EXPRESSED EMOTIONS AMONG FAMILY CAREGIVERS OF PERSONS WITH SCHIZOPHRENIA IN FEDERAL NEURO-PSYCHIATRIC HOSPITAL, BARNAWA KADUNA

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Abstract
The study investigated expressed emotion among family of care givers of persons with schizophrenia in Federal Neuro–Psychiatric Hospital Barnawa, Kaduna. A descriptive cross sectional study was adopted. A convenience sampling method was employed in this study. One hundred and twenty (120) in-patients and one hundred and twenty caregivers of schizophrenic illness were recruited for this study. Data were collected using two research instruments; Zarit Burden Interview and W.H.O disability assessment schedule. Data were analyzed using descriptive and inferential statistics. Three hypotheses were tested using chi-square statistics. The first hypothesis looked at levels of expressed emotions among family caregivers of persons with schizophrenia. Findings revealed that majority of the participants (97.3%) report that they experienced high burden of expressed emotions. The second hypothesis assessed the relationship between age and burden of care among relations of schizophrenia. Results comparing both variables were significant, $X^2 = 2.116$, df = 2, P = .149 ($P \leq .05$). Therefore, the null hypothesis was rejected. The last hypothesis examined effects of burden of care among caregivers of schizophrenic patients. Further analysis of the outcome was significant $X^2 = 45.282$, df = 3, P = ($P \leq .05$). In conclusion, there is the need for family interventions that provide proper information and psychological support to help relatives improve their understanding of the disorder. There is also need for social support as high social support increase more resilience in caregiver. There is the need for family post treatment counselling in order to curtail relapse cases among patients with Schizophrenia.

Keywords: Burden, Expressed Emotions, Caregivers, Schizophrenia & Mental Disorder

Introduction

Schizophrenia is a serious mental disorder in which people interpret reality abnormally and required a lifelong treatment. An estimated 50 – 80% of persons with Schizophrenia and related disorder live with or have regular contact with a family caregiver (Gibbons et al;

2014, Lethman & Steinwaches, 2018). These caregivers report high levels of burden related to caring for their family members (Gibbons et al; 2004, Hrad & Sainbeing, 2003).

Schizophrenia is characterized by slow functional degeneration and episodes of relapse or acute exacerbation of psychotic symptoms: The mean age of outset in early adulthood, deterioration in patient's activities of daily living and ability to sustain employment, and the propensity of the disorder to affect insights leave many patients requiring assistance and care for an extended period of time. In addition, the global deinstilulization of these patients has resulted in an increase in responsibility for one to be supplied by the family and its members (Grover et al; 2014 & et al; 2018). Demands of care giving include paying for psychiatric treatment, supervision of a mentally ill family member, dealing with societal stigma associated with mental illness, and emotional distress that may result from symptoms of a family member's illness. Hence living with a relative with severe mental illness such as Schizophrenia is very stressful.

Studies have revealed that family members caring for relatives with Schizophrenia experienced significantly higher levels of objectives and subjectives burdens that those caring for relatives with chronic physical illnesses or other chronic psychiatric disorders such as depressive disorder, bipolar disorder and obsessive compulsive disorders (Hisalo & Tsai, 2014; De-Raso et al; 2008 & Grover et al, 2013).

Severe objective burden increase the global burden experienced. Parents of patients with severe and permanent psychosocial functional impairments have been shown to have a constantly high level of global burden (Sunghauer, Witmunel & Dietrich, 2013)

Expressed Emotion (E.E) can be interpreted "as a complex pattern of interaction between the patients and his or her family that at the same time represents the general conditions of consequences of the mental illness". It changes over time and is influenced by circumstances. It decreases after a patient discharge from hospital and then slowly increases again (Lemlor, Dingemans & Linszen, 2012). Expressed Emotion is measured through five variables that reflect career attitude; hostility, critical comments, positive comments, emotional over involvement (E. 0.1) and warmth (Berglund, Vahine & Edman, 2003).

These variables collectively, but not individually influence relapse rates, (Sannders, 2013), Families that tend to be hostile, critical and emotionally over involved and said to be high expressed emotion (H.E.E) families, (Nystrom & Swemsson; 2004, Rudge & Morse; 2004, Lenior et al; 2002), While families that tend to be positive, empathetic, calm and respectful, with low levels of emotions are said to be low experienced emotion (LEE) families, (Rudge et al; 2004), families with high expressed emotions tend to believe that the symptoms can somehow be controlled by the patients, (Lopez, Nelson, Hipke & Polo et al; 2004). Warmth previously seen as an attribute of low expressed emotion (LEE) has been found to be an unreliable variable of Expressed Emotion because high levels of warmth (which is positive) are accompanied by emotional over involvement (EOI), while low levels of warmth are accompanied by an increase in critical comments-Emotional over involvement and anticism both being variables in high expressed emotion (Which is negative) (Lopez, Nelson & Polo et al; 2004).

