



## STUDY OF EXPRESSED EMOTIONS AND CAREGIVER BURDEN IN BIPOLAR MANIA

**Bhakti Murkey**

Consultant Psychiatrist at Juno Clinic, Mumbai

**Gunjan Solanki\***

Assistant Professor in psychiatry, Department of Psychiatry, SMS Medical College, Jaipur \*Corresponding Author

**ABSTRACT** The term expressed emotion (EE) comprises of 3 specific factors: criticism, hostility and emotional over-involvement. Caregiver burden refers to the emotional, social and financial stresses that caring for a relative with mental illness imposes on the caregiver. Both the factors are inter-related and associated with frequent relapses in Bipolar mania patients. The present study was aimed to study EE and Burden of care in caregivers of Bipolar Mania Patients, their relationship and association with Illness correlates. It included 30 Patients of Bipolar Mania. EE had significant positive correlation with the total burden of care in the caregiver (p 0.043) The number of past episodes of mania had a significant positive correlation with the total score of EE (p 0.002), and with the total burden of care (p 0.001).

**KEYWORDS :** Bipolar Mania, Expressed Emotions(EE), Caregiver Burden

### Introduction

Caregivers of patients suffering from psychiatric illness has always been important partners in caring for and community support owing to lack of trained professional services in India. After deinstitutionalization, this responsibility for the care of the mentally ill shifted significantly from institutions to the caregivers, which may be a factor in development of expressed emotions particularly if there are negative caregiving experiences. The term expressed emotion (EE) refers to a global index of particular emotions, attitudes and behaviors expressed by a relative towards a family member diagnosed with a psychiatric illness<sup>1</sup> and comprises of 3 specific factors: criticism, hostility and emotional over-involvement<sup>2</sup>. Several studies have demonstrated that patients in families having high EE are significantly more likely to experience a clinical relapse than patients of families with low EE. Apart from high EE, the families involved in caregiving themselves suffer considerable burden in coping with the patient's psychotic illness<sup>3,4,5</sup>. Caregiver burden may be defined as the physical, psychological, emotional, social and financial stresses that individuals experience due to providing care<sup>6</sup>. It could be "objective" (specific effects on the household/certain behavior traits in the patient) or "subjective" (caregivers feeling any burden in a subjective sense)<sup>6</sup>. Studies have found that 93% of caregivers of admitted bipolar patients reported a moderate to high level of caregiving strain and about 70% continued to report moderate to high burden even months later<sup>7,8</sup>. Systemic review done by van der Voort TY, Goossens PJ, and van der Bijl JJ found that high objective and subjective burden is experienced by caregivers of Bipolar Disorder<sup>9</sup>. Subjective burden is influenced by beliefs harboured by caregivers about illness. High burden is associated more with chronicity of illness, difficulties in the relationship with patient, lack of support and stigma.

Although there are number of studies done on Expressed Emotions and Caregiver burden in psychiatric disorders including Bipolar Disorder but there is dearth of studies focusing on Manic phase of bipolar disorder comparing both aspects (EE and care of burden)

### Aims and Objectives

To study expressed emotions (EE) in caregivers of patients with bipolar mania and its relationship with burden of care on them  
To study the association of EE and burden of care in caregivers with the illness correlates in patients of bipolar mania

### Methodology

A cross-sectional study was conducted on 30 Patients attending OPD of Psychiatry centre Department of Psychiatry SMS Hospital Jaipur, suffering from Bipolar Disorder Mania without psychotic features diagnosed as per ICD-10 and their caregivers. Patients and caregivers of either sex were included. Patients with history of comorbid substance abuse (other than tobacco) were excluded from the study. Ethical approval was taken from institutional review board and informed consent was taken from subjects before conducting the study

### Instruments

1. Semi structured clinical Proforma for illness variables like total duration of illness and Number of past episodes
2. YMRS (Young's mania rating scale) The Young Mania Rating Scale (YMRS) is one of the most frequently utilized rating scales to assess manic symptoms. The scale has 11 items and is based on the patient's subjective report of his or her clinical condition over the previous 48 hours
3. FEICS (Family emotional involvement and criticism scale) This is 14 item questionnaire allows a general assessment of EE
4. BAS (Burden assessment schedule) The burden assessment schedule (BAS) aims to assess both objective and subjective burden experienced by the primary care givers of chronic mentally ill patients
5. Statistical analysis : SPSS 20

### Results

- 1). Demographic Characteristics, Expressed emotions (FEICS) and Caregiver Burden (BAS) (N=30)

