

## Criticality and Emotional Over Involvement as Contributory Factors to Psychopathology

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### ABSTRACT

Expressed Emotion (EE) research has indicated that the components of EE contribute differently to psychopathology. As the components of EE reflect different attitudes of the caregiver or relatives, therefore influencing the behavior of the individual in different ways. Studies that looked at independently studying the components of EE lead to the finding that Hostility is not a significant predictor of psychopathology on its own, since it rarely exists in the absence of Criticality, thereby making hostility an extension of the dimension of Criticality. Thus this review aims at highlighting the contributions of the two primary components of expressed emotions, namely Criticality and Emotional involvement to the development of psychopathology.

**Keywords:** *Expressed Emotions, Emotional Over-involvement, Criticality, Psychopathology*

The concept of Expressed Emotion is best understood as a qualitative measure of the emotional climate of a family, characterized by criticality, hostility and Emotional Over Involvement among family members. (Delvecchio et al., 2013). Since the origination of the concept through the works of George Brown with patients with schizophrenia and their family members, this concept has been popularly studied in the context of various disorders and family interactions. Expressed Emotions develop in the context of a larger family environment, which is characterized primarily by conflict, stress and maladaptive communication patterns between members. (Boger et al., 2008).

The concept of Expressed Emotions originated in the 1950's in the works of George Brown. Brown and his colleagues in the Medical Research Council Social Psychiatry (MRCSP) undertook a study to identify the basis for symptom relapse in patients who had earlier shown marked recovery while under long term hospitalization. The sample consisted of 229 males who had been discharged from long-stay psychiatric centers, 156 of whom had been diagnosed with Schizophrenia. The results of the study were groundbreaking due to the fact that it identified that the strongest link with symptom relapse lay in the type of families the patients went home to after being discharged. In fact, results showed that those patients who

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stayed with their wives or parents post discharge were more likely to relapse than those who stayed with their siblings or in lodgings. The rate of relapse of patients who stayed with their mothers were also significantly reduced if the mother used to go to work. (Brown, 1959, as cited by Amaresha & Venkatasubramanian, 2012). This finding emphasized a need to develop a systematic way to measure the emotional relationships that existed between the patient and his/her close family members. In order to do so, Brown joined forces with Michael Rutter whose area of interest was the impact of neurotic patients on the emotions of their children. (Amaresha & Venkatasubramanian, 2012). The result of their study was the Camberwell Family Interview (CFI), which is the foundation of measurement of Expressed Emotions. A study Brown, Birley & Wing (1972) aimed at identifying specific factors that led to this post-discharge relapse. They identified three independent and significant relationships, namely Hostility, Emotional over involvement and Critical Comments. Two other positive conditions, namely warmth and positive remarks were also identified, but these did not have a significant bearing on relapse. Hence the three negative conditions were together combined as 'expressed emotions'. The same study also identified that the relapse rate for patients who returned to families characterized by high expressed emotions was 56% higher than those who returned to families that scored low on expressed emotions as per the CFI.

Extensive research conducted on this construct have linked expressed emotions to poorer clinical outcomes, higher relapse rates and reduced treatment outcomes, thereby making it one of the greatest predictors of long term outcomes across a wide range of psychiatric disorders. (Butzlaff & Hooley, 1998). In depth studies have been conducted on patients with schizophrenia and their families, and was then extended into families with an individual suffering from depression. Despite acknowledging the importance that expressed emotions have on adult psychopathology, relatively few studies have been conducted on adolescents and children with childhood disorders and even less has been conducted on non-clinical families, thereby leaving a large amount of ambiguity with regards to how expressed emotions contribute to behavior problems and psychopathology until the past two decades. More recent attempts to fill this gap in EE literature have found higher levels of expressed emotions among mothers whose children have disorganized attachment patterns (Jacobson et al., 2000), internalizing symptoms (Psychogiou et al, 2007), disruptive behavior (Baker et al., 2000), substance abuse (Schwartz et al., 1990) and self harm (Michelson & Bhugra,2012). One of the biggest debates surrounding the concept of Expressed emotions lies in the direction of causality. Are expressed emotions an outcome of stressed responses of family members towards an individual with an illness leading them to express hostility, criticality or show over involvement? Or does symptomatology in an individual result out of chronic, prolonged exposure to families with such traits? Leff (1989) was of the opinion that naturalistic studies that were being conducted were not enough to determine causality. However, by taking measures of levels of expressed emotions at different points in time could help establish temporal relationships. A later study conducted by Hooley and Richters (1995) found that there was a complex circular relationship that existed between EE and relapse, with the patient's symptoms causing changes in relatives' behaviors, which in turn affected relapse rates in the patient.

