



“Expressed Emotion; A Real Thorn in the Flesh”: ‘Addressing the Role of Expressed Emotions (EE) in Psychiatric illness Outcome’.

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Abstract: Expressed emotion (EE) is a psychosocial phenomenon affecting psychiatric treatment and care outcomes. Mental illness often requires long term treatment but also, familial care and attention. Family plays an important role in the outcome of psychiatric treatment. Expressed emotion refers to the family’s attitude towards care and treatment of a patient with psychiatric illness and it can be high or low. Early identification and management of EE in both clinical and homecare setting ensures a favourable outcome in long term psychiatric care. Materials and Methods; Several electronic databases, including PubMed, APA Psych Info, EMBASE Psych, Google Scholar, Web of Science, and Research Gate, Medline were searched for this systematic review article.

Keywords: Expressed Emotion (EE), Psychiatric Illness, Outcome.

I. INTRODUCTION

“He is a devil incarnate, stay away from him. My family is doomed because of this devil. My family’s finances are dampened because of him. I wish he was not born at all. He is a burden for us all”.

These unfortunate words came from a psychiatric patient’s caretaker (mother) admitted in a leading mental health centre, Kerala. The patient soon became agitated and violent hearing these cursive words. The following scenario points out to nothing but the family’s negative attitude towards the care and treatment of the patient; In other words, high expressed emotions. The current scenario not only shows how high expressed emotions are adversely affecting the patient’s mental status but also, detrimental to the outcome of psychiatric treatment itself. It is trivial to address the need and significance of EE as a psychosocial problem and also as a barrier to present psychiatric treatment. “Man is a social animal”, observed the great philosopher, ‘Aristotle’ and “family is a social institution”. Family is a place where minds come in contact with one another. If these minds love one another the home will be as beautiful as a flower garden. But if these minds get out of harmony with one another it is like a storm that plays havoc with the garden; hence, observed ‘Shri Gautama Buddha’. The family is the central and important social institution for health development in which individuals are born and receive resources for their growth and development. It has the primary influence on the health and development of both children and adult. The family influences healthy behaviours, provides care and facilitates recovery from the illnesses. ¹ Family support plays a crucial role in the mental health treatment journey. Research consistently highlights the positive impact that a supportive and understanding family environment can have on an individual’s well-being and recovery. Family members can provide emotional support, assist in recognizing early signs of mental illness, encourage seeking professional help, and help individuals navigate through the complexities of the healthcare system. Moreover, family support can contribute to reducing stigma and promoting open conversations about mental health within the family and society at large. ² A positive attitude with a low EE familial environment will bring about a favourable outcome in mental illness treatment. Research suggests that EE is a culture bound phenomenon. Research across various national and ethnic groups has depicts that the sociocultural context may influence the family's emotional climate and levels of EE. ³ Studies reveal that, the level of EE has been found relevant in mental illness among Japanese culture [37%, a low to moderate level] and rural India [0%–8%, a very low level]. ⁴ The levels are highest among European and American cultures respectively. [Canadian:61%; American: 67%]. ^{5, 6} American Mexican Culture also present with high EE. A (2019) Meta analytical review conducted by Driscoll Et al. found that high EE was associated with a 95% increased likelihood of relapse in conditions of psychosis, like schizophrenia. This finding was true across cultures and countries, even though EE experiences varied globally. In social anxiety disorder, it has been found parents' high level of expressed emotion (emotional overinvolvement, criticism, hostility) is strongly associated with treatment outcome in their children. ⁷

I. METHODOLOGY

The following review article is based on data collected from a wide source of books, national & international journals, internet sources (Including WHO & Oxford NHS, Biomed Central) and various databases including PubMed, APA Psych Info, Google Scholar, Embase Psych, Research Gate, Medline etc. Also, more than 50 research articles, case reports, research reviews and clinical based studies are explored and utilized in the present article.

HISTORY OF EE

A 1956 study in London by George Brown found that patients discharged to live with their parents or wives were more frequently readmitted than those discharged to live with siblings or non-family. It also found that those that lived with their mothers were more likely to be readmitted if the mothers did not work outside the home, suggesting that the duration of exposure to certain family members was related to relapse.⁸

WHAT IS EXPRESSED EMOTION?

