

Impact Of Family Expressed Emotion Upon Schizophrenic Patients

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الخلاصة:

الأهداف: وصف الخصائص الديموغرافية للمريض ، وصف الخصائص الديموغرافية للعينة حسب الجنس، وتقدير العلاقة بين المريض والمواسفات الاجتماعية والديموغرافية مثل (العمر، الجنس، المستوى التعليمي، العلاقة الزوجية، درجة القرابة، الدخل الشهري، المهنة) وكذلك العلاقة مع إظهار العاطفة الأسرية

المنهجية: اجريت الدراسة على عينة مستهدفة (غير احتمالية) مكونة من (100) من المرضى المصابين بالشيزوفرنيا في مدينة بغداد. صممت الاستبانة لتحقيق هدف الدراسة من اربعة اجزاء: الجزء الاول يتضمن رسالة تغطية للحصول على موافقة المرضى وأسرهم، الجزء الثاني المواصفات الديموغرافية للعينة والجزء الثالث المواصفات الديموغرافية لاسرة المريض، الجزء الرابع يتضمن مقياس مستوى التعبير عن المشاعر العاطفية من قبل اسرة المريض. بلغ عدد فقرات الاستبانة 42. حدد صدق وثبات الاستبانة عن طريق مجموعة الخبراء والدراسة الاستطلاعية. جمعت المعلومات خلال المدة من 11 ايلول 2011 الى 11 تشرين الاول 2011 . حللت المعلومات عن طريق الاحصاء الوصفي كالتكرارات والنسب المئوية والوسط الحسابي والاحصاء الاستنتاجي.

النتائج: تظهر من النتائج التي توصلت إليها الدراسة الحالية أن (46%) من المبحوثين في الفئة العمرية من 30-39، سنة. وان (62.8%) من النساء دخلهم غير كاف مقارنة مع (33.3%) من الرجال.

الاستنتاج: اظهرت النتائج ان هناك علاقة قوية بين اظهار المشاعر الاسرية ومرضى الشيزوفرنيا بخصوص الدخل الاسري وعدد افراد الاسرة ومتابعة المريض للعلاج .

التوصيات:

1. التعاون بين أفراد أسرة المريض والعاملين في مجال الصحة العقلية بخصوص علاج المريض.
2. اعداد برامج تعليمية للأسر في كيفية التعامل مع سلوك المريض بالفصام لزيادة معارفهم حول مرض انفصام الشخصية، وقبولهم لمرضى الفصام.

Abstract

Objectives: To describe the demographic characteristics of the patients. Describe the samples demographic profile by gender. Estimate the relationship between patient's socio-demographic (age, gender, education, marital status, kinship, income, employment, and the families expressed emotions).

Methodology: The study carried out on a purposive "non probability" sample of (100) schizophrenic patient were selected from Psychiatric Hospital in Baghdad City. A questionnaire is constructed for the purpose of the present study, which is distributed across 4 main parts. Part one is a covering letter to obtain the agreement of patients and their family members to participate in the present study, part tow included the demographic characteristics of the sample, and part three included the demographic characteristics of the sample concerned family members who provide care and for schizophrenic patients, part four the level of expressed emotion scale. The overall items, which were included in the questionnaire, are 42 items. Validity and reliability of the questionnaire were determined through the review of a panel of experts and the pilot study. Data were collected through the period from September 11th 2011 to October 11th 2011. It was analyzed through the descriptive statistics (frequency, percentage, and mean of score) and inferential statistics.

Results: the results shows that The findings of the present study show that (46%) of the subjects are in the age group of 30-39, years. (62.8%) of the women reported that their income was inadequate compared to 33.3% of the men.

Conclusion: The results revealed that were a significant relationship was found in family expressed emotion with schizophrenic patient regarding to their Compliance with medication, family size, and patient income.

Recommendation: Collaboration between family members and mental health professional in the treatment of schizophrenic patient. Family Educational programs about how to deal with schizophrenic patient's behavior should be implemented to increase their knowledge about schizophrenia and accepting to schizophrenic patients.

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INTRODUCTION:

Schizophrenia is a serious form of mental illness that has a debilitating effect on both the patients and their families. In essence, schizophrenia is understood as a form of psychosis, where patients suffering from the syndrome often experience considerable distress from a myriad of symptoms such as hallucinations, delusions, and bizarre thought processes. Most of the time, these patients will experience a distortion of their thought processes and perceptions, leading to a loss of boundaries between the person and the external world (Walker et al., 2005). Early empirical evidence had suggested that the family environment plays a crucial part in influencing the onset, as well as course of mental illness, particularly that of schizophrenia and other related psychotic disorders (Brown, et al., 2005). Expressed emotion (EE) is established as a reliable measure of some of the emotional aspects of family life (Brown, et al., 2005). The construct of expressed emotion is based on how relatives of a psychiatric patient spontaneously talk about the patient. Relatives are classified as being high in EE if they make more than a specified threshold number of critical comments or show any signs of hostility or marked emotional over involvement (Vaughn and Duda, 2003). This topic was chosen due to my personal experience of growing up in a household with a schizophrenic parent. Family members agonize and endure much stress over a loved one's illness. In particular, the chronic stressors associated with the disorder have a high potential for influencing both every day as well as long-term developmental context for families and individuals.