### ***Expressed Emotions as a form of Toxic Family Stress***

A review conducted by Peris and Miklowitz (2014) proposed a novel framework for understanding the mechanisms that link expressed emotions with youth psychopathology. The authors suggest that one mechanism that has a potential role in linking familial expressed emotions to psychopathology is a heightened stress reactivity, which develops when

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supportive systems are absent or lacking when a child experiences chronic stress, thereby weakening the child's stress response system, leading the child to become hyper-vigilant for potential sources of threat in the environment. The term 'toxic family stress' is used to describe exposure to a type of stress that is chronic, uncontrollable, sustained and occurring in the absence of protective factors or buffers. From this perspective, expressed emotions may act as a maladaptive pattern of communication that results in the development of symptomatology that occurs without buffers such as parental warmth. When faced with the stress of emerging symptoms in the child, caregivers may further react with blame, excessive control or criticism which in turn may lead to the development of an emotionally charged environment that worsens symptoms, which acts as a fuel to negative parent-child interactions, thereby interfering with healthy, adaptive management strategies.

### ***Current Trends in Expressed Emotion Research***

A major change in the field of expressed emotion research came out of a study conducted by Kuipers and Bebbington (1988) that found that hostility-a dimension of EE- has minimal validity as a predictor of psychopathological outcomes. Hostility very rarely occurs without criticism, thereby making hostility a more extreme form of criticism. (Wearden & Barrowclough, 2000). This led to the development of a second, shorter method to measure the levels of Expressed Emotions in families called the Five Minute Speech Sample Magaña et al., 1986) which is based on the two primary components of EE- Emotional Over Involvement and Critical Comments. Families are considered to be high in EE if they score high on the CRIT dimension and/or the EOI dimension.

This development led to the recent trend in EE research which has been to break down the construct of expressed emotions into its sub components, Criticality and Emotional over involvement, and to study their individual contributions to individual outcomes. (eg. McCarty & Weisz, 2002; Wamboldt, O'Connor, Wamboldt, Gavin, & Klinnert, 2000). The rationale for doing so lies in the fact that both these components of EE measure different parental attitudes, thereby influencing different behaviours in the offspring. Studies have indicated that the different components of EE, specifically Criticality and Emotional Over involvement, have different effects and outcomes. A study by Asarnow et al. (1994) found that children who had been diagnosed with depression and received treatment in a hospital were more likely to have poorer outcomes after one year if they returned home to a mother, or both parents showing high EE. A study that aimed at identifying associations between female primary caregivers and psychiatric outcomes in a community sample found that children with mother's high in EE were five times more likely to be diagnosed with any psychiatric disorder and this figure rose to eight times with regards to a diagnosis of anxiety, disruptive behavior or ADHD. One of the most interesting outcomes from this study was that different associations for different components of EE were identified. Specifically, children with very critical mothers were more likely to develop disruptive disorders, where as children with over involved mothers were more likely to develop anxiety or depression, particularly separation anxiety. (Stubbe, Zahner, Goldstein & Leckman, 1993). Studies such as these that employed a between group approach using a healthy control group led to the understanding that expressed emotions are strongly related to the characteristic of the child even in non-clinical populations. Keeping in line with this current trend, this article aims at understanding the contributions of Critical Comments and Emotional Over Involvement to different behavioural and psychological outcomes.

### ***Emotional Over involvement***

Emotional over involvement is characterized by excessive self-sacrifice, over emotionality

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and excessive over protective behavior shown by the caregiver. (Amaresha & Venkatasubramanian, 2012). Research with regards to this dimension of EE has identified less consistent results. Some studies show that parents that are high in EOI make much more intrusive statements than parents who are low on EOI (Strachan et al., 1986) as well as more ambiguous messages and statements (Hubschmid & Zemp, 1989 as cited by McCarty et al., 2004). However, other studies have shown that parents with high emotional over involvement are not different with regards to behavioral interactions from parents with low EOI.

Emotional over involvement is believed to impair an individual's autonomy, especially studied in samples of adults with schizophrenia and depression. Asarnow et al., (1987) found a significant relationship between parental EOI and patterns of a child's symptom onset. In a sample of 32 inpatient children diagnosed with major depression, dysthymia, schizophrenia or schizotypal personality disorder, it was found that 59% of the children who showed non-acute onset had mothers who scored high on the EOI component of Expressed Emotions as compared to those children who showed acute onset who were found to have low EE parents. This relationship was much stronger with regards to children with depression, with 86% of non-acute onset patients having mothers with high EE. However, a similar relationship was not identified in this study with regards to parental criticality. A study that compared individuals from 3 groups, namely individuals who were diagnosed with cystic fibrosis, Anorexia nervosa and those who were considered to be 'well' found that higher levels of maternal over involvement were associated with the severity of the illness, whereas criticality was not. Data analysis showed that forty-two percent of patients with anorexia had parents high in EE and EOI, thirty-four percentage of patients with cystic fibrosis had parents high in EE and EOI while comparatively only three percent of individuals considered to be 'well' had parents who scored high on EE.