Expressed emotion is a transcultural phenomenon and a very reliable predictor of relapse in Schizophrenia (Nystrom & Svenssoon, 2004). High expressed emotion (HEE) is the third most common cause of relapse behind non-adherence with medication and drug abuse with 50% of the patients discharged back to high expressed

emotion (HEE) families soon relapsing compared to a 21% relapse rate after discharge back to an low expressed emotion family (Lopez et a; 2004).

In addition, another negative findings that levels of expressed emotions (EE) are highly resistant to change; with short educational intervention having no influence on levels of expressed emotion or emotional over involvement, (Stergard, 2003). High expressed emotion is especially resistant, with intensive intervention required to decrease levels of expressed emotions, even then it is often unsuccessful. There is contradictory opinion as to whether interventions have any effect on expressed emotions, (Nystrom; 2004, & Laulor, et al; 2002). However, proper family psycho education not only on the illness but also on the subject of expressed emotions is essential. Studies have not been conducted in this area in Barnawa FNPH. It is hope that this study will stimulate other scholars to conduct more in-depth studies on Before the commencement of the study, the consent of the respondents was sort and obtained by the researcher, the respondents were made to understand that participation was voluntary, information obtained was kept confidential and there was no consequence for non-participation. Approval for the study was obtained from Bingham University Teaching Hospital Jos. The researcher with two (2) trained research assistants administered the questionnaires.

Objective of the Study: The objective of the study was:

1. To determine the burden of care on caregivers of people living with schizophrenia in Neuropsychiatric Hospital Barnawa.
2. To identify coping strategies and available support for caregivers in Neuropsychiatric Hospital Barnawa.
3. To determine the responsibilities of caregivers Neuropsychiatric Hospital Barnawa.

Methodology

The study was conducted at Federal Neuro-psychiatric hospital Barnawa, Kaduna State Nigeria. The study employed a descriptive cross sectional design. One hundred and fifty (150) respondents were selected using a convenient sampling method. Data were collected using Zarit Burden interview, a caregiver self-report measure. The instrument is a 22-item statement which the caregiver is asked using a 5-point scale, response option range from 0 (Never) to 4 Nearly always. The instrument had a good internal consistency reliability with a Cronbach alpha coefficient of .92. The second instrument used is the WHO Disability assessment scale (WHODAS 2.0), it's a self-report questionnaire that was developed to assess difficulties due to health conditions including diseases, illness, or injuries, mental or emotional problems. The internal consistency and test-retest reliability of the overall WHODAS 2.0 score are high, suggesting potential utility in assessment of individual patients as well as assessing group differences.

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Result

A total of one hundred and fifty (150) participants took part in the study. The socio-demographic characteristics of the respondents are presented below.

The table indicates that 28.0% of the respondents fall within 41 – 45 years old. 69.33% of the caregivers are females. 52.66% of the respondents are married. Similarly, more unemployed persons (70%) participated in the study. Based on educational attainment, participant with primary school certificates formed the majority (52.66%) of the participants, parents constitute the majority in terms of relationship with patients. As regards care – duration 55.33% spent between 1 – 10 years caring for their loved ones. Participant who earns more than ₦20,000 as average monthly income made up the majority (32%) of the study population.

Table 1: Participants Socio-demographic Characteristics

Variables	Frequency	Percentage %
Age		
21 – 30	32	21.3
31 – 40	34	22.7
41 – 50	42	28.0
51 and Above	41	27.3
Gender		
Male	46	30.66
Female	104	69.33
Marital Status		
Single	23	15.33
Married	79	52.66
Divorced / Separated	14	9.33
Widow	34	22.6
Occupation		
Employed	45	30
Unemployed	105	70
Education		
Primary	79	52.66
Secondary	49	32.66
Tertiary	22	14.66
Relationship with Patient		
Parents	60	40
Spouse	57	38
Guardian	19	12.66
Others	14	9.33
Care Duration		
1 – 10 yrs	83	55.33
11 – 20 yrs	41	27.33
21 – 30 yrs	24	16
31 yrs & Above	02	1.33
Average Monthly Income		
≤ ₦ 10,000	42	28
≤ ₦ 20,000	48	32
≥ ₦ 20,000	60	40

Table 2: Cross Tabulation of Participant, Levels of Expressed Emotions

		Do you feel stuck between caring for your patients and fulfi**lling your other family or work** responsibility.		
		Yes	**No**	
Do you feel burden caring for your patient?	Yes Count	108	27	135
	0% within – Do you feel that your patients demand for help is more than his or her real needs?	97.3	69.2	90.05
	No Count	3	12	15
	% within. Do you feel tired when you are with your patients?	2.7	30.8	10.0
	Count	111	39	
	% within. Do you feel that your patient needs help 24 hrs a day?			
Total		**100**	**100**	

Table two shows the levels and percentage of caregivers who have knowledge of and caring for Schizophrenic patients. Majority of the participants (97.3%) reports they experienced high burden of expressed emotions.