Expressed emotion (EE), is a measure of the family environment that is based on how the relatives of a psychiatric patient spontaneously talk about the patient. It specifically measures three to five aspects of the family environment: the most important are critical comments, hostility, emotional over-involvement, with positivity and warmth sometimes also included as indications of a low-EE environment.^{9,10}

HIGH V/S LOW EE

EE can be high or low, depending on the way feelings are communicated. High EE indicates feelings are demonstrated in negative ways, while low EE suggests a more balanced, compassionate approach.

Family members with high expressed emotion are hostile, very critical and not tolerant of the patient. They feel like they are helping by having this attitude. They not only criticize behaviors relating to the disorder but also other behaviors that are unique to the personality of the patient. High expressed emotion is more likely to cause a relapse than low expressed emotion. Low expressed emotion occurs when the family members are less critical or hostile, shows a favourable attitude towards patient illness and care. Low expressed emotion is associated with more positive outcomes for the patient.

DIMENSIONS OF EE

Dr. George W Brown (1956), described five dimensions of EE i.e., Hostility, Emotional over involvement (EOI), Critical comments, Warmth and Positive regard.

- ✚ **Hostility:** Hostility is a negative attitude directed at the patient because the family feels that the disorder is controllable and that the patient is choosing not to get better. Problems in the family are often blamed on the patient and the patient has trouble problem solving in the family. The family believes that the cause of many of the family's problems is the patient's mental illness, whether they are or not.⁸
- ✚ **Emotional over-involvement:** Emotional over-involvement reflects a set of feelings and behaviour of a family member towards the patient, indicating evidence of over-protectiveness or self-sacrifice, excessive use of praise or blame, preconceptions and statements of attitude. Family members who show high emotional involvement tend to be more intrusive. Therefore, families with high emotional involvement may believe that patients cannot help themselves and that their problems are due to causes external to them, and thus high involvement will lead to strategies of taking control and doing things for the patients. In addition, patients may feel very anxious and frustrated when interacting with family caregivers with high emotional involvement due to such high intrusiveness and emotional display towards them. The relative becomes so overbearing that the patient can no longer live with this kind of stress from pity, and falls back into their illness as a way to cope.¹¹
- ✚ **Critical comments:** Critical comments include complaints that the patient is a burden to the family, that the patient is not following instructions, or that the patient is lazy or selfish.⁹
- ✚ **Warmth:** This is showing empathy, kindness, and compassion.
- ✚ **Positive regard:** This means making supportive statements and showing appreciation for the person living with schizophrenia.

EE MANIFESTATIONS

✚ High EE [Mal Adaptive]

- Physical aggression
- Insulting language
- Lack of understanding
- Blaming/shaming/guiling
- Resentment
- Frustration/annoyance

✦ Low EE [Adaptive]

- Acceptance
- Understanding
- Unconditional love
- Respect for boundaries and privacy
- Willingness to help/being available
- Encouraging autonomy

SITUATIONAL EXAMPLE OF HIGH EE

A patient with poor self-care activities as in Schizophrenia, Families with high levels of expressed emotion are more likely to attribute this behaviour to a character flaw and may refer to the patient as 'lazy' and view them as incapable.

ASSESSMENT TOOLS FOR EE

Expressed emotion can be assessed by a mental health professional through family-focused evaluations. There are a number of measures used to assess expressed emotion in a family system. Some measures assess the patient's view of the family dynamics, while other measures rate the quality of the family's interactions. The Evaluation tools include:

✦ Camberwell Family Interview

Camberwell Family Interview is a type of a semi-structured interview form used to analyze emotional expressions of caregivers specifically dealing with patients of adult psychiatric disorders, particularly schizophrenia as well as the patients and their families. The interview generally assesses the patient's and their relatives' behavior in the period three months before they are hospitalized and is generally conducted within a few days after hospitalization. The CFI technique examines the relatives of patients regarding the difficulties they have faced and are facing because of the disease. It helps in determining the history of the patient about the disease, hospitalization history, and symptoms. ^{12, 13}

