

CHAPTER 1

INTRODUCTION

Background and Significance of the Research Problem

Schizophrenia is a major mental disorder, prevalent worldwide. It is also a leading public health problem which entails enormous personal and economic costs affecting nearly 1% of the world's population (WHO, 2001). In addition, the numbers of affected persons markedly increase when including the family caregivers and relatives in these estimates. In recent years, important advances in the understanding of schizophrenia have occurred in three major areas: advances in neuroimaging techniques, the development of an atypical antipsychotic with minimal neurological adverse effects, and increased interest in psychosocial factors affecting schizophrenia (Sadock & Sadock, 2003). Despite these contributions to the effective management of these disorders, schizophrenic patients are still faced with psychotic relapse and readmission.

In Thailand, more than half of the psychiatric patients who visited outpatient units were diagnosed with schizophrenia, a similar proportion to inpatients admitted to psychiatric hospitals (Suansaranrom Hospital, 2004). Improper management of this condition leads to a poor prognosis, with chronic disability resulting in 40 to 60% of patients (Ciompi, 1980; McGlashan, 1984; Tsuang, Dempsey & Fleming, 1979), even in countries devoting enormous health resources to controlling and managing such patients. The World Health Organization has focused special attention on schizophrenia, and has

organized a number of studies aimed at improving understanding of the disorder in order to find ways to deal with it (Warner & Girolamo, 1995).

Studies have shown repeatedly that schizophrenia has not only a genetic component but also an environmental aspect, involving such things as interactions within a family or within a community, which may alter the course of the illness (Pinals & Breier, 1997). After almost forty years of research on the relationship between patients and their relatives, and the causes of psychiatric illness, a unique method has emerged for the measurement of interpersonal attitudes (Wearden, Tarrier, Barrowclough, Zastowny & Rahill, 2000). The circumstances in which family members express critical, hostile, or over-involved attitudes toward the person with schizophrenia and their emotions have been linked to relapse and re-hospitalization and are collectively called expressed emotion (EE) (Arthur & Nursing Research Group, 2002). It is now widely accepted that psychological, familial, and social factors influence susceptibility to the disease. Schizophrenic patients living in households characterized as high in EE are more likely to relapse within nine months after hospital discharge, which is faster than those patients in low EE households (King & Dixon, 1995).

Expressed emotion is a risk factor for relapse in a broad range of psychopathological conditions (Butzlaff & Hooley, 1998; Kavanagh, 1992) and is considered an important psychosocial factor that influences the course of psychiatric illness (Kavanagh, 1992; Leff & Vaughn, 1981; Uehara et al., 1999). The EE also has been demonstrated in numerous international studies. However, several limitations of the instruments have been highlighted. Researchers have previously encountered difficulties in assessing EE with present relevant measurement tools. Although there are

some standard tools, their applications to clinical practice have been limited due to the time taken to administer them. Researchers have previously encountered difficulties in assessing EE. For example, the application of the CFI (Camberwell Family Interview), which is a standard interview and audio recording using a semi-structured interview, is considered to be of limited use in clinical practice because of the time required to administer it, which involves 2 to 4 hours per relative and an additional 2 hours or more to score it. Moreover, its accessibility to therapists is also limited as extensive training is needed before it can be usefully applied (Kavanagh, 1992). In addition, the cultural background must be considered. Culture differences in EE patterns are important because they may shed light on differences in the course of schizophrenia in different parts of the world. Bhugra and McKenzie (2003) suggested that different cultural settings have different rates of EE.

Even though there are other tools which measure the family environment or attitude of family caregivers towards mentally ill patients, most of them have been developed based on other cultures and those may not fit with Thai population because Thai people are considered to be more reserved than Westerners in publicly displaying their emotions furthermore, familial bonds are much stronger. Also, many of the Buddhists teaching are interpreted and held among Thais as social values, codes of ethics and behavior (Limanonda, 1995). Furthermore, Titaya Suvanajata (1976; cited in Mulder, 2000) described the close personal relationship that is informed by 'Bunkhun' combined with a deep sense of obligation, as a strong feeling and belief that one should be loyal to one's parents, relatives, circle of friends, and classmates. Indeed, relatives sometimes feel ashamed to admit that they are critical of their ill relatives. This is relevant to the caring of Thai family caregivers of schizophrenic

patients. Most Thai schizophrenic patients in the community live with their relatives, mainly parents, spouse or a sibling. Furthermore, the Thai population is known as a group culture representing a specific ethnicity, socioeconomic status, and language. The Thai language itself reflects reality and the nature of the Thai culture influences the way of life among the Thai population (Isaramalai, 2002). These social-cultural characteristics are thought to affect not only the family's EE status, but also the family's attitudes toward the patient, and also the patient's perceptions of these attitudes. Therefore, if healthcare teams can explore the EE patterns of the Thai family with sensitive, appropriate, and Thai-contextualized instruments, they can use this information to help them predict and prevent relapses of schizophrenia patients, as well as to assist in providing an effective and efficient approach to the planning of appropriate psychosocial interventions for patients, families, and caregivers.

