

## FAMILIES EMOTIONAL EXPRESSION AND ITS RELATION WITH SCHIZOPHRENIC PATIENT'S RELAPSE <sup>+</sup>

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### Abstract:

Expressed Emotion (EE) is an established factor in short term relapse in schizophrenia. Research on Expressed Emotion (EE) developed out of studies of the impact of family members on patients with schizophrenia, and has provided us with a measure of relatives' emotional attitudes towards patients. This study aimed to find out the relation between families high & low emotional expression and schizophrenic patients relapse. The study population consisted (60) patients diagnosed with schizophrenia and their householders, EE of the householders was rated by using Comberwell Family Interview. Results revealed that high criticism (CR) was associated with higher rate of readmission and longer hospitalization compared with low criticism. The result supported the value of CR as a prognostic indicator of the course of schizophrenia.

Key words: Family Criticism, Expressed Emotion, Hospitalization

التعبير العاطفي لأسر المريض المصاب بالفصام وعلاقته مع انتكاسة المريض

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### المستخلص :

يعتبر التعبير العاطفي من العوامل التي نشأت وساعدت على انتكاست مريض الفصام خلال فترة قصيرة. ان الدراسات حول التعبير العاطفي تطورت ليس فقط الى دراسة تأثير اعضاء الاسره على مريض الفصام وانما تطورت الى قياس مواقف افراد اسرة المريض العاطفية واثرها على المرضى الذين يعانون من مرض الفصام، وقد وفرت لنا قدرا من المقاييس لهذه المواقف العاطفية لأقارب المرضى. تهدف هذه الدراسة إلى معرفة العلاقة بين الأسر عالية التعبير العاطفي ومنخفضة التعبير العاطفي مع انتكاسة مرضى الفصام. وتألّفت عينة الدراسة من (60) من المرضى الذين تم تشخيصهم بالفصام العقل مع أرباب أسرهم وتم قياس التعبير العاطفي لدى أرباب الأسر باستخدام مقابلة كامبيروول للعوائل. وكشفت النتائج على ان الانتقادات عالية الحدة الموجه الى المريض تؤدي الى طول فترة بقاء المريض في المستشفى وكذلك ارتفاع معدلات الانتكاسة بعكس الانتقادات منخفضة الحدة هذه النتائج اعطت اهمية لاعتبار حدة الانتقادات كمؤشر للتنبؤ بمسار مرض الفصام.

<sup>+</sup> Received on 2/4/1999 , Accepted on 14/11/1999

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**Introduction :**

**Schizophrenia** is a mental disorder characterized by a breakdown in thinking and poor emotional responses [1]. Common symptoms include delusions, such as paranoia; hearing voices or noises that are not there; disorganized thinking; a lack of emotion and a lack of motivation. Schizophrenia causes significant social and work problems. Symptoms begin typically in young adulthood and about 0.3–0.7% of people are affected during their lifetime [2]. Diagnosis is based on observed behavior and the person's reported experiences. Schizophrenia can be treated by combination of different types of psychopharmacology drugs and psychotherapy. Relapse may occur either after a short or a long period depends on many factors. Relapse can be defined as "the return of a disease after partial recovery". This definition is directly applicable to schizophrenic disorder; it can be evaluated at the symptomatic, phenomenological and behavioral levels or on inter-personal, social and occupational spheres of the patient's activity [3]. In turn, relapse has wider implications for the family in general, for the provision of medical and social facilities and for health economics. There are no generally accepted criteria for relapse but outcomes such as violence or suicide, extreme psychotic behavior and re-hospitalization have been used. Less obvious criteria include major and minor symptom worsening and prodromal. Relapse is a relative term and must take into account the following factors: the patient's condition before the original onset of illness; his level of functioning before the present episode; the severity of the relapse in terms of symptom severity, duration and interference with personal functioning; the appearance of any new symptoms or behavior patterns [4]. Relapses often follow a pattern which may be fairly specific to each individual patient. Social factors and family Expressed Emotion may have predictive power but these need validation in different samples. Expressed Emotion (EE) reflects the attitude of a close relative towards schizophrenic family member [5]. Research's work carried out over the last decade has provided good evidence that the concept of EE is both valid and reliable. It is, moreover, an accurate predictor of relapse in schizophrenic patients [6]. Since Kuipers's review of the area 6 years ago research into EE has progressed rapidly [7]. High level of expressed emotion on the part of key relatives significantly increases the risk of relapse for remitted schizophrenics who return home to live with their families after hospital discharge [8]. Much research has been carried out on the impact of family relationships on the development and course of different illnesses. Research on Expressed Emotion (EE) developed out of studies of the impact of family members on patients with schizophrenia [9], and has provided us with a measure of relatives' emotional attitudes towards patients, which has now been applied in the study of numerous psychiatric and medical illnesses.

For that reason researcher found it is very important to find out the relation between families high & low emotional expression and schizophrenic patients relapse.