OBJECTIVES:

- 1- To describe the demographic characteristics of the patients.
- 2- Describe the samples demographic profile by gender.

- 3- Estimate the relationship between patient's socio-demographic (age, gender, education, marital status, kinship, income, employment, and the families expressed emotions.

METHODOLOGY:

A descriptive analytical study was conducted at (2) Psychiatric Hospitals distributed throughout Baghdad City. One Ibn-Rushed psychiatric hospital it is located in AL-Rusafa sector and it consist of two wards for male and two for female and one for adduction. Also the data were selected from patients and family member in psychiatric unit at Baghdad teaching hospital for males and females at the 10th Floor. A questionnaire of Kazarian and Cole (1988)

The Level of Expressed Emotion Scale (LEE scale) was developed and used to achieve the purpose of the present study after simple modification was made on its items. It is a self report measure of patient's perceptions of the amount of expressed emotion in family interaction.

In order to test the validity of the questionnaires, instruments were forwarded to the panel of experts (12 experts) in different fields for their opinion and suggestions to investigate the clarity and adequacy of items, Then the questionnaire was considered valid after taking into consideration their suggestions and recommendation for modification. A pilot study was carried out for the period of August 8th 2011 to August 30th 2011 and conducted on 10 schizophrenic patient who were selected from the Psychiatric Hospitals in Baghdad City for the purpose of the questionnaire reliability determination. Estimates of The reliability were determined through the use of split – half technique. The result revealed that the split- half technique for the section of family expressed emotion internal scale was $r = 0.74$.

A semi-structured interview techniques was used for data collection through the period from September 2^{sd} 2011 to October 2^{sd} 2011. Data were collected through the use of the questionnaire; schizophrenic patient and their family filled the questionnaire as semi-structured interview after receiving the information and instructions required from the investigator to filling the questionnaire and the investigator stay with the patient and their family in the room during process of data collection. The investigator gathered the patient responses through the employment of the application of the semi-structured as mean of data collection.

Data analysis

Data was analyzed through the application of the following statistical data analysis approaches:

1. Descriptive statistical data analysis approach was used for determining the following measurements:
 - a. Frequencies (F)
 - b. Percentages (%)
 - c. Mean (M)

A mean of section family expressed emotion, greater than 2 was considered

highly significant, from 1 -2 was considered significant, while it was non-significant when the scores was less than 1.

f = Frequency, S = score, n = Sample size

d. Standards deviations (SD)

e. Statistical table.

2. Inferential statistical data analysis approach:

This approach was performed through the application of the following method:

a. Cronbach alpha correlation co-efficient

Alpha correlation co-efficient was employed for the determination of the questionnaire's internal consistency and reliability. The correlation coefficient was computed through:

b. t- test:

Is used to compare between groups and comparative between the men and women group in regarding to family expressed emotion (Polit and Hangler, 1995).

c. Chi –square test

This test is used for determining the association between the patients and their family members with demographic characteristics and the expressed emotion which is computed as:

RESULTS:**Table 1. distribution of Patients with demographic data**

Patient Variable		No.	%
Age in years	20-29	41	41.0
	30-39	46	46.0
	≥ 40	13	13.0
	Total	100	100.0
Gender	Men	57	57.0
	Women	43	43.0
	Total	100	100.0
Marital status	Married	45	45.0
	Single	23	23.0
	Widowed	12	12.0
	Divorced	10	10.0
	Separated	10	10.0
	Total	100	100.0
Level of Education	Illiterate	10	10.0
	Reads & Writes	10	10.0
	Primary School	45	45.0
	Secondary School	21	21.0
	Institute	11	11.0
	College	3	3.0
	Total	100	100.0
Employment status	Employed	55	55.5
	Unemployed	20	20.0
	Housewife	25	25.0
	Total	100	100.0
Income	Adequate	21	21.0
	Somewhat Adequate	33	33.0
	Inadequate	46	46.0
	Total	100	100.0
Caregiver responsibility	Patient	22	22.0
	Another Person	30	30.0
	Both	48	48.0
	Total	100	100.0

This table shows that most (46%) of the subjects are in the age group of 30-36; 57% are men, 45% are married, (40%) had completed primary school education; and 55% were employed. A total of 46% viewed their income as inadequate, and care responsibility was shared by patients and caregiver in 48% of the study sample.