✦ Level of Expressed Emotion Scale

Level of Expressed Emotion (LEE) scale measures the perceived emotional climate in a person's influential relationships. The scale was based on a framework of expressed emotion in schizophrenics by C. E. Vaughn and J. P. Leff). In addition to providing an overall score, the LEE assesses 4 attitudes or response styles of significant others: Intrusiveness, Emotional Response, Attitude Toward Illness, and Tolerance/Expectations. The LEE was analyzed using 36 adult schizophrenic outpatients. Results indicate that the LEE has sound psychometric properties of internal consistency; reliability; independence from sex, age, and number of contacts; and construct validity. ¹⁴

✦ Five-Minute Speech Sample

The Five-Minute Speech Sample (FMSS) originated in the adult psychiatry literature, and is mostly used for assessing caregivers' expressed emotion (EE) regarding a relative with mental illness. The FMSS procedure was developed by the psychoanalyst and researcher Louis Gottschalk and his colleagues (Gottschalk, Gleser, 1969, Gottschalk et al, 1958). The test requires, family members to talk about their thoughts and feelings about the patient for 5 uninterrupted minutes. The speech is recorded and later coded for the overall level of EE, criticism, and EOI. ¹⁵

✦ Family Emotional Involvement and Criticism Scale

Family Emotional Involvement and Criticism Scale -FEICS (Shields, Franks, Harp, Campbell, & McDaniel, 1994) This 14-item scale measures Perceived Criticism (PC) and Emotional Involvement (EI) in the family from a family member's perspective. ¹⁶

✦ Family Attitude Scale

It is a 30-item self-report assessment of expressed emotion. The Family Attitude Scale (FAS; Kavanagh et al., 1997) is a 30-item, Likert-scaled assessment tool for measuring the emotional climate of families. It is similar to the LEE in construct and either the relatives or patients have to complete it. ¹⁷

EE AND MAJOR PSYCHIATRIC DISORDERS OUTCOME

Major studies demonstrate that the outcomes are much worse and relapse rates are more among psychiatric patients living with high EE families/relatives compared to low EE relatives. A high level of EE in the home can worsen the prognosis in patients with mental illness, such as schizophrenia and social anxiety disorder or act as a potential risk factor for the development of psychiatric disease. ^{18, 19} Higher degrees of expressed emotion in the environment of a patient have been empirically found to be robust predictors of relapse of schizophrenia, eating disorder, and mood disorders. EE is also found to be a contributor to the progress of unipolar depression, bipolar disorder, dementia, and diabetes. ^{9, 10}

✦ EE & Schizophrenia

David J Kavanagh conducted study on EE and relapse rate among schizophrenia patients and found that the mean relapse rate was high (48%) for patients residing with high EE relatives as compared to low (21%) among those residing with low EE relatives. ²⁰ A Meta analysis carried out by Bebbington Et al. on 1,346 patients aimed to establish the relationship between family caregiver's EE and relapse, and also the protective factor of reduced face-to-face contact for patients in high EE families. Evaluation of gender effect showed that although women with schizophrenia had a better outcome than men, the associations held true for both sexes with the odds ratio for relapse in high EE compared with low EE families was 4.30 (For Men) and 4.37 (For women). ²¹ Another Study conducted by Ivanovic et al, found that critical comment frequent among families of patients with paranoid schizophrenia, while emotional over involvement was more frequent in families having a hebephrenic offspring and both carrying a poor prognosis with high relapse rates. Also, the study found that positive effect of warmth was higher for fathers than for mothers. ²² Sadath Et al. observed that carer's social support inversely correlated with EE and carer's stress was a significant predictor of EE in Psychosis. ²³