	Parameters	Mean	SD
Age	Age(Patients)	33.58yrs	10.98
	Age(Caregivers)	33.27	7.5
Sex	Patients(Males)	80%	
	Caregiver(Males)	60%	
Illness Variables	Total duration of illness	8.25yrs	7.523
	<=5yrs	36.67%	
	>5yrs	43.33%	
	Total Number of episodes	4.25	1.77
	YMRS score	19.81	7.45
Expressed Emotions	Expressed Emotion	53.625	7.623
	Avoidance	23.065	6.69
	Perceived Criticism	17.125	2.729
	Reversed	17.625	
Caregiver Burden	Burden on caregiver	42.375	6.955
	Impact on well being	7.81	1.939
	Marital relations	9	1.788
	Impact on relation with others	8.625	2.061
	Appreciation	6.937	1.611
	Perceived severity	10	1.966

Most of the patients included in the study were males 80% and mean age of patients was 33.58yrs±10.98yrs and that of caregivers was 33.27±7.5yrs. Total duration of illness was 8.25±7.523 yrs mean no. of episodes being 4.

## 2). Co-relation of EE and Burden of care

N=30		Total burden	Impact on well being	Marital Relation	Impact on others	Appreciation	Perceived severity
EE	Co-eff	0.512	0.522	0.259	0.419	0.334	0.347
	p	0.043	0.038	0.333	0.106	0.205	0.188
Avoidance	Co-eff	0.231	0.216	0.000	0.282	0.278	0.081
	p	0.389	0.421	1	0.290	0.296	0.766
Perceived criticism	Co-eff	0.215	0.194	0.259	- 0.015	0.108	0.261
	p	0.424	0.472	0.332	0.957	0.691	0.329
Reversed	Co-eff	- 0.136	- 0.138	- 0.221	- 0.131	0.076	- 0.067
	p	0.617	0.611	0.410	0.628	0.780	0.809

## 3). Co-relation of illness correlates with Expressed Emotions and burden of care

N=30	Total duration of illness		Number of episodes		YMRS score		
	Co-eff	p	Co-eff	p	Co-eff	p	
Total EE score	0.239	0.373	0.724	0.002	0.243	0.365	
Avoidance	0.140	0.605	0.527	0.036	0.293	0.272	
Perceived criticism	0.086	0.751	- 0.021	0.939	0.027	0.920	
Reversed	- 0.135	0.618	- 0.470	0.066	- 0.287	0.281	
Total burden	0.388	0.138	0.739	0.001	0.109	0.687	
Impact on well being	0.602	0.014	0.733	0.001	0.366	0.163	
Marital Relations	0.134	0.621	0.316	0.233	- 0.035	0.898	
Impact on others	0.127	0.640	0.539	0.031	- 0.135	0.618	
Appreciation	0.238	0.375	0.450	0.080	0.104	0.700	
Perceived severity	0.329	0.213	0.670	0.004	0.114	0.675	

The number of episodes of mania in the past had a significant positive correlation with the total score of EE ( $p = 0.002$ ), specifically avoidance on the part of caregiver ( $p = 0.036$ ). The number of episodes were negatively correlated with over-involvement but the correlation failed to reach statistical significance ( $p = 0.066$ ). Number of manic episodes had significant positive correlation with the total burden of care ( $p = 0.001$ ), impact on well being of caregiver ( $p = 0.001$ ), impact on caregiver's relations with others ( $p = 0.031$ ) and perceived severity of illness by the caregiver ( $p = 0.004$ ). The total duration of illness had significant correlation with the impact on well being of the caregiver ( $p = 0.014$ ). It had no significant correlation with expressed emotions or other domains of caregiver burden. The scores on YMRS depicting severity of current episode did not have significant correlation with expressed emotions, burden of care or with any of their sub-domains

### Discussion

In this study, it is found that the extent of expressed emotions (criticism, hostility or over-involvement) of care givers does not correlate with the severity of current manic episode or the total duration of illness. Rather, greater is the number of total manic episodes in the illness till date, more is the extent of expressed emotions. Thus, expression of emotions (avoidance in particular) by care givers appears to have a probable role in precipitating manic episodes further in the course of illness. As the number of manic episodes increase, caregivers appear to perceive the illness of the patient as more severe than it really is and also face poor well being and relationships.

