Expressed Emotions among Families having Patient with Drug Addiction

Chesis

Submitted for Partial Fulfilment of the Master Degree in Psychiatric Mental Health Nursing

By

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Eman Mohammed Mohammed

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List of Abbreviations

Abb. Full term

CFI: Camber well family interview.

EE: Expressed emotions.

EES: Expressed emotions scale.

EGP..... Egyptian pound.

EOI.....: Emotional over involvement.

FMSS.....: Five-minute speech sample

PC Perceived criticism.

PEES Perceived expressed emotions scale.

STD.....: Sexually-transmitted disease.

WHO: World health organization.

ABSTRACT

The aim of this study was to assess the expressed emotions among families having patient with drug addiction. Material and methods: this study was conducted at El-Abbassia Mental Health Hospital - addiction treatment unit. Sample: a convenient sample of 100 patients' relatives was interviewed. **Setting**: at the addiction treatment unit during the relatives, s visit to their patients, the sample was of the relatives of the male and female patients from both sexes. Tools: Three tools were used; first tool, patients' and relatives' socio-demographic data, second tool, the expressed emotions scale to assess the expressed emotions among families of patients with drug addiction, and the third tool, the family attitude scale to assess the relatives' attitude toward their addict patients. Results: the main findings of this study revealed that there were high expressed emotions among the families of patients with drug addiction, where more than two third showed high expressed emotions, and slightly more than two thirds of them showed high criticism, hostility and high over involvement. From the total percentage of EE of family attitude, the majority had moderate, while the rest had high and low. Conclusion: It was concluded that there were high expressed emotions more than low ones among families having patients with drug addiction. Recommendations Further nursing researches are required to assess the families' expressed emotions and how it is perceived by the patient with drug addiction, also further research should focus on the effect of families' expressed emotions on the disease outcome and its relation with the addict patients' relapse.

Key words: Expressed Emotions - families – patient with drug addiction

Introduction

The family is the nucleus of the community, and represents the social basis for the formation of a building where members of the community figures bestow on their children characteristics and function. And the general community is made up of families and there was no history society established to build on non-families, so the family title strength community cohesion or weak .The tasks assigned to the family since its inception, many of which are educational, social or economic or political confirmed the events witnessed by human societies, the role of the family in the great security and the extension of reassurance that reflected their effects on individuals and communities positively or negatively process (Ben Hammed, 2010).

In the families where addiction is present, it's often considered to be painful to live in such families, which is why those who live with addiction may become traumatized to varying degrees by the experience. Broad swings, from one end of the emotional, psychological and behavioral spectrum to the other, all too often characterize the addicted family system. Living with addiction can put family members under unusual stress (Tian Dayton, 2011).

Expressed emotions (EE) is considered to be a measure of family environment, which takes into account the quality of interaction patterns and nature of inter-personal relationships

among the family members and patients having a disorder. EE is a significant characteristic of the family milieu that reflects key aspects in inter-personal relationships and has been found to predict symptoms relapse in a wide range of mental disorders (Haddock et al., 2001).

A relapse is more likely to occur with addict patients that have family members of high EE more than those that of low EE. A cycle forms because of the constant criticism of past experiences of addiction, which causes a relapse. Family members of high EE are likely to complain about the drug abuse before the rehabilitation, which causes the relative patient to start taking drugs again. This creates more criticism towards the patient and in addition, causes a set back where the person does not care to get better again. This cycle creates problems between the family members and the patient that could have been easily avoided with less critical comments (Mohapatra, 2016).

The concept of EE was initially developed for schizophrenia. Subsequently, the role of EE has been assessed in various other psychiatric conditions as well as general medical conditions, including dementia, Parkinson's disease and diabetes (Bhugra et al., 2003).

The EE is not a measure of emotional expressiveness rather, it is a measure of the extent to which an individual family member talks about another family member, the interaction between EE and patient outcome is complex and

dynamic. Previous studies have highlighted the role of EE as a paramount psychosocial stressor that has a direct association with recurrence of illness. In particular, attitude of caregivers towards the patient and their understanding of the nature of illness is important (Vaughn, 2009).

The drug abuse report produced by the Egyptian Ministry of Health shows drug addiction in Cairo to be at high levels, with 5 to 7% of the population believed to be addicted to some form of drugs. That figure translates to between 1-1.4 million people, and the drugs most likely to cause addiction are heroin and Tramadol, a synthetic opiate pharmaceutical (Steven Viney, *2014*).

Considering the high and increasing prevalence of addiction and relapse, and gaps in the existing research on the role of EE and perceived social support on drug abuse relapse (Naderi et al., 2008).

The EE is especially relevant in the Egyptian cultural context, where patients have longer and more enduring contact with family. Family members play an important role as caregivers during the process of treatment and rehabilitation. Family members also play an important role in bringing the patient in contact with the mental health care professional and providing financial as well as psycho-social support to the patient during the process of treatment and rehabilitation. Even in the scenario of relapse, family members remain the primary care givers for the

patients. However, high EE may also act as a barrier to care, as the patient may conceal relapse status from his family members for avoidance of excessive criticism, which in turn may delay and hamper the treatment process (Mittal et al., 2015).

Significance of the study:

To explain the relationship between families' EE and success in treatment, it is noted that most of the people with mental disorders refer to rehabilitation and pass it, but many people are likely to recur in the disorder. One of the factors contributing to relapse after rehabilitation is impaired family EE (Akpar, 2015).

High level of EE in close relatives and family of the patient leads to increased family pressure and criticism over the patients, which results in returning the person to his old form and illnesses. The pressures of negative criticism and compassion puts a heavy burden on individuals with disorders that the only way to cope with this stress and mental pressure becomes the regression to the past state of disease and relapse (Akpar, 2015).

The lack of proper communication with the family members and lack of understanding was found as an important factor in addiction relapse, however the change of family EE and its impact on addiction received little attention. Some studies showed that social support cannot always predict the improvement stages (MacDonald et al., 2004).

AIM OF THE STUDY

his study aims to assess expressed emotions among families having patients with drug addiction.