Table 3: Inferential Analysis Across Valuable Counts

	Value	**Assymp. Sig (2 sided)**	**Exact sig. (2 sided)**	**Exact sig. (1 side)**
Pearson Chi-square	22.260	df. 1 .000		
Continuity Correction	22.238	1 .000		
Likelihood Ratio	21.760	1 .000		
Fishers Exact test			.000	.000
Linear by Linear Association	25.091	1 .000		
No of Valid Cases	150			

Further analysis of the outcome was significant, $x^2 = 45.282$, df = 3, P = (P<.05). Therefore the duration of care was attainable among working class caregivers and others. Thus, the null hypothesis is rejected.

Table 4: Cross Tabulation of Age "Burden of Care"

Count		Burden of care		Total
		High	Low	
	21 – 30	30	2	32
	31 – 40	31	3	34
	41 – 50	36	6	42
	51& above	40	1	41
Total		137	12	149

As indicated on table four, majority of the participants age 41 – 50 (n = 42) demonstrated high level of expressed emotions.

Table 5: Inferential Analysis across Valuable Counts

	Value	Df	Assymp. Sig (2 sided)
Pearson Chi-square	2.116	2	.149
Likelihood Ratio	2.355	2	.126
Linear by Linear Association	.047	1	.306
No. of Valid Cases	149		

Results comparing both variables however, was significant, $x^2 = 2.116$, df = 2, p = .149 ($P \leq .05$). Therefore, the null hypothesis is rejected.

Table 6: Percentage of Duration of Care

		Frequency	Percentage
Valid			
	1 – 10 yrs	83	55.33
Missing system	11 – 20 yrs	41	27.33
	21 – 30 yrs	24	16
	31 yrs & above	02	1.33
		1	.7
Total		**150**	

It will be seen on table six that more females spend 1 – 10 years caring for their love ones (schizophrenic patients) despite the burden on them.

Table 7: Inferential Outcome of Analysis

Category	Observed N	Expected N	Ch-square (x^2)	P-value
1 – 10 yrs	83	37.3		
11 – 20 yrs	41	37.3	45.282	.000
21 – 30 yrs	24	37.3		
31 yrs and above	02	37.3		

Further analysis of the outcome was significant, $x^2 = 45.282$, df = 3, P = ($P<.05$). Therefore the duration of care was attainable among working class caregivers and others. Thus, the null hypothesis is rejected.

Discussion

Findings revealed that family care givers of schizophrenic patient experienced high burden of expressed emotions. Majority of the participants (97.3%) reports they experienced high burden of expressed emotions. This finding is in agreement with the work of Ghidiyal, 2016 who assessed expressed emotional in various mental illnesses. Investigators used socio – demographic sheet and family emotional over movement criticism scale (FELCS) on schizophrenia and Bipolar patients. The study result found that high level on expressed emotions scale is proven to be a wide spread family stressor due to country problems.

Majority of the Participant age 41-50 (n = 42) demonstrated high level of expressed emotion. Inferential analysis comparing both variables however was significant, X^2 =2.116, df = 2, p = .149 (P≤ .05). Therefore the null hypothesis is rejected.

Findings showed that more female's ages 1 – 10 years caring for their loved ones despite the burden on them than their male counterpart.

Conclusion

Patients with Schizophrenia often have a normal childhood and adolescence life before suddenly and unexpected often dramatically become ill. Because of the age of onset, care responsibilities are suddenly brought upon most parents, even before they have come to terms with the shock of the sudden, dramatic onset of the illness.

This study highlighted the burden of caregivers to mostly negative experiences that negatively impact the expression of emotion on care burden and re-hospitalization rate in schizophrenia patients and primary caregivers of schizophrenia patients had an obvious burden of care. Specific interventions and programmes aimed at addressing the needs of families and empowering them with relevant information and skills have been well researched and implemented in selected area worldwide. There is evidence of their efficacy, but they are always being readily implemented. Some of the interventions and programme are built around psycho education (PE) and cognitive behavioural therapy (CBT) and involves elements such as problem of living and coping strategies. Religions' coping is an interesting from of coping that is implemented during interventions as it has been shown to decreased burden. Families of patients with Schizophrenia experience high levels of burden and received very little information about the illness and how to cope with the mentally ill person or the relatives.