The experience of such stress increases when the caregiver appraises the external or events as relevant to personal well-being (primary appraisal) and is not able to readily avert/manage them (secondary appraisal). (Stress coping theory)

The above finding supports the previously found results, that caregivers' experience of burden may relate to their anticipation of a recurrence and/or estimation that they possess inadequate means to prevent it<sup>10</sup>. This further contributes to their tendency to feel burdened and express their anger, resentment, frustrations and hopelessness through criticism or hostility

The positive co-relation between burden of care and expressed emotions found in our study, supports the study by Jackson (1990) and Perlick (2004), in that the effects of burden on the clinical outcome were found to be mediated by caregivers' emotional involvement with the patient other than the factor of patient compliance<sup>8,11</sup>

### Conclusion

A greater number of manic episodes causes greater burden of care on caregivers for a longer duration. A greater burden of care leads to greater expression of emotions. And greater expression of emotions is associated with more manic episodes in total duration of illness. This

brings to light the vicious cycle between number of manic episodes, burden of care and emotions expressed by the care giver. The easiest link to break in this cycle is to reduce expressed emotions by the care giver by effective listening and appropriate psycho-education on the part of the therapist. The burden of care giving not only strains the care giver financially in long term, but also impacts his/her marital life, puts restriction in social and leisure activities and also causes problems with physical and mental health along with stigma<sup>12</sup>. Understanding of the caregivers' perceptions of the stresses and the demands arising from care-giving in bipolar disorder is needed in order to develop practical, appropriate and acceptable interventions for comprehensive management of bipolar patients and their caregivers<sup>13</sup>. This might help to reduce the overall level of burden and its consequent expression through criticism or hostility and thus, reduce their negative effects both on the caregivers and patient outcome

### References

1. Brown GW. The discovery of expressed emotion: Induction or deduction? In: Leff J, Vaughn C, editors. Expressed emotion in families. New York: Guilford Press; 1985. p. 7-25
2. Koenigsberg, H., & Handley, R. (). Expressed emotion: From predictive index to clinical construct. *American Journal of Psychiatry*, 1986, 143, 1361-1373.
3. Brown, G. W., Birley, L. & Wing, J. K. (1972). Influence of family life on the course of schizophrenic disorders: a replication. *British Journal of Psychiatry*, 129, 125-137.
4. Family Factors and the Course of Bipolar Affective Disorder David J. Miklowitz, PhD; Michael J. Goldstein, PhD; Keith H. Nuechterlein, PhD; Karen S. Snyder, MA; Jim Mintz, PhD *Arch Gen Psychiatry*, 1988;45(3):225-231.
5. Expressed emotion and psychiatric relapse: a meta-analysis. Butzlaff RL1, Hooley JM. *Arch Gen Psychiatry*, 1998 Jun;55(6):547-52.
6. Platt S. Measuring the burden of psychiatric illness on the family: an evaluation of some rating scales. *Psychological Medicine*. 1985; 15 (2) : 383-393
7. Perlick, D., Clarkin, J.F., Sirey, J., Raue, P., Greenfield, S., Struening, E., Rosenheck, R., 1999. Burden experienced by care-givers of persons with bipolar affective disorder. *Br. J. Psychiatry* 175, 56-62
8. Perlick, D.A., Rosenheck, R.A., Clarkin, J.F., Maciejewski, P.K., Sirey, J., Struening, E., Link, B.G., 2004 Impact of family burden and affective response on clinical outcome among patients with bipolar disorder. *Psychiatr. Serv.* 55, 1029-1035
9. van der Voort TY, Goossens PJ, van der Bijl JJ Burden, coping and needs for support of caregivers for patients with a bipolar disorder: a systematic review *J Psychiatr Ment Health Nurs*. 2007 Oct;14(7):679-87.
10. Perlick DA, Wolff N, Miklowitz DJ, Menard K, Rosenheck RR. STEP-BD Family Experience Collaborative Study Group. Development of an integrated model of family burden in bipolar illness. *J Ment Health Policy Econ*. 2003;6:3-7.
11. Jackson HJ1, Smith N, McGorry P. Relationship between expressed emotion and family burden in psychotic disorders: an exploratory study. *Acta Psychiatr Scand*. 1990 Sep;82(3):243-9
12. Caring for the family caregivers of persons with mental illness Rakesh K. Chadda *Indian J Psychiatry*. 2014 Jul-Sep; 56(3): 221-227.
13. The burden on informal caregivers of people with bipolar disorder. Ogilvie AD1, Morant N, Goodwin GM. *Bipolar Disord*. 2005;7 Suppl 1:25-32.