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Caregiving processes and expressed emotion in psychosis, a cross-cultural, meta-analytic review

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ABSTRACT

The construct of Expressed Emotion (EE) is a reliable predictor of relapse in psychotic disorders globally. However, cultural differences in the level and manifestation of EE have been reported. This review was conducted in line with PRISMA guidelines to demonstrate the distribution of EE and its domains cross-culturally as well as its relationship with relapse in psychosis. Ninety-six studies reported global EE scores and/or separate EE domains amongst caregivers of a family member with psychosis and used the Camberwell Family Interview (CFI) to measure EE. In the meta-analysis ($k = 34$, $n = 1982$), exposure to high EE was indicative of a 95% increased likelihood of relapse compared to low EE. However, no significant effect of geographical region on global EE scores (high/low) or EE domains was found. Several adjustments to the scoring of the CFI were highlighted based on cultural norms, particularly relevant to the domains of emotional over-involvement, warmth and criticism. Although this made meaningful quantitative comparisons across studies difficult, it nonetheless highlighted cultural considerations that need to be taken into account when interpreting EE and understanding its relationship to clinical outcomes.

There is not a universal normative EE experience, with cultural variation in the scoring and interpretation of EE existing as evidenced by adjusted cut off scores and conceptualisation of EE constructs. Thus, it is important for clinical practitioners to have an awareness of different cultural norms in relation to caregiving and care receiving behaviours, which can inform adaptations to clinical interventions in multicultural settings.

1. Introduction

Expressed Emotion (EE) represents the grouping of emotional characteristics expressed by relatives towards ill family members. The Camberwell Family Interview (CFI) (Vaughn et al., 1976), considered the gold standard measurement of EE has been the most frequently used tool for assessing EE in research with adjusted scoring based on cultural norms (Hooley and Parker, 2006). The CFI has shown considerable concurrent and predictive validity and provides data on five domains of EE (Hooley and Parker, 2006; Van Humbeeck et al., 2002): Critical Comments (CC), Emotional Over-involvement (EOI), Hostility, Warmth, and Positive Remarks (Barrowclough and Hooley, 2003).

The CFI was developed in a region with considerable ethnic variation, which gives the method credence in examining EE across cultures. However, later studies have emphasized the need for caution regarding cultural variations in these assessments (Hooley and Parker, 2006) given the difficulty rating a 'typical' response when assessing prosodic variables such as speed, pitch and loudness.

Whilst the concept of EE is not pathological in itself, the domains; CC, hostility and EOI are strong predictors of relapse in patients with psychotic disorders cross-culturally (Butzlaff and Hooley, 1998), including immigrant populations (Hashemi and Cochrane, 1999; Kopelowicz et al., 2002).

Cultural variations have been observed, in both the degree and manifestation of EE domains (Bhugra, 2003). The domains that contribute to the attribution of high or low EE are relevant in demonstrating such differences. The demonstration of intrafamilial interactions vary across cultures, and may influence relatives' emotional responses towards an ill family member (Akhtar et al., 2013). Within the CFI, criticism and warmth are rated on prosody, whereas hostility, positive comments and EOI are rated on described behaviour. As such, the individual domains are subject to cultural variations in expected levels of intimacy and concern. A growing body of evidence supports the claim that in relatively collectivist cultures, an absence of positive remarks could be more detrimental than the presence of criticism, given the strong emphasis of family bonds (Singh et al., 2013). In Western countries

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where personal independence is culturally emphasized, criticism may be particularly toxic, whereas in African-American caregiver-adult relationships it might instead connote engagement, caring and support (Rosenfarb et al., 2006; Weisman et al., 2006). It has been suggested that in some cultures, an absence of EOI by a carer, in contrast to many Western cultures, may be interpreted as lack of care (Akhtar et al., 2013; Singh et al., 2013). What constitutes criticism, hostility and EOI is a unique cultural definition, (Akhtar et al., 2013) highlighting the importance of understanding EE and normative caregiving behaviour across different cultures and their impact on clinical outcomes. EE has been associated with outcome where higher levels of warmth correlate with lower levels of relapse in schizophrenia (Lee et al., 2014; Lopez et al., 2009).