Objective of the Study

To develop an instrument for assessing EE in Thai family caregivers of schizophrenic patients.

Research Questions

1. What are appropriate components for a Thai Expressed Emotion Scale for family caregivers of schizophrenic patients?
2. How valid and reliable is the developed Thai Expressed Emotion Scale for family caregivers of schizophrenic patients?

Conceptual Framework

The conceptual framework of this research study built upon both conceptualization of EE and a norm-referenced framework. The term EE was coined by Brown, Birley and Wing (1972) to describe the influence of family life on the course of schizophrenia or to describe the quality of a relative's relationship with a particular person (the patient) rather than their general tendencies toward everyone (Gottschalk & Keatinge, 1993). EE refers to the affective attitudes and behaviors of significant others toward a psychiatric patient (Brown & Rutter, 1966; Humbeeck, Audenhove, Hert, Pieters, and Storms, 2002; Kazarian, 1992; Leff & Vaughn, 1985; Vaughn & Leff, 1976). The three important components of EE are criticism, hostility and emotional over-involvement. The model of EE proposed in the early literature on schizophrenia (Leff & Vaughn, 1985) conceptualized EE as a trait-like manner. The characteristics of low-EE relatives were described as tolerant, non-intrusive and sensitive to the patient's needs. In contrast, high-EE relatives were inclined toward intolerance of the patient's problems, intrusiveness, and the use of inappropriate and inflexible strategies in dealing with difficulties (Barrowclough & Hooley, 2003). EE is considered an important psychosocial factor that influences the course of psychiatric illness (Leff & Vaughn, 1981; Kavanagh, 1992; Uehara, Yokoyama, Goto, Nakano, Kawashima, & Someya, 1999). Patients returning to live with high EE relatives had a higher relapse rate (51%) than those returning to live with low EE relatives (13%) (Hume & Pullen, 1994). However the culture differences in EE patterns are important because they may shed light on differences in the course of schizophrenia in different parts of the world.

The original EE was assessed in a semi-structured interview to evaluate the number of critical comments, and the absence or presence, and in what degree, of hostility, dissatisfaction, warmth, and emotional over-involvement. Earlier research incorporated emotion of any nature within the construct of EE and included not only hostility, but also any dominant or directive behavior toward the patient, as well as emotion or hostility expressed by the patient toward the relative (Brown et al., 1972). Although the original operationalization of EE was based on rating to five scales of expressed emotion, the two scales found to predict patient relapse were criticism and emotional over-involvement (Brown, et al 1972; Peterson & Docherty, 2004). A third variable, hostility is normally associated with high levels of critical comments (Wiedemann, Rayki, Feinstein, & Hahlweg, 2002).

The norm-referenced measure, an individual's score takes on meaning when compared with the scores of others in some well-defined referent group. The reference group might be other members of the same sample, or it might be subjects nationwide to whom the same measure was administered (Waltz, Strickland, & Lenz, 1991). Concerning a norm group, it is used to interpret the EE score of an individual by comparing it with scores of others. In constructing norm-referenced measure, steps are usually taken to maximize variability in the scores. These are in order to discriminate among individuals as much as possible (Goodwin, 1966).

The model in figure 1 is conceptual framework of this study which focused on better understandings EE as a concept in the Thai culture, EE construct and the psychometric properties of the Thai EE scale.