Table 2. Patient demographic data by gender

Patient Variable		%	Women	Men %
Age (Year)	20-29	41.9		29.8
	30- 40+	58.1		70.2
	Total	100		100.0
Marital status	Married	51.2		40.4
	Single (Divorced/Widowed/ Separated)	48.8		59.6
	Total	100		100.0
Education	No schooling	58.1		70.2
	Primary School+ Secondary School+ Institute+ College	41.9		29.8
	Total	100		100.0
Employment	Employed or Housewives	58.1		52.6
	Unemployed	41.9		47.4
	Total	100		100.0
Patient's income/month	Adequate+ Somewhat Adequate	37.2		66.7**
	Inadequate	62.8*		33.3
	Total	100		100.0

**Chi-square for income by gender $p < 0.01$

This table shows the demographic characteristics for men and women. Income is significantly different between men and women: 62.8% of the women reported that their income was inadequate compared to 33.3% of the men. . A chi-square of income by gender is statistically significant ($p < 0.01$); Non-significant small differences were observed that show that men were more often married, were better educated; and were employed.

Table 3. Expressed emotions of family members toward the schizophrenic patients

Expressed Emotion*	Men	Women
Emotional support	%	%
Absent	55.8	59.6
Present	44.2	40.4
Total	100.0	100.0
Criticism		
Absent	53.5	47.4
Present	46.5	52.6
Total	100	100.0
Irritability		
Absent	41.9	28.1
Present	58.1	71.9
Total	100	100.0
Intrusiveness		
Absent	51.2	38.6
Present	48.8	61.4
Total	100	100.0
Total Expressed Emotions score**		
Absent	74.4	47.4
Present	25.6	52.6
Total	100	100.0

** Expressed emotion variable: Emotional support: beneficial= 1, harmful=2; Criticism: absent= 1, present= 2; irritability: No=1, Yes= 2; intrusiveness: absent= 1, present= 2, .total expressed emotions: absent=1, present=2**Chi-square $p<0.01$.

Table 3 gives the expressed emotions in proportions for men and women. A comparison between men and women shows that there is a statistically significant difference between men and women in the total expressed emotions score; where the presence of expressed emotions was higher in women. Frequently present in women.

DISCUSSION:

The findings of the present study show that (46%) of the subjects are in the age group of 30-39, years (table 1). This result comes along with Aisha et.al. (2011) that the mean age of the patient was 33.84 age range (age range 20-53). The majority of the sample study 57% is men (table 1) the study of Isabel (1992) agrees with the present study finding. The study show that 45% of the sample was married, this result comes along with Aisha et.al. (2011) that 48% of the subject was married. Result of the study shows that 40% had completed primary school education, the study of Vincent (2004) agrees with the present study finding that most subjects received some form of education. Only 11.7% did not have any formal education. The majority 55% of the sample was employed, this result

comes along with the study of Vincent (2004) that the majority of the sample was engaged in some form of employment (55%). The study finding show a total of 46% viewed their income as inadequate, and as the investigator's point of view this is normal because as we said schizophrenia spread in the poor families, those who can't take rest or pay for the expensive medication. Also the study shows that care responsibility was shared by patients and caregiver in 48% of the study sample. This is may be because family member spending apart of their day work outside.

Table 2: shows the demographic characteristics for men and women separately. Income is significantly different between men and women: 62.8% of the women reported that their income was inadequate compared to 33.3% of the men. . A chi-square of

income by gender is statistically significant ($p < 0.01$); Non-significant small differences were observed that show that men were more often married, were better educated; and were employed. Schulz and Matire (2004) mentioned that caring responsibilities may arise at any time in life. Family members may have to adapt and change their daily routine in work and social life, and this perhaps incurring financial cost. The sudden onset of disability affects the financial circumstances of the victim as well as the career. Patients and their family members may have to give up their jobs and interests. Distress in family members can further be explained by the fact that they face a situation characterized by social isolation, reduced control over their lives, and loss of a previously close friendship. Table 3 shows that there is a statistically significant difference between men and women in the total expressed emotions score; where the presence of expressed emotions was higher in women. The study of Mottaghipour et al., (2001) agrees with the present study finding that female patients were significantly more likely to presence in the expressed emotion group ($P = 0.05$).

CONCLUSION:

The results revealed that were a significant relationship was found in family expressed emotion with schizophrenic patient regarding to their Compliance with medication, family size, and patient income.

RECOMMENDATIONS:

1. Collaboration between family members and mental health professional in the treatment of schizophrenic patient
2. Family Education Program about how to deal with schizophrenic patient's behavior should be implemented to

increase their knowledge about schizophrenia and accepting to schizophrenic patients.

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