cause conflict within the family. The family's ability to function is impacted by the patient's unpredictable, disturbing behaviors. An individual's negative attitude and poor interactions with others can lead to poor prognosis [5].

"EE" refers to a broad index of feelings, opinions, and actions that family members have toward a member who has a mental illness. The concept of EE was first explored in research by Brown et al., in which it demonstrated to have an effect on the relapse of schizophrenia patients. Negative feelings are likely to arise from the ongoing duty of caring for a patient who has a mental health disorder. With the onset of deinstitutionalization, caregivers now have more duty to take care of their mentally ill relative, and the traumatic experience that goes along with it is likely to be a contributing cause to the growth in expressed emotion (EE) [6, 7].

Members of the family are the major caregivers and supporters for sick family members in India [8]. Patients with chronic mental illness live with their family in more than 90% of cases. The family members give the patient the much-needed care and support, taking care of the patient's daily needs, monitoring medication, transporting the hospital, and taking care of the patient's financial needs. A high sense of family commitments, the value system, and family integration may all contribute to this active family involvement, but it commonly occurs from a mental health system with insufficient funding. The family caregivers feel a great deal of stress and load as a consequence of the additional caring tasks, roles, and responsibilities, and this could potentially result in elevated EE, which could then alter the course of the illness [9, 10].

Psychiatric morbidity is highly prevalent (18–20/1000) in the general population. The deinstitutionalization of patients is emphasized in national mental health policy. Caretakers of patients suffering from schizophrenia often have a great deal of ignorance and misconceptions, which leads to relapse, readmission, and revolving door occurrences. The quality of interactions that occur between patients and their caregivers with psychiatric difficulties is included in EE, which is believed to be a negative home environment [11].

Components of Expressed Emotion

George Brown has contributed significantly to the evolution of the EE concept and is the expert primarily closely associated with the EE concept [12, 13] Hostility, Criticalness, emotional over involvement, positive regard and warmth are the five components of EE [14].

1. **Hostility:** Hostility comprises animosity toward the person who has a mental disorder. The caregivers blame the person for his/her illness. The patient's family member believes that by opting not to recover, the individual is being selfish and also the illness is the consequence of internal conflict. The patient is constantly criticized for the problems and is held responsible for each and every negative event that occurs inside the family [15].
2. **Criticalness:** Essentially, this is determined at the moment of testing. Criticisms are mixed with hostility and excessive emotional involvement. People criticise patients for their symptoms of psychotic condition, such as their failure to wake up in the morning, negligence of their personal cleanliness, and lack of participation in domestic duties. Most frequently, they could result in physical aggression, and negative symptoms of schizophrenia account for 70% of criticism comments [16].
3. **Emotional over involvement:** Family members may get unduly emotionally invested in the person's mental state and overly emotional, blaming themselves for the patient's troubles. These people are thought of to be more aggressive. These families think the patient is unable to deal with issues brought on by external circumstances. They are compelled by this method of thinking to opt for non-involvement ways to alter the patient's fate and take care of him or her¹⁷. Patients may also experience extreme anxiety and frustration while engaging with family caregivers who are highly invested in them emotionally because of their high levels of intrusiveness and emotional expression. Families with high EE may talk more and listen less effectively, making them generally worse communicator with their ill member. Overly involved emotions reveal a different pattern.¹⁸ While aggressive and critical attitudes show a different aspect, emotional over-involvement nevertheless has the same detrimental effect that leads to relapse. When a relative becomes too controlling, the person can no longer handle the stress of being pitied and retreats into their sickness as a coping mechanism [19].
4. **Positive Regards:** The caregiver encourages the patient's positive behaviour by using both verbal and nonverbal cues.
5. **Warmth:** One of the important aspects of low EE in the home setting is warmth. It is the caregivers' kindness, care, and empathy shown to the patient during in the treatment regimen. It is assessed based on kindness, concern, and empathy expressed by the caregiver while talking about the patient. The relative's ability to convey an empathic attitude often depends heavily on their vocal abilities, with smiling being just a common accompaniment. The reduced EE family has warmth as a key trait [20].

