

A Study on Schizophrenia Group: Expressed Emotion, Resilience and Social Support

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ABSTRACT

The aim of study was conducted to examine the relationship between Expressed Emotion, Resilience and Social Support in caregivers of patient with schizophrenia. A socio-demographic Performa, The General Health Questionnaire (GHQ -12) Goldberg's (1978), State and PANSS is used for diagnosis and severity of symptoms in schizophrenic (Stanley Kay, Lewis Opler, and Abraham Fiszbein), Family Emotional-over involvement and perceived criticism scale Shield et .al. 1992), FRAS (sixbey 2005), Interpersonal support Evolution questionnaire Cohen, S., & Hoberman, H. (1983) were administered on 30 caregivers and patients in psychiatric hospital, Gwalior. Data was analyzed for Pearson correlation using SPSS version 23. Results indicated Social support and resilience has positive correlation. The findings suggests that high social support increase more resilience in caregiver.

Keywords: *Expressed Emotion, Resilience, Social Support, Schizophrenia*

Schizophrenia is a serious mental disorder in which people interpret reality abnormally. Schizophrenia may result in some combination of hallucinations, delusions, and extremely disordered thinking and behavior that impairs daily functioning, and can be disabling. Schizophrenia involves a range of problems with thinking, behavior or emotions. Signs and symptoms may vary, but usually involve delusions, hallucinations or messy speech, and imitate an impaired ability to role. Populace with schizophrenia are 2-3 times more likely to die early than the normal population. Before age 10 and after 60 years is rare the onset of the illness (Sadock annd Sadock, 2015). Schizophrenia affect around one percent of people throughout their lifetime (JonesandMeaden,2012). Expressed emotion is a measure of the family environment that is based on how the family of a psychiatric patient spontaneously talks about the patient. It is a psychological term particularly applied to psychiatric patients, and differ greatly from the on a daily basis use of the phrase "emotion expression" or another mental concept "family expressiveness"; mostly message and natural look of feeling among

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A Study on Schizophrenia Group: Expressed Emotion, Resilience And Social Support

family members is a favorable, healthy habit. Resilience is generally defined as a capacity to overcome adversity, or to thrive despite challenges or trauma. (Black & Lobo, 2008; Luthar, Cicchetti, & Becker, 2000). The concept of family in India is basically joint but due to urbanization and industrialization now the family structure has been changed and it conversing in nuclear form. Family studies suggest that the joint family had a better outcome than nuclear family. Unlike to present findings Brown, et al. reported the highest rate of relapse in patients living with spouses followed by patients living with parents and living with siblings respectively. Psychosocial factors play a significant role in every aspect of life including rehospitalisation. Social influence and interference play the supportive role that leads to the positive functionality of individuals and through social intervention it could be utilized in the reduction of re-hospitalization.

Batra, Ghildiyal, 2016 has done the study to assess expressed emotion in various mental illnesses. Investigator used socio-demographic sheet and Family Emotional over Involvement Criticism Scale (FEICS) on schizophrenia and Bipolar patients. The study result was found that High level on Expressed Emotion scale is proven to be a widespread family stressor due to courting problems among the caregivers and schizophrenia affected person which is likewise a sturdy predictor of schizophrenia direction. Sahar, Mahmoud has done a research with title of Burden of Care, and Resilience among Family Caregivers Living with Schizophrenic Patients in March-April 2018. The Indian researcher was attempting to assess relationship between burden of care and family resilience, functioning in a family member of schizophrenia patient. The study explain that the half of the care givers had low level of family resilience this may be related to different factors such as they experience physical and emotional burden, lack of communication and poor coping skills, less social support and stigma of illness. The results were found the severe level of burden and low level of resilience in family caregiver. A study conducted on expressed emotion and social support in schizophrenia patient caregiver by Kumar, Singh et al in 2018. The study aim was to assess psycho-social causes in readmission of schizophrenia and bipolar patient. The researcher took 50 patient of schizophrenia and 50 patient of bipolar disorder. Patient's caregiver was assessed by family emotional over-involvement and perceived criticism scale and social support questionnaire. Most of the subjects showed the good or average level of psychosocial functioning after discharge. In most of the subject's high family Expressed Emotion was present and found to have poor social support. Findings showed that married status and combined family mode is very supportive in the recovery for the patients with BPAD and functioning after discharge was found good or average but as for as a person with schizophrenia is concern it is average or poor level of functioning. The study revealed that patients with low expressed emotion and good social support have lesser chances of re hospitalization.