Observational research has indicated that children of over involved mothers are more anxious (Hudson & Rapee, 2001), behaviorally inhibited and show social reticence (Degan et al., 2008). This finding is inline with the EE as a form of toxic family stress paradigm discussed earlier, indicating that prolonged exposure to high expressed emotions led to gradual development of symptomatology.

### ***Critical Comments***

Critical comments are comments that are made by caregivers or relatives that indicate dislike or disapproval of the behavior and personality of an individual. (Vaughn & Leff, 1976). Criticality has been found to be the component of EE that is most implicated in development, maintenance and relapse of disruptive behavior and psychopathology. Florin et al., (1992) found that patients of depression had spouses that made significantly greater amounts of critical comments than did normal control subjects. In a study conducted with 36 adolescents who engage in various dimensions of self harm- suicidal ideation, attempts at suicide, suicidal planning and non-suicidal self injury. Results indicated that all four categories of self harm were strongly correlated with having families high in parental criticism, especially among adolescents having a self-critical cognitive style. However, the study also indicated that emotional over involvement had no relationship with any category. (Wedig & Nock, 2007). A longitudinal study conducted in 2002 by Peris & Baker studying the association of Expressed Emotions with subsequent disruptive behavior found that the dimension of criticism was almost exclusively the determinant for subsequent disruptive behavior, while the EOI dimension had no relations to child behavior.

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In a study conducted by Wamboldt et al., (2000) on children and adolescents with asthma, identified different contributions of the components of EE to familial functioning and characteristics. High parental criticality and critical comments (CRIT) was associated with negative parent affect, lack of attunement between parent and child, lower parent-child problem solving skills, where as Emotional Over involvement (EOI) was associated with poor boundaries for adolescents. The study also found that EOI did not influence parental interactions with their children.

Studies have also reflected that parental expressed emotion is a consequence of parental psychopathology. A study that looked at maternal depression, EE and behaviour problems in adolescent offspring found that criticality acted as a partial mediator between maternal depression and externalizing problems and functional impairment in the adolescent. (Nelson et al., 2003). Vostanis et al. (1994) found a relationship between maternal criticality and the behavior of non-referred children, as per ratings on the Child Behavior Checklist

### **DISCUSSION**

The concept of Expressed Emotions has been the subject of over five decades' worth of research studies. The initial findings indicated that expressed emotions played a large role with regards to symptom relapse and found empirical support initially with schizophrenia and depression. It was then hypothesized that this concept need not be specific to the context of these two disorders, and studies soon found similar results in mood disorders, anxiety disorders, substance use, eating disorders, disruptive behavior. Once the validity of the concept had been confirmed, the question of causality was then debated upon. Are expressed emotions an outcome of relative's reactions to psychopathology or does exposure to chronic levels of familial expressed emotions lead to the development of symptomatology? (Leff 1989). Based on an extensive review of the literature in the field, this paper attempts to reach a conclusion to this debate. In order to reach a general consensus, the article also looked at understanding the independent contributions of the two primary expressed emotions- criticality and emotional over involvement- and their contribution to psychopathology.

Expressed emotions can be understood as a form of toxic family stress. Chronic exposure to emotional over involvement and criticality, leading to a heightened stress response in the offspring, eventually weakening the response system, thereby causing maladaptive behaviors and psychopathology. Therefore, EE acts as a predisposing, perpetuating and maintain factor for externalizing and internalizing behavior and psychopathology.

Literature also indicates that each primary component of EE contributes differently to different behavioral outcomes, with Criticality being most implicated in disruptive disorders, externalizing problems and self harm, while emotional over involvement has been significantly associated with anxiety and mood related disorders, eating disorders and sub acute onset of schizophrenia, depression and dysthymia. This indicates that EOI and CRIT influence different aspects of an individuals psychological functioning, prolonged exposure to which may cause the development of specific types of illnesses. Being able to identify this mechanism will have many profound implications with regards to psychotherapy, family therapy and early interventions to prevent the development of a clinical disorder. Further longitudinal research on non-clinical families may be undertaken in the future to identify a clear mechanism that associates expressed emotions to the development of disorders, rather than relapse.

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### **Conflict of Interest**

There is no conflict of interest.

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