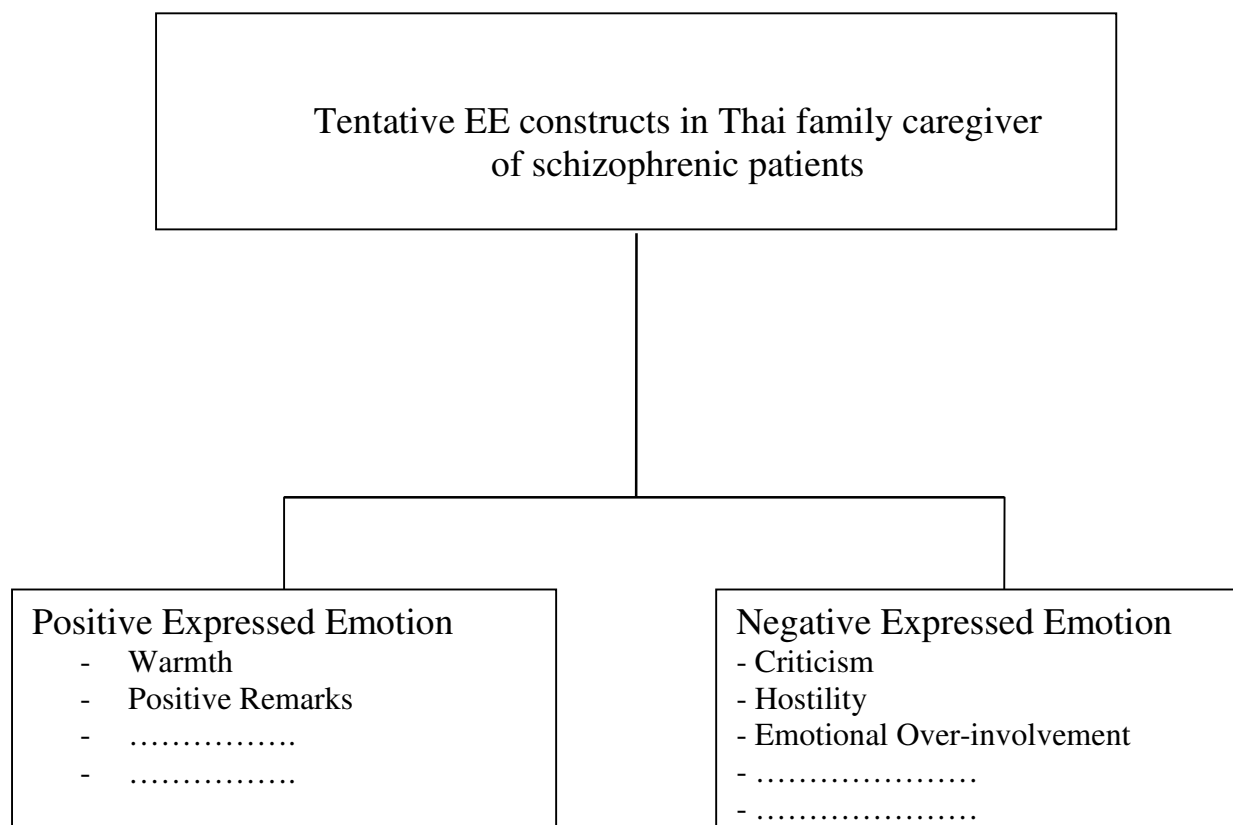


Figure 1 Tentative EE constructs in Thai family caregiver of schizophrenic patients

Definition of Terms

Schizophrenic patient refers to a patient who had been diagnosed with schizophrenia, following the criteria of the DSM-IV or International Classification of Disease (ICD-10) as indicated in the patient's medical record.

Family caregiver of a schizophrenic patient refers to a caregiver who lived with and provided daily care for a schizophrenic patient.

Expressed emotion refers to a classification of emotional attitudes and behaviors of family caregivers directed toward the patient, such as criticism, hostility or an emotionally over-involved manner, as assessed through the answers given in a self-report questionnaire. There are five attributes of EE, as follows:

Critical comments (CC) refers to unfavorable comments regarding the schizophrenic patient's behavior, personality or characteristics that the respondent clearly resents or finds annoying, disapproves of or dislikes.

Hostility (H) is rated as present or absent and defined as present if a remark was made indicating the rejection of someone as a person, for example, when someone was criticized for what he was rather than for what he did. Hostility is also regarded as present if critical comments tended to be generalized spontaneously.

Emotional over-involvement (EOI) refers to factors such as an exaggerated emotional response, over-intrusive or self-sacrificing behavior, and over-identification with the patient; it is best characterized by excessive anxiety, over-concern, or over-protectiveness toward the patient. Highly emotional and over-involved caregivers attempt to ameliorate events by using themselves as buffers between the patient and the outside world and their use of self-sacrificing and intrusive behavior may be an attempt to control things themselves.

Warmth (W) is indicated by the sympathy, concern, empathy and interest of a caregiver toward their ill relative.

Positive remarks (PR) reflects appreciation for the concerned patient's behavior or personality.