Recommendation: The following recommendations were made:

i. There is the need for family interventions that provide proper information and psychological support to help relatives improve their understanding of the disorder.
ii. There is also need for social support as high social support increase more resilience in caregiver.
iii. There is the need for family psycho education in order to curtail relapse cases among patients with Schizophrenia.
iv. The need for continuous follow up by the patient can't be overemphasised.

REFERENCES

Andrew G, Kamp A, Sunderland M, Karff M. A. & Ustun T. B. (2009), Normative Data for the 12 item W.H.O Disability Assessment Schedule 2.0

Anvar S, Ram K, Magnus K, (2019), Expressed Emotion Research in India: A Narrative Review, *Indian Journal Psycho Med. 41 (1): 18 – 26*

Aryeequaye R, (2016), Experiences and Coping Strategies among Families of Patients with Schizophrenia in Accra.

Nirmala B. P., Vranda M. N. & Shanivaram R, (2011), Expressed Emotions and

caregiver Burden in Patients with Schizophrenia. *Indian Journal Psycho Med. 33 (2): 119 – 122.*

Chen ZJ, Fan H. & Wang Y, et al. (2012), The Relationship Between Emotional Expressed and Personality Traits in the first degree relatives of Schizophrenic Patients. *Clin. Psychiatr Med. 22(4): 252 – 254.*

Gran Lippi, (2016), Schizophrenia in a Member of the Family Burden, Expressed Emotion and Addressing the needs of the whole family. *S Air J Psychiat. 22 (1), 922.*

Gupta M, Prajapati N & Sharma R (2019). A study on Schizophrenia Group: Expressed Emotion, Relevance and Social Support. *The International Journal of Indian Psychology 7: 2: 2349 – 3429.*

Hirst M, (2005), Career Distress: A Prospective, Population – Based Study. *Soc Sci Med. 61(3): 697 – 708.*

Hooley Jm & Gotlib IH, (2000). A diathesis – stress conceptualization of expressed emotion and clinical outcome. *Appl Prev Psychol. 9(3): 135 – 151.*

Kendra C, (2020), Overview of the 6 major theories of Emotion.

Li J, Xiang MZ & Guo LT, (1998), Comparative Study on Family Burden of Patients with Schizophrenia in Urban and Rural Areas of China. *West Chin. Med. 13(1): 426.*

Linszen DH, Dingemans PM, Nugter MA, Van Der Does AJ, Scholte WF & Lenior MA (1997), Patient Attributes and Expressed Emotion as Risk Factors for Psychotic Relapse. *23(1): 119 – 130.*

Liu M, Lambert CE. & Lambert VA, (2007), Caregiver Burden and Coping Patterns of Chinese Parents of a Child with a Mental Illness. *Int. J. Ment. Health Nurs. 16(2): 86 – 95.*

Lowyck B, De Hert M, Peeters E, Wampers M, Gilis P & Peuskens J. (2004), A Study of the Family Burden of 150 Family Members of Schizophrenic Patients. *Eur. Psychiatry. 19(7): 395 – 401.*

Möller – Leimkúhler AM, & Obermeier M. (2008) Predicting Caregiver Burden in First Admission Psychiatric Patients. *Eur. Arch Psychiatry Clin Neurosci. 258(7): 406.*

Möller – Leimkúhler AM, & Jandi M. (2011), Expressed and Perceived Emotion Over Time: does the patients' view matter for the caregivers' burden? *Eur. Arch Psychiatry CLin. Neurosci. 261(5): 349 – 355.*

Montgomery RJ. (2002), Using and Interpreting the Montgomery Borgatta Caregiver Burden Scale.

Nancy BPD, & Grove SK. (2001). *The Practice of Nursing Research: Critique, & Utilization* (4th Edition). New York, W.B. Saunders Company, 89.

Phillips MR & Xiong W, (1995). Expressed Emotion in Mainland China: Chinese Families with Schizophrenic Patients. *Int. J. Men. Health. 24(3): 54 – 75.*

Ogbolu RE, Aseyemi JD & Erinfolami AR, (2020), *High Expressed Emotion and Schizophrenia:* A Study of Illness Characteristics Among Patients in a Tertiary Hospital in Lagos, Nigeria.

Wang X, Chen O & Yang M (2017), *Effects of Caregivers Expressed Emotion on the Care Burden and Rehospitalisation rate of Schizophrenia.*

Wig NN, Nenon D.K, Bedi H, Ghosh A, Kuipers L, Leff J & Korten A (1987),

Expressed Emotion and Schizophrenia in North India British Journal. *Journal of Psychiatry 151: 136 – 173*