

Patterns of Emotional Response in Relatives of Schizophrenic Patients

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Abstract

In an attempt to understand better the ways in which relatives' expressed emotion (EE) interacts with the patient's behavior to influence patterns of relapse, the correlates of EE have been examined. Four characteristics that tend to distinguish relatives who show high criticism and/or marked emotional overinvolvement from those who do not have been identified. These concern the relative's emotional reaction to the illness, views as to its legitimacy, level of tolerance/expectations, and level of intrusiveness with regard to the patient.

Results of a series of British studies have suggested that the best single predictor of symptomatic relapse of schizophrenia in the 9 months after hospital discharge is the level of expressed emotion (EE) shown by a key relative with whom the patient is living during an interview shortly after the patient's admission (Brown, Birley, and Wing 1972; Vaughn and Leff 1976). Patients whose relatives showed certain highly critical or emotionally overinvolved attitudes at the interview (categorized as high EE) were significantly more likely to relapse with florid symptoms during the followup period than patients whose (low EE) relatives did not show such attitudes (Brown, Birley, and Wing 1972, $n = 101$, $p < .001$; Vaughn and Leff 1976, $n = 37$, $p < .001$). In these studies the relationship between relative's emotional response and patient's clinical outcome was independent of the behavior disturbance or work impairment shown by the patient when ill.

Further analyses of the Vaughn and Leff (1976) interview material

have provided considerable information about both the quality of the emotional relationships between patients and their relatives, and more general patterns of familial response and interaction. They help to illuminate the concept of expressed emotion and provide some clues for the identification by clinicians of high- and low-risk families. It must be stressed that these new analyses are based on ratings made at the time of the single in-depth audiotaped interview with the key relative; such ratings were made in ignorance of the patient's eventual clinical outcome.

We have identified four characteristic attitudes or response styles which tend to distinguish relatives who are highly critical or overinvolved from those who are not, as judged by their reported behavior toward the patient and their behavior in the interview.

The Relative's Level of Intrusiveness. Our data suggest that schizophrenic patients frequently find close relationships difficult, even in households in which there is little or no tension or strain. Low EE relatives show a willingness to respect the patient's desire for social distance; they tend to avoid any kind of intrusive behavior. Conversely, high EE relatives do not allow patients to experience a sense of personal space or autonomy. They generally are highly intrusive, making repeated attempts to establish contact or to offer unsolicited (and frequently critical) advice.

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The Relative's Emotional Response. Low EE relatives tend to be cool, controlled, and concerned but not overly anxious in their response to the patient's illness. They frequently demonstrate an ability to cope with crises effectively and appear to exert a calming influence on the patient and other family members when distressed—an impression supported by the psychophysiological findings of Tarrier et al. (1979). High EE relatives, on the other hand, respond to the patient's illness with anger, acute distress, or both; according to the relatives' own reports, these reactions tend to upset the patient further.

The Relative's Attitude Toward the Illness. The view that the patient is suffering from a legitimate illness is the most striking characteristic of the low EE relative generally. High EE relatives doubt that the patient is genuinely ill, with little or no control over his symptoms. Frequently, the patient is blamed or held responsible for his condition.

The Relative's Level of Tolerance and Expectations. Because of their conviction that the patient is genuinely ill, low EE relatives generally are tolerant both of disturbed behavior and of long-term social impairments. High EE relatives tend to be intolerant of symptom behaviors and impatient with

low performance; they make few allowances for the patient's condition, and often exert considerable pressure on the patient to behave as a normal individual might be expected to act.

On the basis of these findings, we would predict that schizophrenic patients whose relatives are judged by the clinician to be reasonably nonintrusive, tolerant of symptom behaviors, and understanding of the illness are likely to remain well after discharge, while those who come from conflictive or intrusive environments are at greatest risk of relapse and most in need of protective medication and clinical support.

For all patients and their families, mental health education would seem to be a basic imperative. In the Vaughn and Leff (1976) study, only half of the relatives interviewed considered the patient's illness to be a mental problem. The majority reported receiving little or no information from professionals about the disorder, medication and its side effects, and other related issues. Furthermore, highly critical relatives were significantly more likely than other relatives to take an unsympathetic view of the illness. Almost certainly "administrative" solutions to the problems associated with relapse and readmission are likely to fail unless the persons most directly concerned—the patient and those around him—are

involved in the treatment process from the very beginning.

References

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