✦ **EE & Mood disorders**

Parental expressed emotion (EE) attitudes are important prognostic indicators in the course of bipolar disorder (BD) in adolescents and adults. Millman Et al. conducted study on Expressed emotion, emotional distress, individual and familial history of affective disorder among parents of adolescents with bipolar disorder among high- EE and low-EE parents of 86 adolescents with bipolar I or II disorder who were recovering from an episode of depression or (hypo) mania. This study examined the hypothesis that parent's own susceptibility to affective disturbances contributes to their likelihood of high-EE attitudes. The results revealed that past-week levels of emotional distress, lifetime affective diagnoses, and family histories of affective disorder High EE parents endorsed higher concurrent levels of depression, anxiety, and anger/hostility than low EE parents, and reported a greater familial history of depression and Bipolar mood disorder.²⁴

✦ **EE & Substance Abuse**

A 1998 study conducted by O'Farrell Et al. among 86 Alcoholic patients (78 men, 8 women), to find out the association between the spouse's EE and the alcoholic patient's subsequent relapse status in a course of 12 months after the couple began an outpatient behavioural marital therapy (BMT) program for alcoholism. The results found that alcoholic patients with high EE spouses, when compared with their counterparts with low EE spouses, were more likely to relapse, had a shorter time to relapse, and drank on a greater percentage of days in the 12 months after starting BMT. EE continued to be associated with relapse after patients' age, education, and alcohol problem severity were taken into account. Greater use of Antabuse and more sessions of BMT were associated with reduced relapse for alcoholic patients with high EE spouses.²⁵

✦ **EE & Neurotic/Anxiety Disorders**

Few studies conducted on social anxiety disorder found that parents' high level of expressed emotion (emotional overinvolvement, criticism, hostility) is strongly associated with treatment outcome in their children.¹⁹ studies conducted on EE and OCD revealed that the carers' perceived criticism and over-involvement inversely correlated with their psychological quality and with the social and environmental quality of life.²⁶

✦ **EE & Child Psychiatric Disorders**

Various literature sources point out that high EE is related with the course and outcome of numerous major childhood psychiatric disorders. A study revealed that high parental dimensions of criticism (CRIT), can be used as an index of problematic parent child interactions.²⁷ Researchers have also studied EE in parents and found strong associations with children's behaviour problems.

✦ **EE & Epilepsy with Comorbid Depression**

Verma et al. demonstrated that high EE was corelated with depression and stigma among patients with epilepsy. more than 20% of the participants reporting comorbid depression, out of which more than 50% further expressed feelings of inferiority or disgrace due to the ways in which family or society discriminated them from healthy persons, thereby highlighting a greater association of high EEs as opposed to low EEs from key individuals on patients' perception of stigma or feeling of depression.²⁸

✦ **EE & Intellectual Disability**

Few research suggests that there is evidence for relationship of high EE in some families with behaviour problems in children and adults with intellectual disabilities.²⁹

INTERVENTION/MANAGEMENT OF EXPRESSED EMOTIONS IN CLINICAL AND HOME SETTINGS

Interventions to improve outcomes include reducing contact with high-EE caregivers, educating and supporting families to reduce high-EE behavior.³⁰ Families often feel criticized and held to blame when incidence of High Expressed Emotion in the home is discussed. Supporting a loved one with a mental illness can be extremely challenging. It is completely understandable that emotions sometimes run high in the home under such circumstances. Understanding the effect that High Expressed Emotion can have on an individual suffering from or susceptible to psychosis however, and adapting behavior to lower the levels of 'high expressed emotion' in the home can improve the mental health of the individual and in turn reduce stress experienced by family and carers. Psychoeducation is a powerful tool in dealing with expressed emotions in both clinical and home-based settings. Both patients and relatives need to be educated about illness, crisis management, problem-solving skills, clarifying myths and misconceptions, emotional support and communication skills. The aim of psycho-education is to reduce EE by educating them and also to reduce the direct contact with high EE caregivers to less hours per week. There are 02 popular models of psychoeducation i.e., deficit model and interaction model. Deficit model suggests that an inadequate knowledge of information about illness results in negative behavior and disseminating of that knowledge will reduce this behavior and result in more positive attitudes and behaviors toward the patients. Interaction model suggests that people make their own explanations of illness and that information provided by professionals will be understandable, organized, and possibly rejected on the basis of the person's own perceptions and explanations.³¹ Family therapy can be really useful in identifying incidence of high EE in the home and formulating different, more helpful ways of interacting as a family. Understanding the symptoms of psychiatric illness will also better enable family and carers to see behavior as a manifestation of illness rather than as an intrinsic aspect of their loved one. Understanding can reduce feelings of hostility, frustration, anger, anxiety, sadness and blame which sometimes arise in response to symptoms.³² Academics suggest that movement from high to low expressed emotion is best facilitated by a family therapist, psychiatrist, or family worker, preferably one experienced in the treatment of families with a psychotic family member. Family therapists suggest that treatment is more successful with the attendance of as many household members as possible, in order to give a more complete picture of family patterns. However, the necessity of family therapy does not indicate that the illness is the fault of the family.⁸ Adoption of Geel Model of Psychiatric Milieu therapy. The advantage of a low-EE environment has been cited to partly explain the success of the Belgian village of Geel, where residents have for hundreds of years welcomed unrelated people with mental illness to live with them.³³