METHODOLOGY

Sample

The study was conducted on caregivers of patient with Schizophrenia whose came in Department of Psychiatry, Gajra-Raja Medical College and Hospital, Gwalior, M.P, Who are within the age group 18-40 years based on inclusion and exclusion criteria. In the present study purposive sampling method was used. Purposive sampling method was a type of non probability sampling and was the descriptive research design. Total 30 subjects were participated in the study.

Instruments

1. **Socio-demographics sheet of the patients:** Age, Gender, Marital Status, Family type, Area of residence, Education, Religion, Social status, Duration of the illness, Diagnosis, Contact with the caregiver.
2. **Socio-demographic sheet of the caregivers:** Age, Gender, Marital Status, Family type, Area of residence, Education, Religion, Socioeconomic status, Occupation.
3. **General health questionnaire-12:** The General Health Questionnaire (GHQ -12) was developed by Goldberg’s (1978).The shortened version of GHQ-12.The scale asks whether the person had any medical complaints and physical health has been in general, over the past few weeks. It is a likert type scale.
4. **Positive and negative syndrome scale:** PANSS is used for diagnosis and severity of symptoms in schizophrenia patient. The scale developed in 1987 by Stanley Kay, Lewis Opler, and Abraham Fiszbein. Scale measure positive and negative symptoms in schizophrenia in which 30 item and score range 1 to 7, absent to extreme. It takes 40 to 50 mints for assessment.
5. **Family Emotional-over involvement and perceived criticism scale:** FEICS scale developed by Shield et .al. 1992.The scale measure two component of expressed emotion one is perceived criticism(PC) and second Emotional-over involvement(EI). In this scale have 14 items on which the 7 items each for both of subscale and scored on a Likert scale ranging from 1 to 5. The participant marks an option in **Almost never, once in a while, sometimes, often, almost always**. Cronbach's alpha for both the subscales was 0.74-0.82.
6. **Family resilience adaptive scale:** FRAS is developed by sixbey in 2005 to assess the resilience of family. The scale has 54 statements which are divided into 6 subscales. The subscale- Family communication and problem-solving, utilizing social and economic resources, maintaining a positive outlook, Family connectedness, Family spirituality. Each item rated on a 4-point Likert scale ranging from strongly agrees, agree, disagree and strongly disagree.
7. **Interpersonal support Evolution questionnaire:** ISEL reference in Cohen, S., & Hoberman, H. (1983). In the Journal of Applied Social Psychology. This scale 40 item in which 4 subscale like-. Tangible Support, Belonging Support, Self-esteem Support, Appraisal Support. Participant has to answer all statement on a 4-point scale ranging from "Definitely True" to "Definitely False".

Procedure

Written informed consent was taken from the participants after explaining the objectives and procedure of the study. Subsequently Socio-demographics sheet, General health questionnaire-12,Positive and negative syndrome scale, Family Emotional-over involvement and perceived criticism scale, Family resilience adaptive scale and Interpersonal support Evolution questionnaire were administered to all caregivers and patients.

RESULTS

Table 1 Socio-demographic characteristics of caregiver and patient with schizophrenia.

Sr.no.	Variable	Patient n(%) Mean±SD (n=30)	Caregiver n (%) Mean±SD (n=30)
1	Age	26.26667±6.725829	33.6±6.765022
2	Gender	Male	12(40%)
		Female	18(60%)
			21(70%)
			9(30%)

A Study on Schizophrenia Group: Expressed Emotion, Resilience And Social Support

Sr.no.	Variable		Patient n(%) Mean±SD (n=30)	Caregiver n (%) Mean±SD (n=30)
3	Family type	Nuclear	17(57%)	17(57%)
		Joint	13(43%)	13(43%)
4	Socio-economic status	Lower	19(63%)	19(63%)
		Middle	11(37%)	11(37%)

Table 1 show the distribution of socio-demographic variable of caregiver and patient with schizophrenia group. In the present study the age mean for patient with schizophrenia was 26.2 ± 6.72 and for caregiver was 33.6 ± 6.76 . In the schizophrenia group male patients were 12(40%) and female patients were 18(60%) participated in the study and caregiver group male, female were 21(70%) & 9(30%) respectively. In the study patient with schizophrenia and caregiver 17(57%) were belong to nuclear family and 13(43%) belong to joint family. The patients and caregiver socio-economic status were lower 19(63%) and middle were 11(37%) in the study.

Table 2: Pearson Correlation between expressed emotion and resilience and, social support in caregiver of the patient with schizophrenia.

