CASE REPORT

Expressed Emotion as a Participant of Depression Relapse

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ABSTRACT

Expressed emotion (EE) is the primary fuel for psychological disorders relapse. If there is a toxic family environment, such as an insensitive approach, high critical communication, and emotionally over-involved approach may have a more mental decline. Both inappropriate high or low EE may aggravate more psychological symptoms deterioration (e.g., bipolar disorder, schizophrenia, children with learning disabilities, and alcoholism). The harmful stress and pity criticism become the primary contributing factor which increases patient's liability to cope with relapse.

Key words: Behavioral problems, depression relapse, expressed attributions, expressed emotion, psychological disorder

INTRODUCTION

The emotional effects of family life are either good or bad effect on patient's depression status. Family environment with high expressed emotion (EE); such as negative critique, hostility, and emotional over-involvement attitude, toward a sick patient with psychological disorder (e.g. schizophrenia, alcoholism, children with learning disabilities, and bipolar disorder) result in more psychological relapses.

The depressed patient goes through rehabilitation either to recover or to relapse, which depends on the substantial family factors good family support system and to EE.[1]

EE definition is to express family altitude of the negative hostility, critical negotiation, and high emotional over-involvement. It will influence disease direction, outcome, and disease relapse.[1]

Hostility is by continually blaming the patient for the problems of the family, describe the patient as a failure or selfish by choosing not to get better and inappropriate family problem-solving.[2]

Hostile emotion expresses criticalness with over-involvement and parents who are critical influence their children to be the same way toward the disorder.[3]

Emotional over-involvement is by continually blaming and putting the fault on family, each other and become over-involved with the sick patient and falls back into their depression as relapse.[4]

High EEs were considered very negative hostile critical and not very tolerant of the feelings of the patient. The only technique they feel that the person will convert their behavior is through aggressive verbal criticisms which cause the relapse.[5,6]

Low EEs are given more conservative criticism, profoundly sympathize, understanding the uncontrolled patient's feeling, knowledge about depression, highly educated, and accepting the disorder; it is less stressful for the patient.[5,6]

CASE REPORT

A 25-year-old single female had significant depressive symptoms for 7 years duration. She felt that her mother was

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not very compassionate when dealing with her. She does not understand, even though she tried to explain numerous times. Her father quickly becomes anger, and her friends avoid her. Always, her family was judging her behavior in comparison with her friends. She felt so alone in her feelings, and she does not know what else to do. She does not have suicidal anymore, but she merely wants to escape. She had a recent relapse and cut herself a few days ago, and she felt awful about it. She had used alcohol to calm herself, but she cannot tell anyone what she had done because they will get upset. All she wants someone who appreciates her and what she was dealing.

DISCUSSION

The depressed patients fell stressful and harder time; if they have low care, high protection, and too much contact with their parents, the patient will have trouble improving their health.[7]

Usually, the mother has too overwhelming involved emotion with the depressed patient, blames themselves for their offspring suffering, the patient feel trapped because they feel helpless, and they cannot do anything independently.[8]

The negative EE from relatives will cause more relapse in many disorders such as alcoholism,[9] learning disabilities,[10] bipolar disorder,[11] and schizophrenia.[4]

Effects of the depression on the family by increasing their distress, fall apart, influence on their daily activities, and expressed negative emotion that leads to expanding patient relapse.[12]

Negative EE may be initiated from hostel caring from individual employees of health-care workers.[13] Depression symptoms have not appeared or disappeared by the patient's own will. Eliminate adverse reactions toward a patient; understand the depression's pain and stress.[14]

Depressed patient living by themselves or with siblings had the lowest relapse rate of 17%, but they have absent a robust network of support, while the depressed patient is living with a parent had a moderate relapse rate of 32%, due to EE. The highest relapse rates, 50% of patients, were found in patients living with spouses because partners are likely to feel anger and frustration from the incompetent depressed couple.[15,16]

Transferring negative feelings and family guilt has an impact on the family growth hoping to take their stress and pain away. In reality, this extreme interest isolates a child causing them to relapse.[17]

Relapse and rehabilitation are inversely related to EE and unintentionally adding stress to the patient and family. While coping with patient's feelings appropriately will increase depression awareness and how to deal with it. It is a long process of healing and rehabilitation, although it is not entirely "cured" disorder.[17]

There is the difference in EE between an eastern and western culture which may precipitate more depression relapse.[17]

The physician should not have unattainable goals or expectations and not only focus on the patient's weaknesses, while the physician should focus on the patient's positive attributes and believe in the patient's strengths.[17]

The physician should understand and see the world through the eyes of the patient.[17] Less educated professionals tend to have higher EE than more educated professionals.[18,19]

Burnout physician (chronically exhausted, cynical, and felling of infectiveness detached work) may create a high EE.[17]

In Western culture, although family values are necessary, the concepts of family honor and tradition are not so firm as in the East. The above lessons support the idea that when looking into the issue of high EE and its correlation with relapse of psychological disorders. One needs to consider not only family dynamics but also social and economic issues to see what would be within the standard norms for the sufferer to be interacting with on a daily basis. Only then can the clinician or assessor begin to form a plan of action to take to counteract these effects and encourage the patient along his or her way to recovery.[17-19]

Depressed patient and family must go through family therapy together for all parties involved to become quick to respond to the prerequisites of one another and to help the patient avoid a relapse. Family rehabilitation is a chance for all members to express any concerns they might have for future situations and to work through past mistakes to help everyone involved make a smooth transition. The step is essential to the recovery of the patient and should begin before his or her return home and continue well after.[17-19]

Provide support[20]

- Remember that depression loved ones is not anyone's fault. You cannot fix the person's distress - but he/she need support and understanding can help.
- Encourage patient's sticking with treatment. Let the relative or friend help the depressed patient to remind to take prescribed medications and to keep appointments.
- The counselor and family being willing to listen. Let family understand patients' feeling, but avoid giving advice or opinions or making judgments. Just listening and being understanding can be a powerful healing tool.

- Give positive reinforcement about positive qualities and how much the person means to family and others.
- Offer assistance to take care of specific tasks well. Give suggestions for particular tasks.
- Help create a low-stress environment. Establishing a routine may help a person with depression feel more in control.
- Offer to make a schedule of meals, medication, physical activity and sleep, and help organize household chores.
- Locate essential organizations, which offer support groups, counseling, and other resources for depression.
- Encourage participation in spiritual practice (e.g., organized a religious community or personal spiritual beliefs, and practices).
- Make plans together (e.g., ask the depressed patient to join in a walk, see a movie, or work on a hobby or other activity he or she previously enjoyed). However, do not try to force the person into doing something.

CONCLUSION

Depressed patients are more likely to relapse when exposed to high EE present in their living environment. The family stress and their negative attitudes are overwhelming because they feel like the cause of all the problems. The patient falls into a cycle of relapse and rehabilitation. The patients and their families need counseling together to prevent the criticism and deterioration. Family counseling has dramatically improved the health of each other with less strain and aggravation. Relatives learn to agree that the family member has an illness and needs their help to improve. Educating the family about psychological disorders is one way that EE can become lesser and no longer a matter. Knowledge of the disease will help them to appreciate and recognize specific behaviors. The domestic will be more understanding of the needs and demands of the complaint. Family conflicts will be dropped a great deal and interactions between the relatives will be healthier.

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