Assessment of Expressed Emotion

There are many tools available to evaluate the family setting and the main tools that are widely used are as follows:

A. Camberwell family interview(CFI) [21]

- The interview will go for one to two hours.
- Speech from the relative is recorded during the interview and utilised for coding later.
- Depending upon the results of three scales, the family is rated as high or low EE.
- If a member of the immediate family makes six or more critical remarks, makes any hostile statements, or exhibits clearly excessive participation (rating of 3 or above) the relative must stop.

B. Five-minute speech sample (FMSS) [22]

- FMSS involves family ones speaking for five minutes without interruption about their client and their relationship.
- The interview is recorded and it is coded later on for the measuring of EE, criticism, and EOI.
- This tool takes less time to conduct approx. 5 min.
- One or more critical remarks regarding their relationship or a critical opening statement to the interview are signs of FMSS.

C. Level of expressed emotion scale(LEE) [23]

- It analyses the emotional environment of the participant's most important relationships using a 60-item self-report questionnaire.
- 60 items make up its 4 subscales -intrusiveness, attitude toward illness, and tolerance, emotional response, and expectations.
- A true-false rating system is used to grade the items, and the scale provides scores for the 4 different response patterns as well as the overall EE level.
- LEE has two versions: a patient version and a relative version.
 - a. Patients are prompted to evaluate their relation with the close family they reside within the patient version.
 - b. The relative version calls for the immediate relative to assess their relationship with a patient.

D. Perceived criticism²⁴

- The simplest of all EE measures is this one.
- This scale acknowledges that criticism is the most crucial component of EE.
- It simply contains one question, "How crucial would you think that family is of you?" The value "not at all critical" and "extremely critical indeed" act as its anchors on a 10-point Likert-type scale.
- It only takes one minute to administer this scale.
- The interviewer can use this scale to ask patients how highly they believe their family hold them in regard.
- Additionally, using the same scale, the interviewer might ask patients about how essential they believe they are to their family members.

E. Family emotional involvement and criticism scale [25]

- It is vital to address EOI and criticism when interacting with families with a family member who has a significant and chronic mental illness.
- The 14-item measure assesses two components of EE: perceived family criticism (PC) & EOI.
- This scale suggests that EE is a crucial factor in determining the severity of both biopsychological distresses and in their treatment.
- The PC subscale should clearly show unfavourable views on the 14-item scale, and the EOI scale should obviously show high degrees of emotional engagement.
- The 14 elements are arranged so that even-numbered things evaluate PC, and odd-numbered items evaluate EOI.
- High scores on this scale suggest higher levels both PC and EOI

F. Family attitude scale [26]

- It is an effective 30-item self-report EE assessment that emphasizes hostility and criticism.
- On a scale from "Everyday" (4) to "Never," respondents indicate how often a statement is true (0).
- A number between 0 and 120 is calculated by adding the responses, with higher values suggesting greater burdens or criticism.
- Like the Level of EE scale, it can be completed by patients or close family members.

Relationship between Expressed Emotion and Relapse:

Expressed emotion (EE), which is defined as a general reflection of the family's attitude toward the patient and a sign of relapse, is the subject of a substantial body of literature [27]. EE most likely predicts recurrence by influencing emotions and symptom management. The stress vulnerability model of recurrence is presented that combines biological variables as well as cycles of mutual impact involving symptomatic behaviour, life experiences and EE [28].

CONCLUSION

Being a caregiver for someone who suffers from a psychiatric condition can be incredibly challenging and can lead to conflict within the family. Both attitude and activities of the caregivers with patients are a crucial factor that might have a detrimental effect on both the sufferers and the caregivers because of the emotional environment. This negative home environment also impacts how the illness progresses and helps to cause disease relapses and readmissions. Patients' likelihood of relapsing are directly impacted by their symptoms on the caregiver EE.

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