Variable	resilience	Social support
expressed emotion	-.361	-.098

Table 2: shows the relationship between expressed emotion and locus of control, resilience, and social support in caregiver of the patient with schizophrenia using Pearson correlation. There is no significant correlation among expressed emotion, locus of control, resilience and social support in caregiver of the patient with schizophrenia.

Table 3: Pearson Correlation between social support and resilience in caregiver of the patient with schizophrenia.

Variable	Resilience
social support	.459*

*Significant at 0.05 level

Table 3: shows the relationship between social support and resilience in caregiver of the patient with schizophrenia using Pearson correlation. There is a significant positive correlation between social support and resilience in caregiver of the patient with schizophrenia.

DISCUSSION

This study was conducted on patients with schizophrenia and their caregivers visiting OPD of a Gajra-raja hospital Gwalior. The aim of the study was to find out relationship among the caregiver expressed emotion and resilience and Social support of patient Schizophrenia disorder. In the present study total 30 subjects (including patient and relative) were participated and the patients symptoms assessed by PANSS and family member expressed emotion was assessed through the family emotional involvement and criticism scale. The general health questionnaire was also examined to caregiver. Resilience variable was assessed through the slandered questionnaire. Interpersonal Support Evolution Questionnaire was administered to examine social support. In the socio-demographic table, the finding interpreted that most of patients were female and their caregivers were highly male. The most

A Study on Schizophrenia Group: Expressed Emotion, Resilience And Social Support

of subjects came from lower socio-economic status 19(63%) and lived in nuclear family 17(57%). In the present study, table 2 showed that there was no significant correlation among expressed emotion, resilience and social support. By contrary finding of literature related to express emotion and social support according to (Kumar, Singh) the findings for the schizophrenia group where the functioning and social support were found poor and high level of expressed emotion was found. . My study's findings contrary of other studies and there may be various different reason, it may be possible patients pharmacological treatment and due to drugs their symptoms maintained so caregiver social support maintained. (Zauszniewski, Bekhet et al) On the person level, resilience indicator has been linked with decrease caregiver Burden in caregiver of persons with psychological disorder. Also they found that decrease levels of EE, defined as a critical, hostile, or EOI toward a relative with illness, have been associated with better resilience in family. In the earlier studies it was found that burden on resourcefulness and sense of logic were mediate by encouraging cognitions which lending social support to resilience and suggesting the need to extend intervention to promote positive opinion and coping skills among women caregivers of adults with psychological illness. (Sibitz, Amering 2011) Overall of research finding showed that significant relationship among variables in caregiver of person with schizophrenia disorder. In the current study do not support these findings there may be a different reason, it may be due to variability of illness, various taken treatment, caregiver expressed emotion not highly affected to patient illness behavior, relatives accepted of patient illness behavior and their attitude already changed or stable. In the present study, table 3 showed that there was a positive significant correlation between social support and resilience in caregiver of patient with schizophrenia. The correlation .459 Was significant at 0.05 levels. The previous study, interpreted that interpersonal resilience factor related with social support were statistically and positively interrelated with Life Skill Profile which predicting psychosocial functioning. The main contribution that coping factor may have in predicting the level of symptoms and the extent of social functioning which focus the value of individuating treatment for patient suffered by mental disorder also encouraging personal assets and translating them into better effect. (Poloni, Zizolfi 2018)

Zauszniewski, Bekhet, (2012) also support the finding that resilience helping the family caregivers to maintain supportive outlook for their family through hardihood to cope with a new emergency event. (Yang, Xia et al) conducted a study and their findings support my finding that the mediate effect of social support and resilience on the relationship between stress and life satisfaction were significant among people with substance use disorder. Persons with low tension levels can maintain higher social support than others, which enhance their resilience. The results point out stress level can be alleviated and their social support or resilience can be enhanced, several previous studies have indicated that social support and resilience can decrease stress. A review of literature showed that most of schizophrenic patients had impair in community function which lead to the family member devote more efforts to find proper social services for enhancing patient level of reliance and changeability of patient psychotic symptoms pressurize family constancy and compliance. Relationship between family function and resilience this may be due to different reasons. In addition the relatives don't acquire skills to manage patient disturbed behaviour, have been used expressive coping skills and depend on support from spiritual activity. (Maumohd) The overall review of studies shown that there was a significant relationship between resilience and social support, high social support like emotional and tangible support leads to family member to openly talk about problem, patient illness, awareness and shared with others.

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A Study on Schizophrenia Group: Expressed Emotion, Resilience And Social Support

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Conflict of Interest

The authors carefully declare this paper to bear not a conflict of interests

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