II. DISCUSSION

Various European and American studies have examined the EE level, reported above average or high EE among most of the participants or half of the participants, while very few studies reported low EE. A study by Leff Et al. on EE and schizophrenia conducted in Chandigarh, North India revealed that the expressed emotion (EE) of the patients' relatives had same associations

between the individual components of EE and relapse of schizophrenia as in previous Anglo-American studies, but only the association between hostility and relapse was statistically significant. Also, significant relationship was found between high EE and relapse rates. The study concluded that the significantly better outcome of Chandigarh first-contact patients compared with a London sample is largely due to the significantly lower proportion of high-EE relatives in the North Indian sample.³⁴ Another systematic review on EE and psychiatric disorders conducted in the Indian context by Sadath Et al. suggests that although a fair number of EE studies are available from India, they are largely exploratory in nature and hence many critical aspects are unaddressed. A substantial body of research has proven that EE is responsible for clinical relapse in a variety of psychiatric disorders with adverse outcomes. Through a meta-analysis of 27 studies, Sadath Et al. demonstrated that EE was significantly associated with the relapse in schizophrenia. EE had correlations with relapse in bipolar mood disorder and substance abuse, anxiety disorders and also explained the pathology in eating disorder. They also found that recent Indian studies have not examined the predictive validity of EE on relapse in any illnesses.²³ Also, not many studies have examined the role of EE on the course of illnesses. Hence, the potential impact of EE on major psychiatric illness remains unexplored. So, more time series research needs to be done to address the effect of EE on major psychiatric illness and its relapse in the Indian context with emphasis on interventions and clinical prognosis along the long course of treatment.

III. CONCLUSION

Expressed emotion refers to the way caregivers and loved ones express their attitudes toward you when you live with a mental health disorder.³⁰ Expressed emotion affects everyone in the home, raising the stress level for the family and often increasing anxiety and depression among family members.⁸ The behavior of everyone around the patient influences the course of the patient's illness. High EE, which is associated with an increased risk of relapse, may involve sarcasm, frustration, hostility, and over-protectiveness that interferes with autonomy. Low EE involves an approach of warmth, empathy, and compassion toward what your loved one is going through. When negative thoughts and emotions pop up, they're handled in positive ways. Expressed emotion in mental illness matters. It can bring about a drastic improvement in the patient's long-term treatment and mental wellbeing.³⁰ Overall, a tolerant, measured approach to an individual experiencing or susceptible to mental illness/psychosis is associated with a lower incidence of relapse alongside family therapy, counselling and supportive psychotherapy sessions to address family's burden, impending stress and care giver role strain.³² It is very trivial in psychiatric treatment to devise long term strategies for identifying and managing EE effectively as it affects the outcomes significantly. Though it is a thoroughly investigated psychosocial phenomena with lots of research being carried out, more familial interventions need to be devised and training of health workers to adapt with the situation is also pivotal in reducing high EE to prevent psychiatric relapse.

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VI. CONFLICTS OF INTEREST

None

VII. ETHICAL CLEARANCE

Not required

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