EE research has contributed to the development of family-based psychosocial interventions for psychosis that, along with medical treatment, have been shown to improve treatment outcomes (Amaresha and Venkatasubramanian, 2012). Family interventions have tended to be based on knowledge acquired through studies conducted with Caucasian families, whose belief systems and cultural values may differ from those of other ethnic and cultural groups (Chakrabarti, 2011). Culturally tailored interventions are poorly evidenced or unavailable due to a lack of research within ethnic minorities.

While previous EE reviews (Barrowclough and Hooley, 2003; Van Humbeeck et al., 2002) and meta-analyses (Butzlaff and Hooley, 1998) have been conducted, most of the studies included have been from Western countries. There is also a tendency amongst cross-ethnic and cross-national cultural studies to consider the entire sample of caregivers only in terms of high or low EE caregivers, neglecting to examine the individual EE domains that contribute to the high or low classification (Lopez et al., 2009). A more comprehensive assessment of cross-cultural differences would be one that examines high EE profiles as well as specific EE ratings in each domain and their impact on clinical outcomes.

In order to reduce variability due to measurement and allow for comprehensive comparison, only studies that have used CFI were included in this review.

Aims:

1) To explore regional variation in the relationship between EE and relapse.
2) To explore overall regional variation in EE domain ratings.

2. Methodology

The search and review were conducted in accordance with PRISMA guidelines (Moher et al., 2009) (Fig. 1). Databases were systematically searched (OVID Medline, PsycINFO, EMBASE and Web of knowledge) for publications (search keywords in supplementary material). Further references were obtained from reviewing articles and relevant reviews.

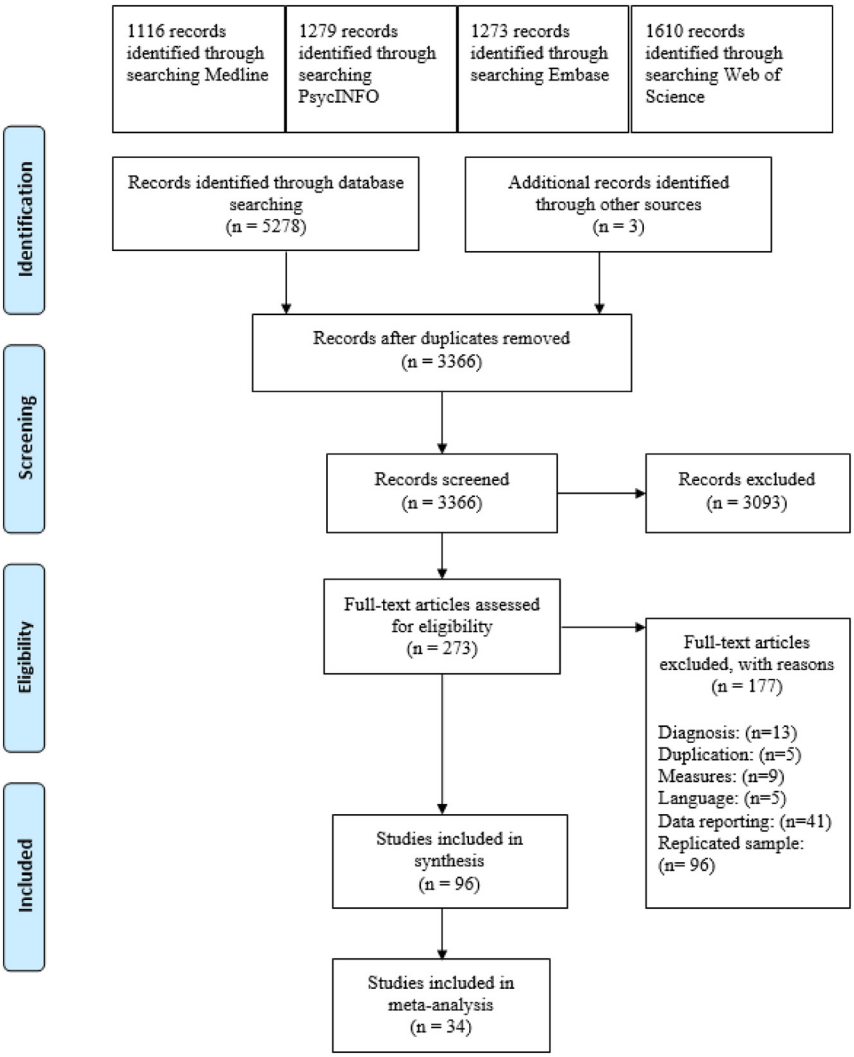

Fig. 1. PRISMA flow diagram.