COPING WITH SCHIZOPHRENIA IN DEVELOPING COUNTRIES:
A STUDY OF EXPRESSED EMOTIONS IN THE RELATIVES

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INTRODUCTION

The study of Expressed emotions (EE) owes its origin to the efforts of Brown and his colleagues in London during the last two decades to understand the family environment of schizophrenic patients. It has been shown in a series of studies that the expressed emotions of the key relatives, measured in an interview shortly after the patient's admission to hospital, is highly predictive of the patients' subsequent course of schizophrenic illness. Brown, Birley and Wing (1972) found that EE rating scales are useful tools in quantifying emotional interaction in the family when a schizophrenic family member is admitted to hospital. In a replication study, Vaughn and Leff (1976) followed up the patients for nine months after discharge from the hospital. They found a significantly higher relapse rate in those patients returning to homes with high EE relatives as compared to those living with low EE relatives.

An opportunity came to study the emotional interaction in the families of Indian schizophrenic patients at Chandigarh when the WHO study on 'Determinants of outcome of severe mental disorder' was initiated in 1978, at the Department of Psychiatry, Postgraduate Institute of Medical Education and Research, Chandigarh. The objective of this project was to explore the applicability and validity of this technique in the Indian cultural setting, and to verify the hypothesis that relapse episodes in schizophrenic patients will occur more frequently in patients living in high expressed emotion families.
METHODOLOGY

Two catchment areas were selected for this study. One was the urban area of Chandigarh with a population of 383,500 and the other was a rural area having a population of 95,933, both as of March 1978. All the patients of first onset psychosis having first lifetime contact with any of the medical facilities in the catchment areas during the period from October 1978 to March 1980 constituted the universe. The patients were examined using past and personal history schedule (PPHS) and clinical assessment was made using the Present State Examination (Wing, Cooper and Sartorius, 1974). ICD-9 was used for diagnostic purposes. All the patients diagnosed to be suffering from schizophrenia were considered for inclusion. Patients living alone were excluded. The patients whose relatives did not cooperate for 'expressed emotion' (EE) interview were similarly excluded. The patients who could not be traced after the initial contact with the medical facility also had to be excluded.

This being a replication study, interviews were conducted with key relatives using the Hindi translation of the Camberwell Family Interview (CFI) developed by Brown and Rutter (1966), Rutter and Brown (1966) and Vaughn and Leff (1976). The interviews were tape recorded and ratings were made on five scales of Critical comments, Hostility, Emotional Overinvolvement, Warmth and Positive remarks, based on the criteria developed by these investigators.

ADAPTATION AND APPLICATION OF EXPRESSED EMOTION METHODOLOGY

All the narrative questions of the CFI were translated into simple spoken Hindi. The translated draft was tried on 11 Hindi speaking relatives of schizophrenic patients. Some of the English words like "nagging" and "grumbling" were difficult to translate in Hindi, which were reworded taking local expressions of these emotions. The list of household tasks was modified keeping in view the culturally assigned tasks to the male and female members of the north Indian families.

Two investigators from the Chandigarh Centre were trained by the staff of MRC Social Psychiatry Unit, Institute of Psychiatry, London. One investigator visited London and received the training at MRC Social Psychiatry Unit, while the second investigator was trained at Chandigarh when a staff member of the MRC Social Psychiatry Unit visited Chandigarh for this purpose. The training consisted of listening and rating of five EE scales the audio recorded interviews of relatives of English patients in the English language. Following this, reliability exercises were undertaken. One investigator (DKM) made blind EE ratings on 10 English recorded interviews, while the second investigator (HB) rated 9 interviews. Close agreement (more than 90%) was observed on the ratings given