**Methodology :**

60 schizophrenic patients who were discharge from Ibn Rushed psychiatric hospital and readmitted because of relapse after a period of time from six months – one year where choosing and their families as a studied sample. Expressed Emotion (EE) was assessed by using the Camberwell Family interview (CFI) which is a standard method [10][11]. It include a semi- structured interview with the key relative to assess the attitudes and feelings expressed such as (Criticism, Hostility, and emotional over involvement) of relatives toward their family member with schizophrenia disorder. The emotion measured on 1-5 points scale on which 1=

good and 5= bad Emotion Expressed. Questions were conducted in the absence of patient, asked relative about events in the home between the last discharge and readmission.

### **Statistical analysis :**

Percentage, Mean and standard deviation, were used to describe family and patient demographic data. Low and high emotional expression groups were compared by chi-square test and t test.

### **Results :**

Classification of the sample indicated that 51.9% of the household found with Low EE, while 48.1% from the households classified as high EE. The results revealed that patients with low EE householders were younger 32.9 (SD=9.2) than high EE householder 38.1(SD= 11.7)  $t= 2.55$   $P<0.05$ . Half of them classified as compliant to medication and the other half was not compliant to medication. High EE found to have higher mean in duration of illness, No. of previous hospitalization, and length of previous hospital stay than patient with low EE. It was found that (51.9%) of householders expressed low CR & low EOI, while 28.7% from them expressed high CR- low EOI, and the least was for the low CR- high EOI( 12.0%) and for high CR- high EOI(7.4%). It was showed that about one third of householders were classified as high CR and one fifth classified as EOI. About readmission, 74%from high CR householders were readmitted before three months compared with( 57.9%) from low CR householders and it was significant. It was found no differences between low & high EOI. the second result were conducted to examine wither second readmission could be predicted by level of EE and it was found that both low EE & low CR householders had a significantly higher proportion of patients who were not readmitted for the second time than the higher EE and CR householders (  $P$  0.04 and 0.04, respectively. CR analysis had proved to be the significant EE component associated with time to first and second readmissions. And CR x compliance to medication also can be predictor outcome.

**Table (1): Illness data of 60 admitted psychotic schizophrenia patients**

| <b>Variables</b>                           | <b>Total sample, mean (SD)range</b> | <b>Low EE, mean (SD)</b> | <b>High EE, mean (SD)</b> |
|--------------------------------------------|-------------------------------------|--------------------------|---------------------------|
| <b>1- Age of patients</b>                  | 35.4 (10.8), 20–64                  | 32.9 (9.4)               | 38.1 (11.7)               |
| <b>2- Age of key relatives</b>             | 55.6 (13.0), 25–82                  | 54.5 (13.7)              | 56.7 (12.1)               |
| <b>3- Duration of illness (yrs)</b>        | 11.9 (8.0), <1–31                   | 10.6 (8.1)               | 13.2 (7.7)                |
| <b>4-No. of previous hospitalizations</b>  | 7.5 (7.3), 1–29                     | 5.9 (6.4)                | 9.2* (7.8)                |
| <b>5- Length of previous hospital stay</b> | 17.2 (18.6), 8 days–8.6 yrs         | 14.4 (18.4)              | 20.1 (18.3)               |

\* $t = 2.44$ ,  $p < 0.05$

The table showed that high EE was higher in age, longer duration, higher hospitalization and length of stay

**Table (2): Regression analysis for variables predicting time to readmission after discharge from index hospitalization in 60 psychotic schizophrenia patients**

|                                                 | $\times 2$ | p     |
|-------------------------------------------------|------------|-------|
| Criticism                                       | 7.72       | 0.006 |
| Compliance with medication                      | 6.55       | 0.011 |
| Criticism x compliance                          | 8.51       | 0.004 |
| Gender                                          | 0.48       | 0.49  |
| Mean annual length of past hospital stay        | 1.13       | 0.29  |
| Mean annual number of previous hospitalizations | 1.43       | 0.23  |

Table showed significant predicting time for CR EE and CR and compliance

### **Discussion :**

A major new finding of the present study was that EE status is associated significantly with time to first readmission, additionally high CR at time of admission was related to higher number and longer length of hospitalization and this result was seam as Vaughn, Christine and Leff [12]. These results indicated that there is an association between EE and relapse;beside of that the significantly higher readmission rates among high- CR household patients. Thus EE appear to have harmful effects and can influenced illness outcome [13].The current results support our prospective hypothesis that psychotic patients from high EE householders have a worse long term prognosis than patients from low EE households. In addition of that it was found that time to readmission was strongly related to high CR as well as low compliance with medication and the inter action between CR x Compliance with medication. It was showed that people with low CR status where less often readmitted irrespective to their compliance level. Thus, CR appears to be as important to long- term out come as compliance. These results provide additional evidence that familial EE is currently one of the powerful contributors to relapse.

### **Conclusion :**

Our findings that there is an association between EE and outcome persists over a considerable period of time extends the validity of EE to the long term clinical course of patient with schizophrenia. Moreover it demonstrate the value of EE as a predictor of the clinical course of schizophrenia and it may serve as screening tool [14] to detect familial high CR and predictor of psychiatric hospitalization.

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